

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	13.13	12.50	<p>WL is the leading performer for ED transfers among LTC comparators as well as provincial and LHIN benchmarks. This target supports ongoing performance in a favourable direction.</p> <p>Wentworth Lodge is the leading performer for ED transfers among LTC comparators as well as provincial and LHIN benchmarks. This target supports ongoing performance in a favourable direction.</p>	Hamilton Health Sciences Corporation, PoET Team, Hamilton Paramedic Services

Change Ideas

Change Idea #1 Reduce avoidable Emergency Department transfers to 12.50% (4.80% improvement)

Methods	Process measures	Target for process measure	Comments
Participate in Hamilton Mobile Integrated LTC program.	Track Utilization: # of calls placed to MILTC by Wentworth Lodge, and # of transfers avoided between April 1, 2024 and March 31, 2025.	Track Utilization: # of calls placed to MILTC by WL, and # of transfers avoided	

Change Idea #2 Reduce avoidable Emergency Department transfers to 12.50% (4.80% improvement)

Methods	Process measures	Target for process measure	Comments
Provide refresher education to (active) Registered staff and prescribers on the Mobile Integrated LTC program and process for making referrals	% of (active) Registered staff and prescribers to receive refresher education	100% of (active) Registered staff and prescribers to receive education	

Change Idea #3 Reduce avoidable Emergency Department transfers to 12.50% (4.80% improvement)

Methods	Process measures	Target for process measure	Comments
Participate in Hamilton Health Sciences (HHS) LTC Cares ED Avoidance initiative.	Track Utilization: # of calls placed to LTC Cares by WL and # of transfers avoided.	Track Utilization: # of calls placed to LTC Cares by WL and # of transfers avoided.	

Change Idea #4 Reduce avoidable Emergency Department transfers to 12.50% (4.80% improvement)

Methods	Process measures	Target for process measure	Comments
Provide refresher education to (active) Registered staff and prescribers on (new) LTC Cares pathway	% of (active) Registered staff and prescribers to receive refresher education	100% of (active) Registered staff and prescribers to receive refresher education	

Change Idea #5 Reduce avoidable Emergency Department transfers to 12.50% (4.80% improvement).

Methods	Process measures	Target for process measure	Comments
Nurse practitioner led review of avoidable ED transfers at unit huddles.	% of avoidable ED transfers reviewed at unit huddles between April 1, 2024 and March 31, 2025.	100% of avoidable ED transfers reviewed by Nurse Practitioner	

Change Idea #6 Reduce avoidable Emergency Department transfers to 12.50% (4.80% improvement)

Methods	Process measures	Target for process measure	Comments
Implement Prevention of Error Based Transfers (PoET) project at WL.	Project rolled out by March 31, 2025.	Project rolled out.	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents responding positively to Q #2: "The Lodge provides a welcoming atmosphere where residents feel safe and accepted."	C	% / LTC home residents	In-house survey / January 1 - December 31, 2024	92.00	95.00	The team is striving to improve the % of residents responding positively to Q#2 to 95% (3% improvement) in 2024.	City of Hamilton IDEA Team

Change Ideas

Change Idea #1 Increase the overall resident and family satisfaction for Q #2 on the annual resident/family satisfaction survey to 95% (3%)

Methods	Process measures	Target for process measure	Comments
Increase the # of ethnic themed meals offered at WL	# of ethnic themed meals offered between April 1, 2024 and March 31, 2025	5 ethnic themed meals to be offered between April 1, 2024 and March 31, 2025	Ethnic meals will be in addition to those already offered for special occasions and holidays

Change Idea #2 Increase overall resident and family satisfaction to Q#2 on the annual resident/family satisfaction survey to 95% (3% improvement)

Methods	Process measures	Target for process measure	Comments
Increase the number of Inclusion, Diversity, Equity and Accessibility (IDEA) focused recreation programs offered to residents between April 1, 2024 and March 31, 2025	# of IDEA focused programs offered between April 1, 2024 and March 31, 2025	10 IDEA focused programs to be offered between April 1, 2024 and March 31, 2025	

Change Idea #3 Increase overall resident/family satisfaction for Q#2 on the annual resident/family satisfaction survey to 95% (3% improvement).

Methods	Process measures	Target for process measure	Comments
Implement an IDEA committee at WL that is inclusive of residents.	Committee implemented by December 31, 2024.	Committee implemented by December 31, 2024.	

Change Idea #4 Increase overall resident and family satisfaction for Q#2 on the annual resident/family satisfaction survey to 95% (3% improvement)

Methods	Process measures	Target for process measure	Comments
Document resident demographic information (i.e., ethnicity, religion, sex, sexual orientation and gender) on the resident detail demographic page in the EMR within two weeks of admission.	% of residents with demographic information documented within two weeks of admission.	Collect baseline	The goal of this initiative is improve how demographic information is captured and documented so the team is aware of the population we serve, and so we can provide person-centred care, support and services.

Change Idea #5 Increase overall resident and family satisfaction to question #2 on the annual resident and family satisfaction survey to 95% (3% improvement)

Methods	Process measures	Target for process measure	Comments
Active staff to complete R Zone training (Respect for Others, Respect for Yourself, and Responsibility for Your Actions)	% of (active) staff to complete education by December 31, 2024	100% of (active) staff will complete training by December 31, 2024	This is a new COH HR led initiative. No baseline exists; therefore it is being embedded into improvement initiative with overall measure related to RSS/FSS Q #2

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents responding positively to the statement (Q#3): "I am able to communicate openly and freely in order to ensure my care and service needs are met, without fear of consequences."	C	% / LTC home residents	In-house survey / January 1 - December 31, 2024	92.00	92.00	The team is aiming to maintain performance for Q#3 in 2024.	

Change Ideas

Change Idea #1 Maintain overall resident/family satisfaction for Q#3 at 92%

Methods	Process measures	Target for process measure	Comments
Audit call bell response	# of monthly audits completed	2 audits completed on day and evening shift each month (total of 4 audits monthly)	

Change Idea #2 Maintain overall resident/family satisfaction for Q#3 at 92%

Methods	Process measures	Target for process measure	Comments
Provide refresher education to the Management Team members about the Lodges policy/process to manage complaints, including Whistleblower.	% of Management Team members to receive refresher education by June 30, 2024.	100% of Management Team members to receive refresher education by June 30, 2024	

Change Idea #3 Maintain overall resident/family satisfaction for Q#3 at 92%.

Methods	Process measures	Target for process measure	Comments
Provide refresher education at Resident and Family Council meetings about the Lodges policy/process to voice a concern, including Whistleblower.	# of resident/family council meetings attended to provide refresher education.	4 - 2 sessions at Resident Council and Family Council.	

Change Idea #4 Maintain overall resident/family satisfaction for Q#3 at 92%.

Methods	Process measures	Target for process measure	Comments
Provide information about the Lodges policy/process for managing complaints, including Whistleblower at the annual care conference.	% of annual care conferences where complaints process information was provided.	100% by Q4 2024-25 (Jan-March, 2025)	

Change Idea #5 Maintain overall resident/family satisfaction for Q#3 at 92%.

Methods	Process measures	Target for process measure	Comments
Collect baseline for Same Day (SD) complaint resolution (complaints resolved within 24 hours from the date of receipt).	Collect baseline for SD complaint resolution.	Collect baseline	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents responding positively to the statement (Q#6): "Staff in each department take time to listen to my concerns."	C	% / LTC home residents	In-house survey / January 1 - December 31, 2024	85.00	90.00	The team would like to increase positive response rate by 6% in 2024.	

Change Ideas

Change Idea #1 Increase overall resident/family satisfaction to 90% (6% improvement)

Methods	Process measures	Target for process measure	Comments
Hold "Welcome Tea" program each month for new residents	# of monthly "Welcome Tea" programs held between April 1, 2024 and March 31, 2025	10 programs held between April 1, 2024 and March 31, 2025	This program provides and opportunity for new residents to meet members of the Management Team. All Management Team members attend the program to introduce themselves and talk about their role.

Safety

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	10.43	10.00	The team would like to reduce % of residents who experience a fall by 4.12% by March 31, 2025. WL remains a high performer among comparators. Performance currently exceeds provincial and LHIN benchmarks.	CareRx pharmacy

Change Ideas

Change Idea #1 Reduce the percentage of residents who experience a fall to 10.00% (4.12% improvement)

Methods	Process measures	Target for process measure	Comments
Complete monthly (Multidisciplinary) review of residents who experience a fall to determine whether they are taking anti-psychotic medication and the need for fracture prevention therapy	% of res. referred for fracture prevention therapy because of multidisciplinary review (N: # of res referred for fracture prevention therapy (who were not taking it before the review) D: # of res who experienced a fall that are taking anti-psychotic medication	100% each month	The goal of this QI initiative is to identify residents who have fallen and are taking anti-psychotic medication. Of these residents, we will identify those who are NOT currently taking fracture prevention therapy and refer them to pharmacy. This initiative explores the correlation between residents who fall and are taking antipsychotic medication. An audit tool will be created for NL to complete monthly reviews so referrals are sent to pharmacy in a timely manner. Please Note: As part of the quarterly review process, the pharmacist already reviews residents identified as high risk for falls who take antipsychotic medication to determine the need for fracture prevention therapy. This current practice takes a proactive approach by examining residents at risk before a fall occurs.

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	24.43	22.00	The team would like to reduce the % of residents taking antipsychotics without a diagnosis of psychosis by 9.95% by March 31, 2025. This target aims to bring WL closer to the provincial and LHIN benchmark.	

Change Ideas

Change Idea #1 Reduce the percentage of residents taking antipsychotics without a diagnosis of psychosis to 22.00% (9.95% improvement).

Methods	Process measures	Target for process measure	Comments
Participate in the PREVENT research pilot project.	Participate in the research pilot project between April 1, 2024 and March 31, 2025.	Pilot project completed or in progress.	This project is pending approval by COH legal division. Please Note: PREVENT research initiative will support reduction of medication that can cause falls as well as fall/fracture prevention