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 / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	17.49	17.00	The team is aiming to reduce avoidable emergency department transfers by 2.80%.	William Osler Health System (PoET Project)

Change Ideas

Change Idea #1 Complete Prevention of Error Based Transfers (PoET) Individualized Summary (I.S.) for all existing LTC residents.

Methods	Process measures	Target for process measure	Comments
Complete PoET Individualized Summary (I.S.) for all existing LTC residents during annual Care Conference.	Percentage (%) of I.S. completed at annual care conferences scheduled each month between April 1,2025 and March 31, 2026.	100% of I.S. will be completed each month during annual care conferences scheduled between April 1, 2025 and March 31, 2026.	PoET stands for Prevention of Error-based Transfers (project).

Change Idea #2 Promote Prevention of Error-based Transfers (PoET) project to enhance awareness among residents, POA/SDM, clinicians, and staff.

Methods	Process measures	Target for process measure	Comments
Complete nine (9) promotional strategies to enhance awareness about PoET.	Number of promotional strategies completed to enhance awareness about PoET by December 31, 2025.	Nine (9) strategies completed.	

Change Idea #3 Discuss and provide resources about PoET to residents and POA/SDM at six-week post admission Care Conference.			
Methods	Process measures	Target for process measure	Comments
Provide overview of PoET and copies of resources at six-week post admission Care Conference.	Percentage (%) of six-week post admission Care Conferences where PoET is discussed and resources shared each month between April 1, 2025 and March 31, 2026.	100% of six-week care conferences each month will have Poet information/resources shared.	

Change Idea #4 Nurse (Leader) led review of Emergency Department transfers (to determine appropriateness).			
Methods	Process measures	Target for process measure	Comments
Nurse (Leader) led review of Emergency Department transfers using in house ED transfer tracker to determine appropriateness at weekly Admission, Discharge, Transfer (ADT) meetings.	Percentage (%) of ED transfers reviewed/assessed for appropriateness at weekly ADT meetings between April 1, 2025 and March 31, 2026.	100% of ED transfers reviewed each week at ADT meetings.	

Change Idea #5 Nurse (Leader) led review of Emergency Department transfers (to determine appropriateness).			
Methods	Process measures	Target for process measure	Comments
Nurse (Leader) led review of Emergency Department transfers using in house ED transfer tracker to determine appropriateness at weekly Admission, Discharge, Transfer (ADT) meetings.	Percentage (%) of ED transfers that were determined to be appropriate each month between April 1, 2025 and March 31, 2026.	Process measure only	This initiative is a process measure - there is no target for improvement

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents and family members responding positively to Q2. "The Lodge provides a welcoming atmosphere where residents feel safe and accepted."	C	% / LTC home residents	In-house survey / 2025	95.00	96.00	The team is aiming to improve performance by 1.04% in 2025.	City of Hamilton IDEA Team, City of Hamilton Human Resources

Change Ideas

Change Idea #1 People Leaders to complete City of Hamilton Inclusion Diversity Equity Accessibility (IDEA) Module #2 training: Cultural Awareness in the Workplace.

Methods	Process measures	Target for process measure	Comments
People Leaders to complete City of Hamilton IDEA Module #2 Training: Cultural Awareness in the Workplace via City of Hamilton Learning Management System (LMS).	Percentage (%) of People Leaders to complete training by December 31, 2025.	100% of People Leaders will complete training.	

Change Idea #2 Include Inclusion, Diversity, Equity, Accessibility (IDEA) as a standing agenda item on the Integrated Quality Improvement Committee Agenda.

Methods	Process measures	Target for process measure	Comments
Add IDEA as a standing agenda item on the Integrated Quality Improvement Committee Agenda.	IDEA is added as a standing agenda item by April 1, 2025.	IDEA is a standing agenda item.	

Change Idea #3	Include Inclusion, Diversity, Equity, Accessibility (IDEA) as a standing agenda item for all Department meetings.		
Methods	Process measures	Target for process measure	Comments
Add IDEA as a standing agenda item for all Department meetings.	Percentage of Department meeting agendas that include IDEA by June 1, 2025.	100% of Department meeting agendas will include IDEA.	

Change Idea #4	Include Inclusion, Diversity, Equity, Accessibility (IDEA) related question on all interview tools.		
Methods	Process measures	Target for process measure	Comments
Collaborate with City of Hamilton Human Resources and IDEA team to add appropriate IDEA question to all interview tools.	Percentage (%) of interview tools reviewed between April 1 and December 31, 2025 where one (1) IDEA related question was added.	100% of interview tools reviewed will have one (1) IDEA related question added.	

Change Idea #5	Complete Ontario Centres for Learning, Research and Innovation in Long Term Care (CLRI) Inclusion, Diversity, Equity and Accessibility (IDEA) self-assessment and develop action plans.		
Methods	Process measures	Target for process measure	Comments
Complete CLRI IDEA self-assessment and develop action plans.	CLRI IDEA self-assessment is complete, and action plans are developed by December 31, 2025.	Self-assessment and action plans are complete.	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents and family responding positively to Q14 "I can easily access programs and services available at the Lodge"	C	% / LTC home residents	In-house survey / 2025	60.00	63.00	The team is aiming to improve performance by 5% in 2025.	

Change Ideas

Change Idea #1 Provide a directory of services and providers that includes information about the process to access the services at care conferences.

Methods	Process measures	Target for process measure	Comments
Create a directory of services and providers and share at care conferences.	Percentage (%) of care conferences where directory has been shared each month between April 1, 2025 and March 31, 2026.	100% of care conferences where directory was shared.	

Change Idea #2 Communicate updates to residents and families regarding changes to services and/or providers.

Methods	Process measures	Target for process measure	Comments
Communicate updates to residents and families regarding changes to services and/or providers by emailing updated directory and posting within the home.	Directory will be updated (if necessary) and communicated once per quarter between April 1, 2025 and March 31, 2026.	Directory is communicated once per quarter (4 times).	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents and family responding positively to Q19 "Response to call bells it timely"	C	% / LTC home residents	In-house survey / 2025	63.00	66.00	The team is aiming to improve performance by 4.76% in 2025.	

Change Ideas

Change Idea #1 Develop and complete a pulse survey to obtain focused input about call bell response.

Methods	Process measures	Target for process measure	Comments
Complete a pulse survey to obtain focused input regarding call bell response.	Pulse survey is completed by December 31, 2025.	Survey completed	

Change Idea #2 Complete monthly audit of call bell response time.

Methods	Process measures	Target for process measure	Comments
Nurse leadership to audit call bell response time on one home area on Days/Evenings/Nights each month.	Number of audits completed on D/E/N each month between April 1, 2025 and March 31, 2026.	One (1) audit completed on D/E/N each month.	One (1) audit on D/E/N will be completed each month (total of three audits monthly).

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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	13.19	13.00	The team is aiming to reduce the percentage of residents who experience a fall by 1.44%.	Geras Centre for Aging Research (PREVENT)

Change Ideas

Change Idea #1 Participate in Person-centered Routine Fracture Prevention in Long-Term Care (PREVENT) Research Trial.

Methods	Process measures	Target for process measure	Comments
Participate in Person-centered Routine Fracture Prevention in Long-Term Care (PREVENT) Research Trial.	Research Trial complete or in progress between April 1, 2025 and March 31, 2026.	Research Trial is either complete or in progress.	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.

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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	23.17	22.70	The team is aiming to reduce the percentage of residents taking antipsychotic medication without a diagnosis of psychosis by 2.03%.	CareRx Pharmacy

Change Ideas

Change Idea #1 Participate in Person-centered Routine Fracture Prevention in Long-Term Care (PREVENT) Research Trial

Methods	Process measures	Target for process measure	Comments
Participate in PREVENT Research Trial.	Research Trial complete or in progress between April 1, 2025 and March 31, 2026.	Research Trial is either complete or in progress.	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.

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents with Worsened Stage 2-4 Pressure Ulcers	C	% / LTC home residents	CIHI CCRS / July 2024-September 2024 (Q2 2024/25), with rolling 4-quarter average	4.90	4.60	The team is aiming to reduce the percentage of residents with worsening stage 2-4 pressure ulcers to 4.6% (6.12% improvement).	

Change Ideas

Change Idea #1 Complete audits to ensure weekly wound assessments are completed and closed.

Methods	Process measures	Target for process measure	Comments
Registered Nurses to perform audits to ensure weekly wound assessments are completed and closed.	Percentage (%) of weekly wound assessments audited monthly between April 1, 2025 and March 31, 2026 to ensure assessments are complete and closed.	100% of weekly wound assessments will be audited monthly.	

Change Idea #2 Selected Registered and PSW staff will complete Wounds Canada training.

Methods	Process measures	Target for process measure	Comments
Selected Registered and PSW staff (1 RN and 1 PSW) will complete training through Wounds Canada.	Number (#) of staff that complete training by July 31, 2025.	Two (2) staff have completed training.	

Change Idea #3 Re-educate (active) PSW staff on application of treatment creams.

Methods	Process measures	Target for process measure	Comments
Nurse leaders will re-educate (active) PSW staff on application of treatment creams.	Percentage (%) of (active) PSWs who received re-education on application of treatment creams between April 1, 2025 and March 31, 2026.	100% of (active) PSW staff will receive re-education.	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents experiencing worsened behaviours	C	% / LTC home residents	CIHI CCRS / July 2024-September 2024 (Q2 2024/25), with rolling 4-quarter average	13.50	13.20	The team is aiming to reduce the percentage of residents experiencing worsening behaviours by 2.22%.	

Change Ideas

Change Idea #1 People Leaders will complete Gentle Persuasive Approach (GPA) Train the Trainers education.

Methods	Process measures	Target for process measure	Comments
People Leaders will complete Gentle Persuasive Approach (GPA) Train the Trainers education to achieve certification.	Number (#) of People Leaders to complete GPA certification by May 14, 2025.	Ten (10) People Leaders to complete certification.	

Change Idea #2 Develop a plan to Gentle Persuasive Approach (GPA) train front line staff.			
Methods	Process measures	Target for process measure	Comments
Implement a plan to GPA train front line staff.	Plan is in place by September 1, 2025.	Plan is in place.	

Change Idea #3 Provide training on updated Responsive Behaviour Policy.			
Methods	Process measures	Target for process measure	Comments
Add updated materials related to the Responsive Behaviour Policy to annual Mandatory and Onboarding training packages.	Updated training materials related to the Responsive Behaviour Policy are added to training packages by December 31, 2025.	Updated training materials added.	

Change Idea #4 Implement Violence Assessment Tool (VAT) to identify risk for violent behaviour.			
Methods	Process measures	Target for process measure	Comments
Implement Violence Assessment Tool (VAT).	Tool is implemented by December 31, 2025.	Tool is implemented.	

Change Idea #5 Train (active) Registered staff on how to complete Violence Assessment Tool (VAT).			
Methods	Process measures	Target for process measure	Comments
Nurse Leaders to train (active) Registered staff to complete VAT.	Percentage (%) of (active) Registered staff trained to complete VAT be December 31, 2025.	100% of (active) Registered staff are trained.	