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)	36.73	15.00	Reduce by 21.73% to be below the provincial average.	

Change Ideas

Change Idea #1   Ensure those residents sent to the ED are sent for appropriate reasons.

Methods	Process measures	Target for process measure	Comments
ED visits will be tracked quarterly to include: why the resident was sent, was the resident admitted, returning diagnosis and who the sending Registered Team Member was. This will allow Woodingford Lodge to monitor if ED visits were appropriate.	Number of residents sent to the ED for inappropriate reasons.	Quarterly review of ED visits will occur at CQI meetings to ensure that the number of those being sent to the ED will remain low.	

Report Access Date: March 29, 2025

Change Idea #2   Continued training for Registered Team Members and Nurse Practitioners on skills that will help reduce residents from being sent to ED

Methods	Process measures	Target for process measure	Comments
The number of residents who avoid an ED transfer based on the utilization of skills/equipment offered at Woodingford Lodge (ie. Pain pumps, staple/suture completion on site, IV therapy).	Number of residents who are sent to the ED for a reason that could have been addressed at Woodingford Lodge.	Decrease the number of residents being transferred to the ED.	

Change Idea #3   Improve tracking and analysis of reasons why residents are sent to the hospital and their subsequent diagnoses, leading to better care and fewer avoidable hospitalizations.

Methods	Process measures	Target for process measure	Comments
1. Transfer Envelopes have been updated to include reasons for transfer and are to be copied and provided to the Director of Care. 2. Diagnosis received at hospital will be compared to the reason of transfer to determine if Woodingford Lodge communicated resident needs appropriately to the hospital.	Number of residents whose diagnoses align (pre/post hospitalization).	Improve communication with the receiving hospital.	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	90.63	95.00	Increase the number of team members who receive training on DEI and anti-racism.	

Change Ideas

Change Idea #1 Team members to receive relevant DEI, Anti-Racism and Indigenous Cultural Safety Training through mandatory annual education sessions.

Methods	Process measures	Target for process measure	Comments
Education sessions will be created with the use of reputable sources and reviewed by Oxford County's DEI Coordinator. Key topics to include: Anti-Racism, Health Equity and Inclusion, and Indigenous Cultural Safety and Awareness.	Number of team members who participate in the required training.	95% - All team members are mandated to attend annual education sessions in the fall of 2025 and will be required to complete this training.	Total LTCH Beds: 34

Change Idea #2 Woodingford Lodge to create its own internal DEI committee as an extension of the Oxford County DEI committee, to address Woodingford Lodge specific needs.

Methods	Process measures	Target for process measure	Comments
Team members that are interested in participating in the DEI committee will be encouraged to participate, with the goal of having at least one team member from each department.	Review of committee membership to ensure that there is representation from each department.	Increase participation in internal committees to have interdisciplinary participation.	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	36.84	52.00	Increase of excellent scores by 15% to improve resident satisfaction. Woodingford Lodge is looking at just excellent scores on the resident's satisfaction survey and not combing good and excellent together.	

Change Ideas

Change Idea #1   Improve the excellent results that Woodingford Lodge receives on this Resident Satisfaction survey.

Methods	Process measures	Target for process measure	Comments
Provide education on the Resident's Bill of Rights and Customer Service – Person Centered Care education to all new staff and annually.	Education to be provided at time of hire and annually. Residents are also provided a copy of the Bill of Rights at time of admission and discussed at Resident Council.	100% of staff members will receive training.	Total Surveys Initiated: 33 Total LTCH Beds: 34

Change Idea #2   Increase the number of residents who participate in the satisfaction survey.

Methods	Process measures	Target for process measure	Comments
Encourage resident participation in satisfaction surveys and offer support as required.	There was a total of 20 surveys completed in 2024, therefore the goal for 2025 is 25.	The number of residents who completed the satisfaction survey.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Improve the Palliative Care Experience for Residents and Family Members	C	Number / Residents	In house data collection / April 2025 - March 2024	CB	CB	Improvement in the satisfaction of the palliative care experience offered to the residents at Woodingford Lodge.	

Change Ideas

Change Idea #1   Provide palliative care education to our team members at Woodingford Lodge

Methods	Process measures	Target for process measure	Comments
Team members who are involved with care conferences and admissions will be provided the opportunity to participate in serious illness conversation education and Fundamentals offered through OHT.	Registered team members, admission coordinator and PSW team members will be offered palliative education.	100% of the staff assigned the education course will receive it.	

Change Idea #2   Creation of an interdisciplinary Palliative Care Resource Team with increased knowledge on palliative care to help answer resident, family and staff questions on their home area.

Methods	Process measures	Target for process measure	Comments
Team members with an interest in palliative care are encouraged to the join the resource team, with the goal of having one staff per neighbourhood on the team.	All residents and family members will have access to resource team member to speak with when questions arise.	The resource team will have at least one representative from each home area.	

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	20.00	10.00	Reduction of 10% of residents who have fallen in the past 30 days to bring Woodingford Lodge closer to the provincial average.	

Change Ideas

Change Idea #1   Creation of interdisciplinary weekly rounds on each neighbourhood to discuss those residents who have fallen in the past 7 days.

Methods	Process measures	Target for process measure	Comments
1. Meet weekly to discuss which interventions have been implemented, which are effective, and which need to be changed/implemented to help reduce falls. 2. Rounds to be documented in Point Click Care so team members that are not present can still review all information discussed.	Number of residents who were discussed at weekly rounds and those interventions removed, kept or implemented.	The number of falls that are occurring by the same resident will decrease and/or prevented.	

Change Idea #2   Increase restorative programming for residents to help decrease falls by improving mobility with the goal of 9 or 4 residents per quarter.

Methods	Process measures	Target for process measure	Comments
1. RAI team to review all residents during their quarterly assessment to determine if a resident could improve their mobility, reducing risk of falls by adding them to restorative programming. 2. Educate team members on the importance of restorative programming.	Number of residents on restorative programming each quarter and the number of staff who have received education on restorative programming.	The home will optimize the number of residents on restorative programing and 75% of staff will receive the applicable education.	