

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)	22.47	22.30	We will work towards reducing unnecessary ED transfers by 0.17 percent over the next fiscal year	

Change Ideas

Change Idea #1 Increase utilization of paramedic outreach program

Methods	Process measures	Target for process measure	Comments
Teaching family members the benefits of the paramedic outreach program and services offered. Teaching registered staff of the paramedic outreach program	Continue to provide education to new families and new registered staff regarding paramedic outreach program.	We will strive to reach 100% of families and 100% of registered staff	Discussions will be had with each residents POA/SDM regarding the care that can be provided within the home instead of going to emergency department

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	100.00	100.00	Continue to ensure that mandatory training is complete by all staff by end of year.	

Change Ideas

Change Idea #1 Staff will complete the equity, diversity, inclusion and antiracism training

Methods	Process measures	Target for process measure	Comments
Staff will complete the module titled, "Diversity, Equity, and Inclusion at Work" by Surge Learning.	Staff will be encouraged to complete the training module by the end of calendar year	100% of staff will complete the online learning module by the end of the calendar year	Total LTCH Beds: 122 # of LTCH beds=122

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication The residents/families know who to speak to if they have a question	C	Count / LTC home residents	In-house survey / January 1 to Dec 31	67.00	75.00	<p>We sent out a survey to all residents and family members. 65 questions-59 multiple choice and 6 word responses.</p> <p>31 respondents-4 residents, 25 on behalf of a resident, 2 skipped.</p> <p>Consistently approximately 2-4 respondents skipped each question.</p>	

Change Ideas

Change Idea #1 Create a contact poster/white board for every unit with the list of contacts including the unit managers email, extension, and others who work on the unit.

Methods	Process measures	Target for process measure	Comments
Survey will be sent out at the end of the calendar year to see an improvement	At least 31 resident/families surveys will be completed by the end of calendar year	We strive to ensure that 75% of residents/families will know who to speak to if they have a question	We will also post the information on the Homes website. All unit managers will send out Welcome emails with the list of people to contact if they have a question or concern

Change Idea #2 Implement EVOKE Health. We believe that providing families with access to their loved ones' health and wellness data along with an easy way to communicate with healthcare professionals in LTC will facilitate better decision making and improve resident health outcomes.

Methods	Process measures	Target for process measure	Comments
Implement EVOKE Health in May of 2025 to families and residents.	At least 31 resident/families surveys will be completed by the end of calendar year	We strive to ensure that 75% of residents/families will know who to speak to if they have a question	We strive to achieve 70% of our families expressing interest and creating an account to join EVOKE Health.

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
External Services Optometry and Dental Outreach Services are known to be available within the home	C	Number / LTC home residents	In-house survey / Jan 1 to Dec 31	50.00	60.00	We sent out a survey to all residents and family members. 65 questions-59 multiple choice and 6 word responses. 31 respondents-4 residents, 25 on behalf of a resident, 2 skipped. Consistently approximately 2-4 respondents skipped each question.	

Change Ideas

Change Idea #1 Ensure residents and family members are aware of our Dental Outreach and Optometry services upon admission

Methods	Process measures	Target for process measure	Comments
External services will be included in our welcome emails to all new residents. Maxville Manors SSW will also include these services in their welcome emails to residents. Services will also be included in communication on Evoke Health.	At least 31 resident/family surveys will be completed by the end of fiscal year	We strive to ensure that 60% of residents and family members are aware of the availability of Optometry and Dental Outreach services	

Change Idea #2 Post posters on the resident board and in every unit to ensure family members and residents are aware of our Dental Outreach program and Optometry services available at the Manor.

Methods	Process measures	Target for process measure	Comments
Posters will be put up in resident home areas and on the resident council boards.	At least 31 resident/family surveys will be completed by the end of fiscal year	We strive to ensure that 60% of residents/family members will be aware that Optometry and Dental Outreach are available.	

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	25.61	25.50	We will work towards reducing the number of falls by 0.11% in the upcoming fiscal year	

Change Ideas

Change Idea #1 The interdisciplinary team will meet to discuss all falls in our high risk falls review meetings monthly and document for every resident with 2 or more falls with interventions being utilized and a plan to help mitigate falls.

Methods	Process measures	Target for process measure	Comments
90% residents with 2 or more falls will have a documented falls review progress note	90% of residents who fall will have an interdisciplinary team meeting to discuss possible causes/risks in our high risk falls review meetings	12 times a year; High risk falls review meetings will occur monthly	

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	27.30	27.00	We will work towards seeing a decrease in the number of residents on antipsychotics without a diagnosis of psychosis from 27.30 to 27.00 over the next 12 months	

Change Ideas

Change Idea #1 Taper MD has been implemented and is being utilized by our MD/NP and Pharmacists for all quarterly medication reviews

Methods	Process measures	Target for process measure	Comments
Taper MD is used for all quarterly reviews	We will see a decrease in the number of residents on antipsychotics without a diagnosis of psychosis over the next 12 months	We will strive to see a decrease in the use of antipsychotics for our residents who do not have a diagnosis of psychosis from 27.30% to 27.00% over the next 12 months	