

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)	23.17	21.17	At or below the provincial average of 21%	Alexandra Marine and General Hospital, Maitland Valley FHT

Change Ideas

Change Idea #1 To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner

Methods	Process measures	Target for process measure	Comments
The home's attending NP will review and collaborate with the registered staff on the residents who are at high risk for transfer to ED, based on clinical and psychological assessment	The number of nurse practitioners referrals and assessment of residents prior to hospitalization transfers. The number of ER transfers averted monthly	As a result of the NP assessment, 20% of referrals were averted	Education from NP related to avoidable transfers, and education on thorough resident assessments.

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	80.00	Through education, the Home expects to have an increase in understanding this criteria over the next 6 months.	Surge Learning; BSO

Change Ideas

Change Idea #1 To facilitate ongoing feedback or open door policy with the management team.

Methods	Process measures	Target for process measure	Comments
Celebrate culture and diversity events.	Number of staff education on Culture and Diversity.	80-100% of staff educated on topics of Culture and Diversity.	Total LTCH Beds: 75 Education on Culture and Diversity

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	CB	85.00	Target is based on corporate averages. We aim to do better than or in line with corporate average.	

Change Ideas

Change Idea #1 85.45%. Engaging residents in meaningful conversations, and care conferences that allow them to express their opinions. Review "Resident's Bill of Rights" more frequently, and at resident's council meetings monthly with a focus on Resident's Rights #29. "Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themselves or others to"

Methods	Process measures	Target for process measure	Comments
Add resident right #29 to standing agenda for discussion on a monthly basis by Program Manager during resident council meetings. Re-education and review to all staff on Resident Bill of Rights specifically #29 at department meetings monthly by department managers.	Resident Bill of Right #29 added, for review by March 31, 2024. 100% of all staff will have education via department meetings on Resident Bill of Rights #29 by May 01, 2024. 100% of Resident Council meeting will have Resident Bill of Rights #29 added at each monthly meeting.	100% of all staff and residents and families will have completed the education on resident Bill of Rights #29.	

Safety

Measure - Dimension: Safe

Indicator #4	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	21.89	15.00	Target is based on corporate averages. We aim to do better than or in line with corporate average.	

Change Ideas

Change Idea #1 Facilitation of weekly falls huddles on each unit, and collaborating with external resources of ideas to help prevent further resident increase of falls or injury related to falls.

Methods	Process measures	Target for process measure	Comments
Complete a weekly meeting with unit staff regarding ideas to help prevent risk of falls or injury related to falls.	One falls meeting weekly with each home unit, and have 6 staff in total participate in the weekly falls meetings.	100% of staff participation on Falls weekly huddles in each home unit.	To achieve a 2% decrease in falls and be more within reach of corporate target goal of 15%.

Measure - Dimension: Safe

Indicator #5	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	23.55	17.30	Target is based on corporate averages. We aim to do better than or in line with the corporate average.	NP Barb Sproul, Maitland Valley Medical Clinicians, Pharmacist, Seniors Mental Health, Behavioral Supports Ontario, Psych geriatrician

Change Ideas

Change Idea #1 The MD, NP, BSO (including Psychogeriatric Team), with Nursing staff will meet monthly to review all admissions for diagnosis and medications related to inappropriate prescribing of antipsychotic's. This is also part of our homes PAC quarterly meeting agenda, which also includes the pharmacy for further analysis and improvement strategies.

Methods	Process measures	Target for process measure	Comments
Monthly meetings held with the interdisciplinary team. A 2% decrease of Antipsychotic medications will have been reduced as a result of monthly meetings. Quarterly meetings will be held with PAC, where discussion and reviews on strategies have resulted in decrease of antipsychotic medication usage.	CQI meetings will be held monthly with the interdisciplinary team and achieving a 2% further reduction in usage of antipsychotic medications.	100% of residents who are prescribed antipsychotic medications will receive a 3 month review to determine the potential for reduction in dosage or discontinuing antipsychotics.	Maitland Manor will aim to improve our use of anti-psychotic medications by 2%, by collaborating with our interdisciplinary team involving our in home NP, physicians, BSO team, regional psychogeriatric specialist and pharmacist to achieve this. The team has been made aware of a new psychogeriatric physician who is new to the area from the LHSC and may be interested in joining our team.