

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)	37.66	25.00	Aim to bring our percentage down to a more manageable number.	

Change Ideas

Change Idea #1 Continue to evaluate ED visits in relation to diagnosis and continue to focus on reasons for transfer and consult with our Medical Director. There was an increase in falls which lead to transfers to emergency to assess for fractures

Methods	Process measures	Target for process measure	Comments
Currently investigating retaining a part-time NP which will decrease ED transfers and more consultation with the Medical Director	Data will be shared with PAC and with registered and agency staff to help with potential avoidable ED transfers. Education and guidance will be offered when needed	Have a NP part time by September 1, 2024	We now have our Medical Director supporting the role of an NP in our home

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	CB	100.00	All employees of Stirling Manor Nursing Home will require this training. Resident's council will then be educated	

Change Ideas

Change Idea #1 Share the draft Diversity, Equity and Inclusion policy with staff and residents so they can provide feedback.

Methods	Process measures	Target for process measure	Comments
Provide a copy of the policy for feedback. Ensure all current employees receive education on DEI by March 11, 2024 then provide education to residents. All new hires since December 2023 receive DEI education prior to physical start date in the home	Positive feedback from staff and residents regarding the policy and incorporated into our general language and at departmental meetings. Framework submitted to OHT by June 30, 2024 recognizing our commitment	Both collective agreements have been amended to reflect DEI language	100% staff have completed the DEI education by March 11, 2024

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	CB	87.00	Our goal is 85% or higher.	

Change Ideas

Change Idea #1 Through our home specific resident satisfaction survey which is completed yearly between September - November 30th, we ask 3 questions to help inform this indicator

Methods	Process measures	Target for process measure	Comments
Question #1 "Nursing staff actively listen to me" (73%) Question #2 "I'm always asked if I want to participate in home activities" (100%) Question #3 "All staff care about any issues I may convey, I feel listened to" (89%).	Have resident satisfaction survey results in these identified questions score no lower than 85%. Have conversations with staff to see if they realize residents feel this way and ask for their suggestions to improve the results in our home. We will change who does the surveys with the residents that request assistance. We will gather 3-4 staff from other committees and get input from them on how we can improve this measure	A score of 85% or higher in our next residents satisfaction survey period	Total surveys initiated: 19 Total LTC beds: 56

Measure - Dimension: Patient-centred

Indicator #4	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	78.95	90.00	To achieve a comparative level to previous years	

Change Ideas

Change Idea #1 Residents are able to express their opinions without having any feelings of insecurity or consequence

Methods	Process measures	Target for process measure	Comments
Utilize RNAO resident/family centered care best practice guidelines and Resident Bill of Rights	Staff are required to complete their Surge learning on Resident Bill of Rights. Engage with the person in decision making, respecting the person's right to choose the preferred interventions for their health. Collaborate with resident to identify priorities and goals for their care. Share information to promote available options for plan of care and respectfully support the residents choice.	Residents will be more comfortable voicing their opinions and decreasing their fear of consequences. A more trusted and supportive relationship will be formed	Total Surveys Initiated: 19 Total LTCH Beds: 56 Total survey initiated =19 # of LTCH beds =56

Safety

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	26.92	22.00	Have an achievable target goal	

Change Ideas

Change Idea #1 Continue to work closely with our pharmacy to look at residents with prescribed antipsychotics

Methods	Process measures	Target for process measure	Comments
Our pharmacy tracks our usage and shares this at our quarterly PAC meeting. Pharmacist and physician will discuss potential residents that could have their medications changed.	Ensure that the quarterly medication review is shared with both the physician and Director of Nursing. Our pharmacy benchmarks their homes and have noted that our antipsychotic use is higher than other homes but we are serving a younger population	To be near the Ontario average of 20% based on CIHI data	CIHI Q3 (Oct-Dec 2023) data shows provincial average of 20.9 and Southeast average of 23.8

Change Idea #2 To have an NP working in the home by September 1, 2024

Methods	Process measures	Target for process measure	Comments
NP to review antipsychotic medications with physician on a regular basis	NP will collaborate with Director of Nursing, pharmacy and physician on alternative options for residents to assist with decreasing the antipsychotic medication	To achieve our target goal	There have been newly admitted residents on antipsychotic meds prior to admission with no diagnosis. It can be difficult to determine the reason for use of med