

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)	25.33	22.00	Aim to bring our percentage down to a more manageable number.	

Change Ideas

Change Idea #1 Continue to evaluate ED visits relating to diagnosis and reason for transfers

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. Also have an agreement with Hastings Paramedics so that they can do certain diagnostics in our home which would decrease ER transfers	Continue to share collaboratively with all disciplines education and guidance around decreasing transfers	Able to hire an NP in 2025 and encourage use of the Paramedics in our home	All registered staff comfortable with calling the Paramedics for diagnostic services

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 residents, employees and families of Stirling Manor Nursing Home will have annual training	

Change Ideas

Change Idea #1 The policy was finalized in 2024. It is posted on the board in the lobby for everyone to view. The land acknowledgement is also posted in the same area

Methods	Process measures	Target for process measure	Comments
Maintain education annually for all staff and for all new hires	Maintain a DEI philosophy with all those that live and work at Stirling Manor	A commitment to improve diversity and inclusion in our workplace	100% of staff have completed DEI education

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	93.00	Our goal is 80% 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" (88%) Question #2 "I'm always asked if I want to participate in home activities" (98%) Question #3 "All staff care about any issues I may convey, I feel listened to" (93%)	Have resident satisfaction survey results in these identified questions score no lower than 80%	A result of 93% indicates we do not require any further action	Total surveys initiated: 24 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	CB	91.25	To achieve a comparative level to previous years	

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. Residents are able to express their opinions without having any feelings of insecurity or consequence

Methods	Process measures	Target for process measure	Comments
Question #1 "I can share my opinion without fear of consequence" (91%) Question #2 "I feel safe and secure with all team members" (98%) Question #3 "I feel safe and secure with other residents" (84%) Question #4 "I feel safe and secure in my home environment" (92%)	Have resident satisfaction survey results in these identified questions score no lower than 80%	A result of 91.25% indicates we do not require any further action	Total surveys initiated: 24 Total LTC 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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	30.58	25.00	Have an achievable target goal	

Change Ideas

Change Idea #1 Continue to work collaboratively with our pharmacy and physician to look at residents with prescribed antipsychotics. To hire an NP by the end of 2025. Implementing in house BSO program with trained staff

Methods	Process measures	Target for process measure	Comments
Our pharmacy tracks quarterly all antipsychotic use and give recommendations to the physician. With our new BSO program, we will track behaviours, diagnosis and medication usage. Our collaborative care team makes recommendations regarding antipsychotic use	Ensure that the quarterly medication reviews are completed and evaluated by physician. Our pharmacy benchmarks their homes and have noted that our antipsychotic use is higher than other homes based on our resident population	To be near the provincial average of 21.2%	We are admitting residents that have pre-existing mental health conditions that require the use of antipsychotics