

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)	17.72	15.00	because past QIP initiatives significantly improved scores	NLOT

Change Ideas

Change Idea #1 Mobile Xray, ultrasound and blood work services.

Methods	Process measures	Target for process measure	Comments
Requisitions for external services/tests will be monitored versus transfer's to hospital without prior tests/bloodwork	Review of quarterly data: mobility xray, ultrasound and blood work requisitions as well as NP visits.	80% of ultrasounds/xrays and blood work are done within the home	Problems in the last year with vendor of choice who was very prompt to the home unable to fill staffing needs. Backup supplier also not able to provide Ultrasounds.

Change Idea #2 Redevelopment team

Methods	Process measures	Target for process measure	Comments
Preparation for a Full time NP provider for the home as we transition to the new 192 redevelopment home.	Onsite NP employed by the home as part of the medical team onsite. To work 5 days a week helping with critical care needs	To have a full time NP prior to the opening of the home.	This position has been indicated for HR needs but not confirmed.

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	17.00	100.00	Equity, Diversity and Inclusion training to be mandatory for all staff assigned through SURGE learning platform to ensure 100% completion rate.	Ontario Centres for Learning, Research & Innovation in Long Term Care, Providence Care Centre, Best Practice Spotlight Organization (BPSO), Registered Nurses Association of Ontario (RNAO), SURGE Learning

Change Ideas

Change Idea #1 Recruit more staff members to be part of our Maple View Lodge Inclusivity Committee to ensure an on-going effort in the home to continue to implement best practice Diversity and Inclusion policies and processes in alignment with the RNAO's Equity, Diversity and Inclusion Best Practice Guideline.

Methods	Process measures	Target for process measure	Comments
Supporting the Inclusivity Committee lead and team members in hosting information sessions, education sessions, surveys and events to attract staff members to join the home's Inclusivity Committee and provide person centered care in the way of Inclusiveness.	# of Committee members on Inclusivity committee.	An Inclusivity Committee of a staff member from each Department (Housekeeping, Dietary, Maintenance, Recreation, Nursing, PSW's, Behavioral Support and more..) to ensure cross-departmental representation.	Total LTCH Beds: 60 A wholesome Inclusivity committee with cross departmental representation will ensure staff across many disciplines are performing their work in the home with a lens of person centered care and Inclusivity regardless of role or job.

Change Idea #2 Inclusivity, Equity and Diversity Education and Events on a regular basis in the home

Methods	Process measures	Target for process measure	Comments
Recreation staff to reference CLRI's (Centers for Research and Innovation in Long Term Care) Inclusivity calendar monthly when planning resident programs and activities and Inclusivity Committee in conjunction with leadership referencing the CLRI monthly calendars when planning staff education and events.	# of Inclusive events occurring in the home on a monthly basis example: Pride Week.	x1 Inclusive event per month (can be education/ information, resident program, new initiative implemented by the Inclusivity team as per the RNAO's Equity, Diversity and Inclusion BPG)	CLRI's Inclusivity Calendars can be used as a guide to ensure an awareness of various holidays and celebrations important to varying values and beliefs of both staff and residents. Calendars to also be posted in the home to ensure visual exposure for staff, families as well as visitors in passing.

Change Idea #3 Resident feedback and touchpoints regarding Inclusiveness

Methods	Process measures	Target for process measure	Comments
Standing Agenda item in resident council meetings re: Values, beliefs and spirituality under "Resident Services" report.	Seek feedback in Resident's Council Meetings if resident values and beliefs are being supported through Recreational Programming.	Majority of residents in meeting to state their unique values, beliefs and needs are being supported by staff in the home.	An on-going touchpoint to hear feedback from the residents regarding Inclusivity initiatives in the home.

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	51.72	90.00	Improvement in responses and participation for this year with increased number of cognitive residents able to participate	

Change Ideas

Change Idea #1 GPA (Gentle Persuasive Approach) training for all new hires

Methods	Process measures	Target for process measure	Comments
GPA Training hosted in house for all new hires by internal Behavioural Support Worker in conjunction with our Psychogeriatric Consultant.	GPA training sessions	Quarterly GPA sessions held in house for all new hires to attend across all disciplines	Total Surveys Initiated: 29 Total LTCH Beds: 60 GPA teaches Long Term Care staff to validate resident feelings and realities through active listening.

Change Idea #2 Supporting an active Family Council in the home to advocate on behalf of residents' having a voice.

Methods	Process measures	Target for process measure	Comments
On-going Family Council recruitment, family council e mail for communication amongst family members.	# of Family council members on the committee.	To Maintain a family council in 2024 with a participation rate that will maintain quorum to make decisions.	An engaged and active family council has the ability to support the needs and desires of the residents to ensure the resident population feels heard, especially those that are unable to communicate.

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	89.66	90.00	Improvement in responses and participation for this year with increased number of cognitive residents able to participate	

Change Ideas

Change Idea #1 Inviting/prompting cueing feedback from residents at residents council meetings

Methods	Process measures	Target for process measure	Comments
Regular prompting / cueing in residents council meetings in an effort to allow for residents to express opinions and feedback on each topic of discussion.	Resident follow up action concern responses	In alignment with ministry guidelines in responding to resident concerns	Total Surveys Initiated: 29 Total LTCH Beds: 60 Important to encourage, prompt/cue residents to provide feedback at residents council meetings in an effort to ensure residents feel they can bring forward to concerns in an effort to ensure all home processes are resident driven.

Change Idea #2 Staff Education around resident complaint policy and following the reporting process

Methods	Process measures	Target for process measure	Comments
Educating staff on the importance of bringing forward resident or family complaints on behalf of a resident and the importance of bringing concerns to a registered staff or leadership team member to ensure timely follow up action as per the home's complaint policy and ministry guidelines.	# of Resident Complaints	Decrease in Resident Complaints in 2024 in comparison to 2023.	Important staff are educated and supported in recognizing a resident concern or complaint and are bringing this forward/ following reporting guidelines to ensure timely follow up action in mitigating the issue at hand which reassures residents and families that we take complaints seriously.

Change Idea #3 Ensuring inclusive programs, activities and events

Methods	Process measures	Target for process measure	Comments
Referencing the CLRI's Inclusivity monthly calendars as a resource when planning monthly programs and activities to ensure consideration towards varying values and beliefs.	Inclusive programs and events in the home.	1 inclusive program or event monthly.	Creating an environment that celebrates resident differences will create a space in which residents will be more comfortable to speak up.

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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	25.70	18.00	Provincial benchmark is 9% have had significant progress in last year	

Change Ideas

Change Idea #1 Adding Post fall huddles to each Risk Management for falls.

Methods	Process measures	Target for process measure	Comments
Added a trigger to the Risk Management Module for Fall incidents	All of the falls with have Post fall huddle , referral to PT, fall risk assessment completed.	Each residents fall	Daily monitoring of Risk Management by Nursing managers.

Change Idea #2 Lift transfer and Mobility assessments are completed to appropriately address mobility issues leading to falls.

Methods	Process measures	Target for process measure	Comments
Added to the Risk Management for RegN and Physiotherapy who are able to complete the assessment.	85% of new resident falls will have the LTMA completed post fall.	Nursing managers will monitor quarterly the rate of completion of assessments.	

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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	33.86	25.00	to get closer to the provincial target	

Change Ideas

Change Idea #1 increased awareness of discussions of antipsychotic medication use -on quarterly med reviews

Methods	Process measures	Target for process measure	Comments
review medication quarterly and flag to Medical director	review quarterly with pharmacist and Medical director	60% of residents on antipsychotic meds will have documentation of review quarterly by December 2024	