

2023-24 WORKPLAN



MEASURE	CURRENT PERFORMANCE	TARGET	TARGET JUSTIFICATION
Number of Emergency Department (ED) visits of ambulatory care-sensitive conditions per 100 long term care residents.	16.32%	15%	The target represents better performance than that of the northeast region and province as a whole.
Strategies: <ul style="list-style-type: none"> • Nursing Management Team to discuss ED transfers at daily huddle to determine if transfers were appropriate. If required, follow up will occur with the RN to discuss transfer • Continue to provide orientation to new RNs on alternatives to ED transfers; specifically, what care/treatment can be provided in-house and when EDOS (Emergency Department Outreach Service) is an appropriate alternative • Provide EDOS training annually to all RNs 			
Percentage of residents who are satisfied that staff listen to them.	82%	85%	We plan to improve performance in this area and the target represents a realistic goal for improvement over one year.
Strategies: <ul style="list-style-type: none"> • Continue to reinforce the Customer Service and NODD [name, occupation, duty, departure] principles with staff through annual education • Maintain scheduling of Food Committee meetings more frequently and in various locations to facilitate resident participation • Increase the average number of hours of direct care per resident day to allow greater time for staff to spend with residents • Roll out the Triple A process [acknowledge, apologize, act] for responding to concerns or complaints to all staff in 2023 			

MEASURE	CURRENT PERFORMANCE	TARGET	TARGET JUSTIFICATION
Percentage of residents who expressed satisfaction that they can express their opinions without fear of consequences	71.4%	80%	We believe this both a necessary and realistic target.
Strategies: <ul style="list-style-type: none"> • Roll out the Triple A approach to responding to concerns or complaints to all staff in 2023. Process encourages the respondent to acknowledge, apologize, and act • Continue with training on GPA (Gentle Persuasive Approaches) which reinforces that all behaviour has meaning 			
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.	33.62%	30%	Represents an improvement over what is reported here. Of note, our data from the CIHI report of Q3 2022 shows us at 26.8% which is in line with the averages for the region and province for the same period.
Strategies: <ul style="list-style-type: none"> • Continue with GPA training which may provide opportunities to manage disruptive behaviours with less reliance on medication • Continue our system of reviewing antipsychotic medication use with each quarterly medication review involving the pharmacist, nurse and physician, and through members of our Behaviour Supports Ontario (BSO) team. Review includes ongoing behaviours and side effects with the goal of reducing or discontinuing medications when appropriate • Continue reviewing our performance in this area at quarterly Pharmacy & Therapeutics Committee 			

MEASURE	CURRENT PERFORMANCE	TARGET	TARGET JUSTIFICATION
Proportion of staff who feel that information and communication processes are efficient and effective, especially in relation to performance, quality of services, results.	51%	60%	The target represents an improvement but also a realistic goal to achieve in one year. This was identified as an opportunity for improvement during our most recent Accreditation Survey – especially in relation to communication of the organization’s goals in relation to safety initiatives. Current performance is improved over scores in 2013 and 2017 but could be better. Another staff survey will be conducted in the fall of 2023 to measure of success.
Strategies: <ul style="list-style-type: none"> • A Quality Board will be created and placed in a highly visible location to provide information about the work of the Quality Committee, as well as, others e.g. Falls Management, Skin and Wound, Infection Control, etc. • Town Hall meetings, hosted by the Home’s Director, will resume 			
Number of reported occupational musculoskeletal injuries to Pioneer Manor staff.	100 staff	100	Given the physical nature of our work and the large number of staff, the desire is to maintain our injury rates at or below 100.
Strategies: <ul style="list-style-type: none"> • Wellness Committee to be re-initiated to implement initiatives aimed at preventing occupational illness, stress and injuries using a holistic approach • Minimal Lift Committee to be re-established to ensure safe lifting principles are followed 			