Access and Flow | Efficient | Priority Indicator

Indicator #7	Last Year		This Year	
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Pioneer Manor)	**16.32** Performance (2023/24)	**15** Target (2023/24)	**18.09** Performance (2024/25)	**NA** Target (2024/25)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Continue with review of all transfers to Emergency Department.

Process measure

- All ER transfers discussed.

Target for process measure

- 100% of transfers justified.

Lessons Learned

This continues.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Continue to offer orientation to new Registered Nurses on alternatives to ED transfer; specifically, what care/treatment can be provided in house, when Emergency Department Outreach Service (EDOS) is an appropriate alternative.

Process measure

- Mentors will have information to use for orienting new hires to the EDOS program. Classroom orientation will continue to include a review of EDOS.

Target for process measure

- 100% of new RN hires receive the required introduction to EDOS and alternatives to transfers to the Ed.

Lessons Learned

New RN hires are introduced to EDOS through their orientation mentor and also receive a review during classroom orientation.

Change Idea #3 ☑ Implemented ☐ Not Implemented

EDOS training reviewed at least annually with all Registered Nurses, regardless of seniority.

Process measure

- EDOS training assigned to all RNs annually, as a mandatory course.

Target for process measure

- 100% of RNs will continue to receive this training.

Lessons Learned

Education is part of the annual mandatory training for Registered Nurses.

Comment

While our numbers have gone up, we continue to be below that of the other LTC homes in the Northeast Region.

Equity | Equitable | Custom Indicator

	Last Year		This Year	
Indicator #6 Proportion of staff who feel that information and communication processes are efficient and effective, especially in relation to performance, quality of services, results. (Pioneer Manor)	**51** Performance (2023/24)	**60** Target (2023/24)	**30** Performance (2024/25)	**NA** Target (2024/25)

Change Idea #1 ☑ Implemented ☐ Not Implemented

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, all others e.g. Falls, Skin & Wound, Infection Control, etc.

Process measure

- Board will be kept up to date.

Target for process measure

- Information posted will be updated at least monthly.

Lessons Learned

Board installed in a highly visible location and is updated monthly. It highlights improvement projects that are underway at the Manor.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Town Hall meetings, hosted by the Home's Director, will resume in 2023.

Process measure

- Meetings held quarterly starting in 2023 Q1 (fiscal).

Target for process measure

- Meetings held regularly.

Lessons Learned

Due to back-to-back outbreaks, the meetings were held less frequently.

Comment

With gentle encouragement, we are becoming increasingly successful at recruiting front-line staff to sit on and participate in Committees that plan and implement quality improvement projects.
Note that 30% of staff agreed and another 37% neither agreed nor disagreed to this statement.

	Last Year		This Year	
Indicator #1 Number of reported occupational musculoskeletal injuries to Pioneer Manor Staff. (Pioneer Manor)	**100** **Performance (2023/24)**	**100** **Target (2023/24)**	**78** **Performance (2024/25)**	**NA** **Target (2024/25)**

Change Idea #1 ☑ Implemented ☐ Not Implemented

Wellness Committee will be re-initiated to implement initiatives aimed at preventing occupational illness, stress and injuries using a holistic approach.

Process measure

- Committee will consist of members of the Pioneer Manor staff.

Target for process measure

- Committee will implement new processes before year end.

Lessons Learned

Committee now in place with 8 members. Planning a kick-off wellness event for later in the year.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Minimal Lift Committee will be re-established.

Process measure

- Committee will be in place and meeting regularly before year end.

Target for process measure

- Committee will meet at least quarterly in 2023.

Lessons Learned

Committee re-established with the creation of 38 minimal lift staff champions.
99% of active staff have received in-person minimal lift training. Remainder of training is underway with a plan for additional sessions to follow later in 2024.

Comment

We have significantly reduced the rate of musculoskeletal injuries (sprains, strains, etc) among staff.

Indicator #5	Last Year		This Year	
Proportion of residents with a progressive, life limiting illness who are identified to benefit from palliative care who subsequently have their needs assessed and met through a holistic assessment. (Pioneer Manor)	**CB** Performance (2023/24)	**CB** Target (2023/24)	**X** Performance (2024/25)	**NA** Target (2024/25)

Change Idea #1 ☐ Implemented ☑ Not Implemented

Give consideration to the CHESS score (Changes in Health, End stage disease, and Symptoms and Signs) derived from MDS RAI to identify progression early on. This is the same change idea from last year which was not implemented due to changes in the Palliative Care Committee.

Process measure

- The measure will be used consistently on all residents.

Target for process measure

- Residents will be identified as requiring palliative end-of-life care at least one month before time of death.

Lessons Learned

We did not include this indicator in our previous year's plan.

Comment

We did not include this indicator in our 2023-24 workplan.

Experience | Patient-centred | Custom Indicator

Indicator #3

Percentage of residents who are satisfied that staff listen to them. (Pioneer Manor)

Last Year		This Year	
82	**85**	**74**	**NA**
Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Continue to reinforce the Customer Service and NODD principles with all staff.

Process measure

- Percentage of staff who successfully complete this education.

Target for process measure

- 100% of staff will do so by year end.

Lessons Learned

Both are part of the annual mandatory education for all staff.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Maintain the scheduling of Food Committee meetings that encourage resident input into menus and dining service.

Process measure

- Food Committee minutes will reflect improved attendance and additional feedback.

Target for process measure

- Feedback at Committee will reflect that residents are providing more input into their meals and dining experience.

Lessons Learned

Committee continues to meet regularly with growing attendance/participation by residents. 75% of the residents surveyed now understand that this committee is in place as a forum to voice their opinions and concerns about the menus and meal times.
Attendance has averaged 30 - 40 residents each time.

Change Idea #3 ☑ Implemented ☐ Not Implemented

With additional funding, the numbers of direct care staff will be further increased to allow for greater time spent with residents.

Process measure

- Average hours will increase over 2022.

Target for process measure

- The goal is to achieve 3.42 hours of care per resident day in 2023, working toward 4.0 hrs in 2024.

Lessons Learned

Have met our goal of achieving 3.42 hours of care per resident day.

Change Idea #4 ☑ Implemented ☐ Not Implemented

The Triple A process for responding to concerns will be implemented in 2023. The process aims to improve the way that staff react when faced with a concern or complaint that may be perceived as negative. It will reinforce that staff are hearing the concern and that they care.

Process measure

- % staff who receive the education.

Target for process measure

- 100% staff by year end.

Lessons Learned

At this time, 25% of staff have received this education. More in-person education is planned for early 2024.
Scenarios are practiced with staff at monthly departmental meetings.
We have also included this education in our 2024 mandatory on-line education.

Comment

Note that only 79 out of 433 residents participated in the 2023 Resident/Family Satisfaction Survey.

	Last Year		This Year	
Indicator #4 Percentage of residents who expressed satisfaction that they can express their opinions without fear of consequences. (Pioneer Manor)	**71.40** Performance (2023/24)	**80** Target (2023/24)	**68** Performance (2024/25)	**NA** Target (2024/25)

Change Idea #1 ☑ Implemented ☐ Not Implemented

A new, simple process for receiving and responding to concerns (Triple A approach) will be rolled out in 2023 to all staff, at all levels. The process provides a template for staff to answer a resident or family member who approaches with a concern - acknowledge, apologize, and act.

Process measure

- Percent of staff who receive the required education.

Target for process measure

- 100% by year end.

Lessons Learned

As stated with previous indicator.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Education/training on GPA (Gentle Persuasive Approaches) will continue into 2023, increasing the proportion of staff who are trained.

Process measure

- Proportion of clinical staff who are trained.

Target for process measure

- 30% or more staff will be trained in GPA by year end.

Lessons Learned

Currently, 28.6% staff have received GPA training and another 14% GPA Refresher in 2023.
Additional sessions are scheduled into 2024.

Comment

Again, only 79 of 433 residents responded to the survey.

Safety | Safe | Priority Indicator

Indicator #2	Last Year Performance (2023/24)	Last Year Target (2023/24)	This Year Performance (2024/25)	This Year Target (2024/25)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Pioneer Manor)	33.62	30	31.20	30

Change Idea #1 ☑ Implemented ☐ Not Implemented

Continue with previous strategies including training of staff in GPA, to provide opportunities to manage disruptive behaviours with less reliance on medication.

Process measure

- Proportion of staff trained in GPA.

Target for process measure

- To surpass our current proportion of 22%.

Lessons Learned

As stated with other indicator

Change Idea #2 ☑ Implemented ☐ Not Implemented

Continue our system of reviewing antipsychotic medications with each quarterly medication review involving the Pharmacist, Nurse, and Physician, and through members of our Behaviour Supports Ontario (BSO) team to review behaviours, side effects, with the goal of reducing or discontinuing of medications when appropriate.

Process measure

- All residents have a review of their medications at least quarterly.

Target for process measure

- Continued use of medications will be justified.

Lessons Learned

This continues, with special attention to antipsychotic medications.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Continue review of this indicator at quarterly Pharmacy & Therapeutics Committee.

Process measure

- Prescribing trends viewed in comparison to other LTC Homes and with input from other prescribers, nurses, pharmacist.

Target for process measure

- Reviews completed and documented quarterly

Lessons Learned

It is noted that the data may be deceiving in that some conditions e.g. symptoms of hallucinations, delusions, may not be captured during the RAI 7-day observation period but justify the use of some psychotropic medications. This is especially true if symptoms are controlled by the use of medications.

Comment

We have improved our performance in this area. Again, the data must be viewed in context; residents who receive such medications for treatment of hallucinations or delusions may not experience those during the RAI observation period because the medication is effective. Accordingly, they will be captured in this measure as they will be viewed as not having an appropriate indication for the antipsychotic, even though they actually do.