

Equity

Measure - Dimension: Equitable

| Indicator #1 | 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 | 79.00 | 20.00 | 79% of staff completed this education in 2023 via our online learning platform. In person education is scheduled to begin in 2024 with the goal of 100% of our staff completing it in this format over the next few years. Those who did not complete the online training will be prioritized. | College Boreal |

Change Ideas

Change Idea #1 Plans currently underway to provide this education in-person, through an arrangement with College Boreal.

| Methods | Process measures | Target for process measure | Comments |
|---|-------------------------------|----------------------------|----------------------|
| Sessions scheduled throughout the year with staff relieved or paid to attend. | % staff who receive training. | Attendance records | Total LTCH Beds: 433 |

Change Idea #2 A Diversity, Equity, and Inclusion Committee is in process of being established in the Home. The mandate will be to advise and provide recommendations to the Home on incorporating diversity, equity, and inclusivity in service provision utilizing available research, best practices, as well as, lived experience of members of the larger Pioneer Manor community.

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| Representation from a variety of departments, as well as, residents and family members will form this committee. | Committee will be established with terms of reference. | Committee will meet at least quarterly in 2024/25. | |

Experience

Measure - Dimension: Patient-centred

| Indicator #2 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|--|---|---------------------|--------|--|------------------------|
| Percentage of residents who are satisfied that staff listen to them | C | Rate per 100 / Adult long stay home care clients | In house data collection / Survey taken at end of calendar year | 74.00 | 80.00 | We wish to improve our scores in this area and may administer the survey differently in 2024. For example, only those with a CPS (Cognitive Performance Scale) of 2 or lower were surveyed. Consideration will be given to including those with a score of 3 to increase our response rate and ensure we have not missed a significant portion of our resident population. | |

Change Ideas

Change Idea #1 Continue with the roll out of the Triple A Response system.

Methods

Provide education to those staff who have not yet received it. Continue to work through practice scenarios at monthly staff meetings. Reinforce training through our on-line training platform.

Process measures

The majority of our staff will receive training.

Target for process measure

At least half of our staff will receive in-person training on this process.

Comments

Change Idea #2 Encourage residents to both attend and participate in their care conferences.

| Methods | Process measures | Target for process measure | Comments |
|--|---|--|----------|
| Nurse to remind the resident of their scheduled conference the day of. Conference facilitator to specifically ask resident for their feedback during the conference and record their input in the conference documentation. Should a resident decline the offer to attend, this will be recorded as well. | More residents will participate in their admission and annual conference. | Residents with a CPS score of 3 or lower will be invited to participate in their care conference. Over the course of 2024, we will determine the proportion of those invited who actually choose to participate. | |

Change Idea #3 Clinical managers e.g. nursing, rehabilitation, nutrition and allied health will round to the Home Areas at least weekly.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|----------|
| Managers will endeavor to visit at least 3 Home Areas each week, during a time when residents are available such as meal time. Concerns not immediately corrected will be discussed with the team for resolution. Common concerns will be shared at Resident and/or Family Council. | Managers will receive feedback/concerns directly and resolve these before they become complaints. | Will be reflected in the results of our Resident Satisfaction Survey in 2024. | |

Measure - Dimension: Patient-centred

| Indicator #3 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|----------------------|---|---------------------|--------|---|------------------------|
| Proportion of staff who feel information and communication processes are efficient and effective, especially in relation to performance, quality of services, and results. | C | Rate per 100 / Staff | Staff survey / End of the calendar year | 30.00 | 50.00 | We wish to improve in this area, at the same time being realistic in the degree of change that can occur in one year. | |

Change Ideas

Change Idea #1 Continue to update the Quality Board monthly to highlight performance in a variety of key areas and provide an overview of improvement activities underway in the Home. The Board also lists the staff, resident, and family member representatives.

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|----------|
| Staff will continue to be encouraged to review the Board. The list of improvement activities will be shared with managers so they may, in turn, share this information with staff at monthly departmental meetings. | Departmental meeting minutes will demonstrate that this data has been shared and discussed. More staff will volunteer to sit on and participate in the various committees within the Home. | The results of this question in our next survey will demonstrate an improvement in communication about our operation and performance. | |

Change Idea #2 Director will meet with staff throughout the year.

| Methods | Process measures | Target for process measure | Comments |
|--|---|--------------------------------------|----------|
| Stand alone meetings may be held or the Director may join existing staff meetings to share information, as well as, receive feedback from staff. | Meeting minutes will reflect the above. | These will occur at least quarterly. | |

Change Idea #3 All staff now have assigned email addresses. Several still need assistance to logon and access their mail.

| Methods | Process measures | Target for process measure | Comments |
|--|---|---|----------|
| Supervisors will assist their respective staff who are having difficulty with the goal of having everyone using their email regularly. | Fewer concerns will be brought forward and staff will respond to email messages as appropriate. | Messaging will be received in a more timely manner. | |

Change Idea #4 A Quality Update newsletter will be created and circulated to staff, and residents/visitors.

| Methods | Process measures | Target for process measure | Comments |
|---|---|-------------------------------------|----------|
| A short bulletin highlighting improvement activities underway or completed will be prepared and shared. | Quarterly preparation and distribution of the bulletin. | Update provided at least quarterly. | |

Safety

Measure - Dimension: Safe

| Indicator #4 | 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 | 31.20 | 30.00 | Our numbers reduced slightly since 2022. We wish to maintain or reduce where possible. | |

Change Ideas

Change Idea #1 Continue with our existing interventions including training of staff in Gentle Persuasive Approaches to ensure that behaviours are managed without the use of medication, where appropriate.

| Methods | Process measures | Target for process measure | Comments |
|---|--|----------------------------|----------|
| GPA training offered in house and staff assigned to attend. | Proportion of staff who have GPA training will increase. | 40% of staff trained | |

Change Idea #2 Continue review of residents on antipsychotic medications with the Quarterly Medication Review, through members of our Behaviour Supports Ontario (BSO) team such that use of medications is justified.

| Methods | Process measures | Target for process measure | Comments |
|---------------------|--|--|---|
| As described above. | Prescribing trends will be analyzed in comparison to those of other LTC Homes. | Review at least quarterly, with medications reduced or discontinued where appropriate. | Data may be deceiving in that some conditions e.g. hallucinations, delusions may not be captured during the RAI 7-day observation period, especially if symptoms are controlled by these medications. |

Measure - Dimension: Safe

| Indicator #5 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|-------------------|--|---------------------|--------|--|------------------------|
| Number of documented occupational musculoskeletal injuries to Pioneer Manor staff | C | Count / Staff | In house data collection / Over the entire calendar year | 78.00 | 70.00 | Note that this data is not a percentage but a number. We have already reduced this significantly and wish to do so more. | |

Change Ideas

Change Idea #1 Continue developing the Wellness Committee.

| Methods | Process measures | Target for process measure | Comments |
|---|---|----------------------------|----------|
| Committee is now in place with 8 members and is planning a kick-off event to include information on nutrition, exercise, employee assistance program, LifeSpeak, Centre for Addiction and Mental Health. It is believed all forms of wellness impact on the potential for workplace injury. | Committee kick-off will be well attended. | Feedback from staff. | |

Change Idea #2 Minimal Lift Committee will continue the work it began in 2023. There are 38 staff champions and training of all staff took place in the fall of 2023.

| Methods | Process measures | Target for process measure | Comments |
|---|-----------------------------------|--|----------|
| Additional training on lifts and transfers to be provided in 2024, again targeting all staff. Minimal Lift champions will also begin auditing and providing follow up education to staff. | Attendance records for education. | 100% of staff will receive part 2 of the training in 2024. | |

Change Idea #3 Staff with repeated injuries are seen by our Health & Safety Facilitator to review body mechanics. Others are seen on return to work by either Facilitator or Disability Management Officer and WSIB.

| Methods | Process measures | Target for process measure | Comments |
|---------------------------------|---|-----------------------------|----------|
| One to one follow up completed. | All staff with musculoskeletal injuries receive follow up education/review as required. | 100% of staff with injuries | |

Change Idea #4 Staff with injuries resulting from resident responsive behaviours will receive specialized follow up.

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|----------|
| These staff will be prioritized for enrollment in the next scheduled GPA (Gentle Persuasive Approaches) session, to enhance their ability to work effectively with residents who may be physically responsive. | Proportion of staff who have received GPA. | About 40% of our staff have received this training so far. The target is for this proportion to increase significantly over the course of the year. | |

Measure - Dimension: Safe

| Indicator #6 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|-------------------|---|---------------------|--------|--|---|
| Staff turnover rate for all permanent staff, all classifications. Sum of resignations and retirements in the year over the average headcount for that period. | C | Count / Staff | In house data collection / by end of December | 12.12 | 10.00 | The turnover rate for all healthcare staff across Canada, based on HealthCare CAN, was 7.3% in 2022. | College of Nurses of Ontario, Healthforce Ontario |

Change Ideas

Change Idea #1 Pay increases were realized for CUPE staff, which accounts for a large proportion of our workforce. Negotiations for ONA, which represents RNs, are scheduled to occur shortly.

| Methods | Process measures | Target for process measure | Comments |
|--|---|---|----------|
| Remain competitive in relation to salary in Long Term Care within the City of Greater Sudbury. | Our pay rates will remain higher than those of other LTC Homes and comparable to that of our large regional hospital. | Salary data shared among the local LTC Homes. | |

Change Idea #2 Explore the option of an anonymous exit survey for those staff who leave.

| Methods | Process measures | Target for process measure | Comments |
|---|---|--------------------------------------|----------|
| Collaborate with the Human Resources department to develop a survey and process to capture reasons why staff may choose to leave. | Exercise will be undertaken over the next several months. | Process to be completed by year end. | |

Change Idea #3 Explore a survey for those staff who voluntarily left but later returned.

| Methods | Process measures | Target for process measure | Comments |
|---|---|-------------------------------------|----------|
| Identify a way of determining what brought those staff back to us, also with help from our HR department. | Explore this option over the next several months. | Complete this exercise by year end. | |

Change Idea #4 Review the comments made on our most recent Staff Survey.

| Methods | Process measures | Target for process measure | Comments |
|--|------------------------------------|--|----------|
| Identify common themes that may assist in identifying what keeps our employees engaged and what may discourage them and make worklife less satisfying. | Review with the Quality Committee. | Identify corrective actions by year end. | |

Change Idea #5 Supervised Practice Experience Program (SPEP).

| Methods | Process measures | Target for process measure | Comments |
|--|---|---|----------|
| Through CNO, we give nurses returning to practice the opportunity to complete a placement with us in order to qualify for registration. It is hoped that a successful, rewarding placement will lead to the desire to work here once registered. | Proportion of nurses who participate in the SPEP at Pioneer Manor who then choose to apply and work for us. | We will use 2024 to determine what our baseline is. | |

Change Idea #6 Community Commitment Program for Nurses (CCPN)

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| Through Healthforce Ontario we offer nurses, who have not worked recently or are new graduates, a \$25,000 bonus if they accept employment with us and commit to 2 years full time. It is always hoped that this will lead to a longer commitment. | The proportion of nurses who accept employment through the CCPN who later choose to stay on after the initial commitment period. | We will use 2024 and beyond to determine our baseline. | |

Change Idea #7 Rehabilitation Professionals Incentive Grant Program

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| Through this incentive grant for northern communities, we attract full time regulated professionals such as OTs, PTs. The grant provides applicants up to \$5000 each year, for up to 3 years if they accept an offer of full time employment. | Proportion of staff recruited through this program who then choose to stay beyond the 3 year grant period. | Baseline to be established over the next year or so. | |