

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)	14.60	14.00	Fairvern is currently performing better than the provincial average of 16 % and therefore are looking to continue to reduce with previous change ideas.	

Change Ideas

Change Idea #1 Intravenous therapy will be implemented in the home.

Methods	Process measures	Target for process measure	Comments
Home has acquired IV pumps to manage IV therapies for Residents in house as necessary.	Number of residents remaining at Fairvern for IV therapies.	100% of residents requiring IV therapies will remain in the home for treatment.	

Change Idea #2 Partnership with Nurse-Lead Outreach team (NLOT)

Methods	Process measures	Target for process measure	Comments
Fairvern has established a partnership with NLOT team from Orillia Soldiers Memorial Hospital including Nurse Practitioners and Registered Nurses to provide time-sensitive assessments in to avert preventable ED transfers.	Number of ED transfers avoided due to NP assessment.	90% of potential ED transfers will be avoided due to assessment completed by members of the NLOT.	

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	CB	This education is being introduced in 2024.	

Change Ideas

Change Idea #1 All staff will be assigned education titled, Cultural Competence and Indigenous Cultural Safety.

Methods	Process measures	Target for process measure	Comments
All staff will be assigned education on the online learning management platform.	Percentage of staff who complete assigned education.	75 % of staff will complete assigned education.	

Experience

Measure - Dimension: Patient-centred

Indicator #3	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	92.31	95.00	Fairvern wants to exceed previous target.	

Change Ideas

Change Idea #1 Monthly review of Resident Rights at Resident Council meetings.

Methods	Process measures	Target for process measure	Comments
Standing agenda item at monthly Resident Council meetings.	Number of times Resident Rights are reviewed at meetings.	This will be an agenda item at 100% of Resident Council meetings from April 2024 to March 2025.	Total Surveys Initiated: 52 Total LTCH Beds: 56

Change Idea #2 Reeducation and review of managing concerns and complaints

Methods	Process measures	Target for process measure	Comments
Mandatory education sessions will be held four times from April 1, 2024 to March 31, 2025 for staff with review of Managing Concerns and Complaints	Percentage of staff who complete education.	100 % of staff will complete education by March 31, 2025.	

Safety

Measure - Dimension: Safe

Indicator #4	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	20.44	16.50	Fairvern is targeting the provincial average for falls.	

Change Ideas

Change Idea #1 Fairvern will review medications with a focus on medications known to trigger falls

Methods	Process measures	Target for process measure	Comments
Medications will be changed to ensure appropriate levels of Vitamin D, and wherever possible decrease those that cause syncope or other visual or coordination abilities.	Number of resident falls reviewed by Falls Prevention Committee with a focus on medication usage.	100% of falls will be reviewed with a focus on medication usage	

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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	33.93	30.00	Fairvern met and exceeded our target for the previous year. Further reduction is the goal for the current year.	

Change Ideas

Change Idea #1 Education to be offered by BSO on a monthly basis.

Methods	Process measures	Target for process measure	Comments
Monthly education calendar will be created and sessions will be offered to all staff.	Number of sessions offered from April 2024 to March 2025.	12 sessions will be offered by BSO from April 2024 to March 2025.	

Change Idea #2 Educate families on responsive behaviours and non pharmacological approaches to addressing responsive behaviours

Methods	Process measures	Target for process measure	Comments
Develop education session for families and Family Council on responsive behaviours and non pharmacological approaches to addressing responsive behaviours to be led by Social Worker and Clinical Lead.	Number of families participating in the education sessions.	90% of families will receive the education.	

Change Idea #3 An audit of MDS coding will be performed to ensure accuracy of data.

Methods	Process measures	Target for process measure	Comments
Clinical Practice Lead will review resident documentation and verify the coding for antipsychotic medication and the resident diagnoses.	Number of resident medication and diagnoses profiles audited.	100 % of resident charts will be audited for coding accuracy by June 30, 2024.	