

Access and Flow

Measure - Dimension: Efficient

Indicator #2	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 / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	11.11	5.00	Maplewood's residents will receive the most appropriate medical treatment in the most appropriate setting	

Change Ideas

Change Idea #1 Maplewood will continue to partner with the physician team and registered staff to ensure the resident receive timely clinical assessment and treatment plan as needed.

Methods	Process measures	Target for process measure	Comments
Review all ED transfers with Medical Director, attending physician and registered staff to ensure the most appropriate treatment is achieved based on the specific residents overall goals of care.	To ensure our residents receive the right care at the right time and in the right place	To maintain a low percentage of resident transfer to the ED	Residents transfers reflective in this data include those that were medically indicated as well as those whose POA/SDM requested residents to be sent to ED for further inquiry/diagnostics

Change Idea #2 Maplewood will utilize physician team and Nurse Practitioner NLOT team in addition to mobile diagnostic services as available for diagnostic and follow up care as medically indicated within the home.

Methods	Process measures	Target for process measure	Comments
To inform residents and families of these viable options that enhance the capacity within the home to provide a wide range of medical services for our residents.	To ensure the residents receive the most appropriate treatment in the most appropriate setting.	To maintain a low percentage of residents transferred to the ED	Maplewood has been successful at utilizing mobile diagnostic, physician and the Nurse Practitioner NLOT Team in the second half of 2024. By doing this we have been able to avoid ED transfer for conditions requiring enhanced treatment for medical conditions.

Equity

Measure - Dimension: Equitable

Indicator #3	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	100.00	100.00	All Maplewood staff will complete relevant equity, diversity, including and anti-racism education in 2025	

Change Ideas

Change Idea #1 Maplewood Omni Quality Living will continue to support the growth and development of a rich equity, diversity, inclusion and antiracism program as part of the Strategic Plan of Omni Quality Living.

Methods	Process measures	Target for process measure	Comments
1)Maplewood has established a Diversity Equity and Inclusion committee with an identified Champion. To provide informative and relevant information to staff, residents and family members 2) Maplewood resident and family council liaison will include DEI to the agenda for discussion at each meeting.	The home has an established Information Board that includes articles and information on DEI initiatives and Monthly Calendars.	100% of all staff(executive level, management and all) will completed relevant equity, diversity and inclusion training.	Total LTCH Beds: 37 Total LTC beds:37. We will continue to enhance and promote DEI. Currently Maplewood also promotes DEI awareness through promotion of CLRIs Monthly Diversity calendar posted in the home for staff, residents and visitors to review

Experience

Measure - Dimension: Patient-centred

Indicator #4	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	96.15	100.00	All residents of Maplewood feel that they are treated with dignity and respect always. That the staff take the time to listen to them and are helpful to them.	

Change Ideas

Change Idea #1 Ensure that all residents and family have the opportunity to provide input into the operations and the culture of the home.

Methods	Process measures	Target for process measure	Comments
Provide dedicated time at each monthly Resident Council meeting to discuss concerns, complaints and compliments. Elicit feedback and input into the operations and improvements in the home, to reinforce the importance of the "resident voice" in all aspects of care	To ensure that all management team will follow up with 100% of concerns or complaints within 10 business days. The administrator will provide written responses to all resident council communication within 10 business days.	Monitor data on concern/complaint reports received by the home and effective actions taken as a result.	Total Surveys Initiated: 27 Total LTCH Beds: 37 Total surveys initiated 27. Total LTCH beds 37. The response rate for survey completion was slightly reduced from the year prior. Despite this the home is confident that the data accurately reflects the resident experience.

Change Idea #2 Maplewood will provide continuous education for staff including customer service, resident focused care and respectful communication.

Methods	Process measures	Target for process measure	Comments
Utilize Surge Learning for education in addition to in person education and in-services. Partnerships through Providence Care for capacity enhancement education opportunities for resident focused care will be accessed and utilized when available. Consult and seek feedback from residents and family members, follow up with concerns to ensure responses and results are satisfactory.	All staff will complete 100% of required and assigned Surge Learning.	Maplewood will increase the response rate to 100% of residents/Family member complete the annual satisfaction survey to ensure accuracy of responses and the true reflection that residents feel "listened to"	Maplewood saw a slight reduction in response rates overall to the 2024 resident satisfaction survey. 27 out of a possible 37 respondents completed the 2024 survey. Despite this reduction Maplewood is still confident in the accuracy of the overall satisfaction and responses to this question.

Measure - Dimension: Patient-centred

Indicator #5	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	92.59	100.00	Maplewood will continue to provide and open line of communication without reprisal for the residents. The residents will continue to feel that they can express their opinions openly without fear of negative consequences.	

Change Ideas

Change Idea #1 Maplewood will continue to foster an environment where residents, families and advocates can freely express their opinions without fear of reprisal

Methods	Process measures	Target for process measure	Comments
Maplewood will follow Omni Quality Living policies and procedures always when addressing concerns and complaint. Maplewood will continue to utilize Resident Council as a platform for hearing concerns and receiving feedback into the operations of the home. Maplewood staff will ensure all concerns and complaints are responded to in a timely and appropriate manner. Maplewood will continue to foster a culture and environment that values the voice of residents and caregivers.	100% compliance with Omni Quality Living concern/complaint policies. 100% of all concerns will include appropriate follow up to all pertinent parties.	Maplewood's results are 92.7% overall response to this indicator. Maplewood is currently 2.6% above overall satisfaction for Omni Quality Living for this indicator.	Total Surveys Initiated: 27 Total LTCH Beds: 37 Maplewood maintained an above average satisfaction rate, but had a .5% decrease from 2023 results.

Change Idea #2 All staff will receive annual education promoting Zero Tolerance of abuse and neglect as well as required education specific to Whistleblower Protection.

Methods	Process measures	Target for process measure	Comments
Maplewood will utilize Surge Learning as a platform to ensure that education is assigned and delivered to all staff which will include Zero Tolerance of Abuse (including Power Imbalance) Whistle Blower Protection and reporting concerns/complaints.	100% of all required education is completed by all staff.	The home is currently above the Omni Quality Living overall response to this indicator. The target Process measure will be to maintain this high level of success.	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of vacant staffing positions that have been unfilled for greater than 30 days.	C	% / Staff	In house data collection / Q4 2024	73.00	100.00	That all staffing vacancies are filled with 30 days of vacancy	

Change Ideas

Change Idea #1 Ensure that all vacancies are posted within 1 business day of the position becoming available internally as per UFCW collective agreement.

Methods	Process measures	Target for process measure	Comments
The Business Services Manager in collaboration with the Department Managers will ensure the internal vacancy is posted on the union board.	100% of all vacancies are posted internally as per the UFCW collective Agreement	All internal applicants with appropriate qualifications and experience are aware of vacancies in a timely manner	Maplewood will track each job posting from time of vacancy to point of hire.

Change Idea #2 Maplewood will ensure that all vacancies are promoted on all platforms including but not limited to Maplewood Omni Quality Living Website and social media platforms as well as Indeed Job Posting.

Methods	Process measures	Target for process measure	Comments
1) Notify the Omni Quality Living corporate Marketing and Communications Director when vacancies need to be posted. 2) Appropriate Department manager will respond within 1 business day to qualified candidates to coordinate interview date and time. 3) Conduct interview and complete required selection processes in timely and organized fashion. 4) contact all successful candidates as selected.	Ensure that all relevant job posting information is contained in the posting including but not limited to education, experience requirements, relevant registration requirements, fulltime/parttime and rates of pay.	Maplewood will receive and review all applications for qualified and interested candidates	

Change Idea #3 Maplewood will partner with local High School, Colleges and Universities in offering meaningful placement opportunities and recruitment opportunities for New Graduates of PSW, RPN, RN, Recreation and Leisure and Culinary Programs.

Methods	Process measures	Target for process measure	Comments
<p>1) Attend Job fairs and Career days at local colleges and universities. 2) Send regular correspondence to specific educational department heads communicating educational partnership opportunities as well as vacancies. 3) Promote PREP LTC programs and other student and new grad bursary opportunities and retention programs 3) Maintain and enhance Cooperative Education Partnerships with the local high schools, attend career days to promote careers in Long Term Care and provide information on educational requirements for all positions. 4) Establish Partnerships and promote volunteer opportunities to local high schools for required community service hours of high school students</p>	<p>All Department Leads will establish a line of communication with the respective educational department lead to ensure that all information regarding job postings and future career opportunities are communicated to students in those programs</p>	<p>Maplewood will enhance existing professional relationships with local High Schools, Colleges and Universities.</p>	

Measure - Dimension: Safe

Indicator #6	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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	12.06	10.00	Maplewood will reduce the number of residents who fell in the 30 days leading up to their assessment.	

Change Ideas

Change Idea #1 Complete an interdisciplinary review of all residents who fell which includes physiotherapy, environmental review, medications review and nutrition review.

Methods	Process measures	Target for process measure	Comments
The physician and pharmacy will complete a comprehensive medication review for residents who have experienced 3 or more falls within any given month.	Registered staff will complete 100% of all post fall documentations including referrals, review of falls prevention strategies, care plan interventions and communication with the interdisciplinary team.	The home will work collaboratively with the physicians, pharmacy, physiotherapy, dietician as well as members from all departments to take a whole team approach to falls reduction.	Maplewood supports a zero-restraint policy, thus allowing resident to freely move about the home; this may result in increased safety considerations for those residents who have been identified through standard assessments as a high risk for falls. This supports Maplewood's person-centered view of prioritizing resident autonomy and harm reduction practices

Change Idea #2 To monitor and review monthly occurrences of falls to identify trends or root causes to falls.

Methods	Process measures	Target for process measure	Comments
Registered staff will complete detailed falls documentation and post falls huddles with the team members who were present at the time of the fall. For unwitnessed falls, team members will detail, the environment including clutter, lighting, resident's attire including footwear, residents mental and physical condition, incontinence/continence at time of fall, any other indication or explanation provided by resident at time of fall.	100% of post fall documentation will be completed in a timely manner including post fall huddles with the immediate care staff involved or present during the time of fall.	The Director of Care will audit post fall documentation, to ensure that the appropriate information is included within the documentation.	

Measure - Dimension: Safe

Indicator #7	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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	19.61	17.00	To ensure that the most appropriate treatment plans are in place for residents prescribed antipsychotic medication without a diagnosis of psychosis as well as maintain an outcome that is lower than the provincial average.	

Change Ideas

Change Idea #1 Consult with staff, pharmacy and physician team to ensure the appropriate use of antipsychotic medication

Methods	Process measures	Target for process measure	Comments
Utilize pharmacy reports and medication reviews to ensure data quality. Review emar notes to reflect on prn medication results and resident status and effect of antipsychotic medication administration.	100% completion of all quarterly medication reviews. 100% medication reconciliation for admission and readmission.	The home will work collaboratively with the physician team, pharmacy and BSO supports with the goal to decrease use of antipsychotic medication.	Maplewood has an embedded BSO model which includes an BSO RPN lead. This has been highly successful to ensure that external and internal collaborations and reviews occur to ensure non pharmacological interventions are utilized whenever residents are exhibiting responsive behaviours. Residents are internally referred to the BSO lead when they are admitted or have onset/changed reports of responsive behaviours.

Change Idea #2 To maintain successful collaboration with external supports available from Seniors Mental Health, Providence Care and psycho geriatrician

Methods	Process measures	Target for process measure	Comments
The embedded role of BSO RPN Lead will be utilized as the primary contact and liaison with the external partners.	All resident who exhibits new or changed responsive behaviours will be referred internally to the BSO RPN, in order to complete a comprehensive process to identify and establish appropriate non pharmacological interventions and initiate external referrals to Providence Care as needed.	Maplewood will work collaboratively and supportively with the Providence Care team and Mobile response team when it is suggested based on resident care needs.	The embedded BSO RPN Lead at Maplewood has been a key piece in the homes success related to most appropriate treatment for residents exhibiting responsive behaviours.