

Access and Flow | Efficient | **Optional Indicator**

Indicator #6	Last Year		This Year		
	47.66	40.50	38.28	19.68%	30
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Algoma Manor Nursing Home)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1** ☒ **Implemented** ☐ **Not Implemented**

Audit, review and track all ED transfers, Identifying those considered avoidable based on conditions identified by HQO.

**Process measure**

- Number of ED visits will be reviewed per month by the resident safety committee.

**Target for process measure**

- 5% improvement over unnecessary ED visits by December 31, 2024.

**Lessons Learned**

All ED visits are reviewed monthly and we have been able to avoid ED visits with the help of our on staff NPs.

**Change Idea #2** ☐ **Implemented** ☒ **Not Implemented**

More in house testing (Urinalysis, Ultrasound, IV infusions, Bloodwork) before ED transfer and consultation with MRP.

**Process measure**

- Number of ED visits tracked and discussed at monthly resident safety meetings.

**Target for process measure**

- To have a 15% reduction in ED visits by December 31, 2024.

**Lessons Learned**

We are still in the process of training the staff to utilize these tools in the home and are slowing introducing them as part of what we can offer in house.

Equity | Equitable | **Optional Indicator**

Indicator #5	Last Year		This Year		
	CB	100	80.95	--	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Algoma Manor Nursing Home)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☒ Not Implemented

To support the Aboriginal population in our Home we will actively be recruiting an Aboriginal Volunteer.

Process measure

- Number of Aboriginal Volunteers recruited.

Target for process measure

- Aboriginal volunteer will be recruited by September 1, 2024.

Lessons Learned

We have been in talks with the different tribes in the areas but so far have not been able to recruit a volunteer.

Change Idea #2 ☐ Implemented ☒ Not Implemented

Find an Elder or Healer to have on our spiritual Committee and invite them to visit our palliative room and help us incorporate more cultural appropriate ideas.

Process measure

- Recruiting an Elder/Healer.

Target for process measure

- Will Recruit an Elder/Healer by September 1, 2024.

**Lessons Learned**

We have been in talks with the different tribes in the areas but so far have not been able to recruit an Elder or Healer.

**Change Idea #3** ☒ **Implemented** ☐ **Not Implemented**

Land Acknowledgement statement.

**Process measure**

- % of meetings completed / % of meetings that started with the Land Acknowledgement statement.

**Target for process measure**

- 100% of all meetings start with the Land Acknowledgement statement by September 1, 2024.

**Lessons Learned**

100% of board and resident council meetings are doing the land acknowledgement statement.

**Comment**

We continue to reach out to the local tribes and have conversations with them about having aboriginal members volunteer in our home and provide more cultural appropriate programming and services.

We have included cultural sensitivity training in our Surge learning training starting this year in January 2025 going forward for all staff. The PSWs who are doing our PSW course do take a unit on cultural sensitivity through their studies.

**Experience | Patient-centred | Optional Indicator**

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Algoma Manor Nursing Home)	CB	100	86.30	--	NA

**Change Idea #1** ☒ Implemented ☐ Not Implemented

Increase awareness of person-centered care approaches.

**Process measure**

- Percent of LTC staff who have received person-centered care education.

**Target for process measure**

- 100% by December 31, 2024.

**Lessons Learned**

Education on person-centered care occurred with all staff throughout the home over the course of the year.

**Change Idea #2** ☒ Implemented ☐ Not Implemented

Monitor this indicator on the 2023 survey.

**Process measure**

- Survey completed.

**Target for process measure**

- August 31, 2024

**Lessons Learned**

Was included on the 2023 Survey conducted in the spring of 2024.

**Comment**

We were not able to get responses from 23 residents who are non verbal and/or have dementia and not able to answer the questions.

Indicator #4	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Algoma Manor Nursing Home)	CB	100	76.04	--	NA

**Change Idea #1** ☒ Implemented ☐ Not Implemented

Monitor this indicator on the 2023 survey.

**Process measure**

- Survey completed.

**Target for process measure**

- August 31, 2024.

**Lessons Learned**

2023 Survey was completed in Spring 2024

**Change Idea #2** ☒ Implemented ☐ Not Implemented

Consult residents/families on how they interpret the statement "I feel listened to"

**Process measure**

- 50% Percent of residents/families consulted by June 2024

**Target for process measure**

- August 31, 2024

**Lessons Learned**

76% of residents feel that they are listened too.

**Comment**

We were not able to get responses from 23 residents who are non verbal and/or have dementia and not able to answer the questions.



Safety | Safe | **Optional Indicator**

Indicator #1	Last Year		This Year		
	22.30	20	16.98	23.86%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Algoma Manor Nursing Home)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1** ☒ **Implemented** ☐ **Not Implemented**

New standardized practices include our Fall and Fracture Prevention working committee that reviews all resident's status for fracture risks, which is reviewed by our MRPS.

**Process measure**

- Decrease number of Falls with Fractures

**Target for process measure**

- 10% reduction by December 31, 2024.

**Lessons Learned**

We have seen

**Change Idea #2** ☒ **Implemented** ☐ **Not Implemented**

Increasing the number of safety equipment being utilized with a focus on Posey Rolls to prevent resident's from falling out of bed.

**Process measure**

- Reduction in the number of preventable night falls.

**Target for process measure**

- 25% Reduction by December 31, 2024.

**Lessons Learned**

We have had a 7% reduction in our night falls with the use of Posey Rolls.

Indicator #2	Last Year		This Year		
	29.18	25	34.62	-18.64%	21
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Algoma Manor Nursing Home)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1** ☒ Implemented ☐ Not Implemented

Every resident admitted or currently on an antipsychotic will be assessed for appropriate use of medication. Were possible the use of antipsychotic will be reduced, minimized and or discontinued in a safe manner.

**Process measure**

- Number of residents prescribed antipsychotic inappropriately according to CIHI standards.

**Target for process measure**

- 100% of residents admitted and current will be assessed for inappropriate antipsychotic use by March 30, 2024 and ongoing.

**Lessons Learned**

The numbers being reported to CIHI do not reflect the exceptions that are considered appropriate use of antipsychotic medications.

**Comment**

We continue to calculate the numbers manually and the numbers we are seeing are below the provincial average.