

## 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)	16.03	15.50	The team is striving to reduce emergency department transfers by 3.31%. Macassa Lodge is a leading performer in comparison to the Province of Ontario and HNH B LHIN. This target aims to return this measure and performance into a favourable direction.	Hamilton Health Sciences (HHS) LTC Cares, Prevention of Error Based Transfers (PoET) Team, City of Hamilton Paramedic Services

### Change Ideas

#### Change Idea #1 Reduce Avoidable Emergency Department transfers to 15.50% (3.31% improvement)

Methods	Process measures	Target for process measure	Comments
Participate in Hamilton Mobile Integrated LTC program.	Track Utilization Rate: # of calls placed by Macassa Lodge to MILTC, and # of transfers avoided between April 1, 2024 and March 31, 2025.	Track Utilization: # of calls placed by Macassa Lodge to MILTC, and # of transfers avoided	

#### Change Idea #2 Reduce Avoidable Emergency Department transfers to 15.50% (3.31% improvement)

Methods	Process measures	Target for process measure	Comments
Provide refresher education to (active) Registered Staff and prescribers about the Hamilton Mobile Integrated LTC program, including the process for making referrals.	% of (active) Registered Staff and prescribers to receive refresher education.	100% of (active) Registered Staff and prescribers to receive refresher education.	

## Change Idea #3 Reduce Avoidable Emergency Department transfers to 15.50% (3.31% improvement)

Methods	Process measures	Target for process measure	Comments
Participate in Hamilton Health Sciences (HHS) LTC Cares Emergency Avoidance initiative.	Track Utilization: # of calls placed by Macassa Lodge to LTC Cares, and # of transfers avoided between April 1, 2024 and March 31, 2025.	Track Utilization Rate: # of calls placed by Macassa Lodge to LTC Cares, and # of transfers avoided.	

## Change Idea #4 Reduce Avoidable Emergency Department transfers to 15.50% (3.31% improvement)

Methods	Process measures	Target for process measure	Comments
Provide refresher education to (active) Registered Staff and prescribers on the (new) LTC Cares pathway.	% of (active) Registered Staff and prescribers to receive refresher education.	100% of (active) Registered Staff and prescribers to receive refresher education.	

## Change Idea #5 Reduce Avoidable Emergency Department transfers to 15.50% (3.31% improvement)

Methods	Process measures	Target for process measure	Comments
Nurse Practitioner led review of avoidable emergency department transfers at unit huddles.	% of avoidable emergency department transfers reviewed by Nurse Practitioner at unit huddles.	100% of avoidable emergency department transfers reviewed by Nurse Practitioner at unit huddles.	

## Change Idea #6 Reduce Avoidable Emergency Department transfers to 15.50% (3.31% improvement)

Methods	Process measures	Target for process measure	Comments
Implement Prevention of Error Based Transfers (PoET) project at Macassa Lodge.	Project rolled out.	Project rolled out by March 31, 2025.	Pending approval by City of Hamilton Legal Division

## Equity

### Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents and family members responding positively to Q2. "The Lodge provides a welcoming atmosphere where residents feel safe and accepted."	C	% / LTC home residents	In-house survey / January 1 - December 31, 2024	96.00	96.00	The team is aiming to maintain performance in 2024.	City of Hamilton IDEA Team, City of Hamilton Human Resources

### Change Ideas

Change Idea #1 Maintain overall resident and family satisfaction for question #2 on the annual resident/family satisfaction survey.

Methods	Process measures	Target for process measure	Comments
Increase the number of ethnic themed meals offered this year.	# of ethnic themed meals offered between April 1, 2024 and March 31, 2025.	3 ethnic themed meals to be offered between April 1, 2024 and March 31, 2025.	Ethnic meals will be in addition to those already offered for special occasions and holidays.

Change Idea #2 Maintain overall resident and family satisfaction for question #2 on the annual resident and family satisfaction survey.

Methods	Process measures	Target for process measure	Comments
Increase the number of Inclusion, Diversity, Equity and Accessibility (IDEA) focused recreation programs offered to residents.	# of IDEA focused recreation programs offered to residents between April 1, 2024 and March 31, 2025.	10 IDEA focused recreation programs to be offered between April 1, 2024 and March 31, 2025.	

Change Idea #3 Maintain overall resident and family satisfaction for question #2 on the annual resident and family satisfaction survey.

Methods	Process measures	Target for process measure	Comments
Implement a committee at Macassa Lodge that focuses on Inclusion, Diversity, Equity and Accessibility, and includes residents.	Committee is implemented by December 31, 2024	Committee implemented by December 31, 2024	

Change Idea #4 Maintain overall resident and family satisfaction for question #2 on the annual resident and family satisfaction survey.

Methods	Process measures	Target for process measure	Comments
Document resident demographics (related to ethnicity, religion, sex, sexual orientation and gender) on the resident detail demographic detail page in the EMR within two weeks of admission.	% of new residents with documented demographic information within two weeks of admission.	Collect Baseline	The goal of this initiative is improve how demographic information is captured and documented so the team is aware of the population we serve, and so we can provide person-centred care, support and services.

Change Idea #5 Maintain overall resident and family satisfaction for question #2 on the annual resident/family satisfaction survey.

Methods	Process measures	Target for process measure	Comments
Active staff to complete R-Zone training (Respect for Others, Respect for Yourself, and Responsibility for Your Actions)	% of (active) staff that have completed R-Zone training by December 31, 2024	60% of (active) staff to complete R-Zone training by December 31, 2024	New COH HR led initiative. No baseline exists; therefore being completed as an improvement initiative with overall measure related to RSS/FSS Q#2

## Experience

### Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who respond positively to the statement (Q3.): "I am able to communicate openly and freely in order to ensure my care and service needs are met, without fear of consequences."	C	% / LTC home residents	In-house survey / January 1 - December 31, 2024	92.00	92.00	The team is aiming to maintain performance in 2024.	

### Change Ideas

Change Idea #1 Maintain overall resident and family satisfaction for question #3 on the annual resident/family satisfaction survey

Methods	Process measures	Target for process measure	Comments
Provide refresher education to Management Team about the the Lodges policy/process to manage complaints, including Whistleblower	% of Management Team members provided with refresher education by June 30, 2024	100% of Management Team members to receive refresher education by June 30, 2024	

Change Idea #2 Maintain overall resident and family satisfaction for question #3 on the annual resident/family satisfaction survey.

Methods	Process measures	Target for process measure	Comments
Provide refresher education to residents and families about the Lodges policy/process to submit a complaint, including Whistleblower.	# of refresher education sessions provided at Resident Council and Family Council meetings between April 1, 2024 and March 31, 2025.	Two (2) sessions at Resident and Family Council meetings (total of 4 sessions).	

Change Idea #3 Maintain overall resident and family satisfaction for question #3 on the annual resident/family satisfaction survey.

Methods	Process measures	Target for process measure	Comments
Provide information about the Lodges policy/process to submit a complaint, including Whistleblower, during the annual care conference.	% of annual care conferences where information was shared.	Collect baseline	

Change Idea #4 Maintain overall resident and family satisfaction for question #3 on the annual resident/family satisfaction survey.

Methods	Process measures	Target for process measure	Comments
Collect baseline data for same day complaint resolution (complaint resolved within 24 hours from the day of receipt)	% of same day complaint resolution	Collect baseline	

**Measure - Dimension: Patient-centred**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who respond positively to the statement (Q6.): "The staff in each department take time to listen to my concerns."	C	% / LTC home residents	In-house survey / January 1 - December 31, 2024	88.00	90.00	The team is aiming to improve performance by 2.00% in 2024.	

**Change Ideas**

Change Idea #1 Increase overall resident and family satisfaction for question #6 on the annual resident/family satisfaction survey to 90% (2% improvement)

Methods	Process measures	Target for process measure	Comments
Hold spring "Open House" to introduce residents and family members to members of the Management Team, and learn about care/services at Macassa Lodge.	Open House held	1 Open House completed	Open house to be held in the spring of 2024. Consideration will be given to holding a second Open House in the fall, depending on outcomes.

## Safety

### Measure - Dimension: Safe

Indicator #5	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	14.36	14.00	The team is aiming to reduce the % of res. who experience a fall by 2.51%. Macassa Lodge is a leading performer among LTC comparators, and is currently exceeding provincial and LHIN benchmarks.	CareRx Pharmacy

### Change Ideas



Change Idea #1 Reduce percentage of residents experiencing a fall to 14.00% (2.51% improvement).

Methods	Process measures	Target for process measure	Comments
Complete monthly (Multidisciplinary) review of residents who experience a fall to determine whether they are taking anti-psychotic medication and the need for fracture prevention therapy.	% of res. referred for fracture prevention therapy due to multidisciplinary review (N: # of res referred for fracture prevention therapy (who were not taking it before the review)   D: # of res who experienced a fall that are taking anti-psychotic medication	100% each month	The goal of this QI initiative is to identify residents who have fallen and are taking anti-psychotic medication. Of these residents, we will identify those who are NOT currently taking fracture prevention therapy and refer them to pharmacy. This initiative explores the correlation between residents who fall and are taking antipsychotic medication. An audit tool will be created for Nurse Leadership to complete monthly reviews so referrals are sent to pharmacy in a timely manner. Please Note: As part of the quarterly review process, the pharmacist already reviews residents identified as high risk for falls who take antipsychotic medication to determine the need for fracture prevention therapy. This current practice takes a proactive approach by examining residents at risk before a fall occurs.

**Measure - Dimension: Safe**

Indicator #6	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	23.05	23.00	The team would like to reduce the percentage of residents taking antipsychotic medication without a diagnosis of psychosis by 0.22%. Macassa Lodge is a leading performer among LTC comparators as well as provincial and LHIN benchmarks. This target supports continued performance in a favourable (downward) direction.	Geras Centre for Aging Research

**Change Ideas**

Change Idea #1 Reduce percentage of residents taking antipsychotic medication without a diagnosis of psychosis to 23.00% (0.22% improvement)

Methods	Process measures	Target for process measure	Comments
Participate in the PREVENT research trial project.	Participate in research trial between April 1, 2024 and March 31, 2025.	Research trial in progress or completed by March 31, 2025.	Pending approval by COH legal division Please Note: PREVENT research initiative will support reduction of medication that can cause falls as well as fall/fracture prevention.