

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents who would recommend Burloak Long Term Care	C	% / LTC home residents	In-house survey / 2023	88.50	90.00	Improvement over 2023 and above corporate target.	

### Change Ideas

Change Idea #1 Physical home improvements and upgrades including: electrical, air conditioning, Dining Room serveries, Spas and painting.

Methods	Process measures	Target for process measure	Comments
Work with corporate Leadership for Capital funding approval. Liaise with Project Manager to identify priorities.	Improvement on the resident satisfaction survey in the # of residents who would recommend Burloak Long-Term Care on next survey.	We are aiming to increase the satisfaction with the physical home by 20% by September 30, 2024 through continued engagement with Resident Council to promote and share ideas to promote residents who would recommend Burloak Long Term Care.	

## Change Idea #2 Ongoing Residents' Council participation in Quality Council.

Methods	Process measures	Target for process measure	Comments
Continued engagement with Residents' Council to promote the sharing of ideas and getting involved in Quality initiatives in the home. Provide direction to all stakeholders to the Quality Board to access meeting minutes for Residents', Family, Food, and Quality Councils. Post Professional Advisory Committee meeting calendar.	Improvement on the resident satisfaction survey in the # of residents who would recommend Burloak Long-Term Care on next survey.	Aiming to increase the overall resident satisfaction by 20% by September 30, 2024 by continued engagement with Resident Council and Resident Quality initiatives by the the quality of care provided and the quality of care offered by the doctors.	

## Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of family who would recommend Burloak Long Term Care	C	% / Family	In-house survey / 2023	79.60	80.00	Improvement over 2023 and above corporate target.	

### Change Ideas

Change Idea #1 Physical home improvements and upgrades including: electrical, air conditioning, Dining Room serveries, Spas and painting.

Methods	Process measures	Target for process measure	Comments
The home will work with corporate Leadership for Capital funding approval. Liaise Project Manager to identify priorities.	Number of families satisfied with quality of care will improve by next survey.	We aim to increase families satisfaction by 20% with family who would recommend Burloak Long-Term Care as the choice of residence for their loved ones from now until October 31, 2024 by an making physical improvements in the home.	

Change Idea #2 Ongoing Family Council participation in Quality Council.

Methods	Process measures	Target for process measure	Comments
Continued engagement with Family Council to promote the sharing of ideas and getting involved in Quality initiatives in the home. Provide direction to all stakeholders to the Quality Board to access meeting minutes for Residents', Family, Food, and Quality Councils. Post Professional Advisory Committee meeting calendar.	Improvement on the family satisfaction survey in the # of families who would recommend Burloak Long-Term on next survey.	We aim to increase who would recommend Burloak Long-Term Care from now until October 31, 2024 by reporting they are satisfied with the quality of care from doctors on the next survey.	

## Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents satisfied with the variety of spiritual care services.	C	% / LTC home residents	In-house survey / 2023	41.70	75.00	Increased resident satisfaction in 2024.	

## Change Ideas

Change Idea #1 Recreation Manager to actively recruit new Chaplain and foster relationships with community faith partners. Encourage and support residents and families to connect with their community faith based organizations.

Methods	Process measures	Target for process measure	Comments
Record resident's faith affiliation upon move in to the home. Position postings on internal and external job sites e.g. Indeed. Connect with community faith organizations to share opportunities to partner. Livestream services for residents.	Number of residents who are satisfied with spiritual care services will improve by next survey.	We aiming to increase the number of residents satisfied by 20% with the variety of spiritual care programs by May 30, 2024 by increasing satisfaction with the spiritual care services offered.	

## Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents who reported "If I need help right away, I can get it."	C	% / LTC home residents	In-house survey / 2023	61.50	75.00	Improvement over 2023 and above corporate target.	

## Change Ideas

Change Idea #1 Staff recruitment and retention initiatives including corporate and Ministry of Long-Term Care sponsored.

Methods	Process measures	Target for process measure	Comments
Actively recruit all vacant positions. Review daily staffing complements during risk meetings. Continued Management Daily Walkabouts to observe resident care. Ongoing staff education on Residents' Bill of Rights. Utilizing the role of Personal Support Aides (PSAs) for non-care task support. Ongoing volunteer recruitment and retention for the Dining Assistance Program.	Number of residents reporting improved care and assistance by next survey.	Aiming to reduce Agency care partner usage by 30% and increase by 20% the number of residents reporting satisfaction in continuity of care by filling staff vacancies and residents satisfied with continuity of care by June 30, 2024	

## Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents satisfied with the variety of food and beverage options.	C	% / LTC home residents	In-house survey / 2023	55.80	75.00	Improvement over 2023 and above corporate target.	

## Change Ideas

Change Idea #1 Dietary Manager will collaborate with Residents' Council and Food Council to obtain input and seek opportunities to increase variety.

Methods	Process measures	Target for process measure	Comments
Dietary Manager will review individual resident preferences upon move-in and at care conferences. Recreation and Dietary team collaborations to support special dining events and theme days. Data analysis from Dining Room Audits. Event communication via postings, newsletters and emails.	Number of residents satisfied with the variety of food and beverage options will improve by next survey.	We aim to increase families satisfaction by 20% for families who would recommend Burloak Long-Term Care as the one choice from now until October 31, 2024 by continued engagement with Food and Resident Council.	

## Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The care residents receive is improving.	C	% / Family	In-house survey / 2023	57.00	85.00	Improvement over 2023 and above corporate target.	

## Change Ideas

Change Idea #1 To improve residents care by reviewing goals of care upon move in, care conferences and as needed.

Methods	Process measures	Target for process measure	Comments
Resident and/or SDM engagement in the development of the resident Care Plan. Full multidisciplinary team participation in move in assessments, admission, annual and situational care conferences. Offer education sessions for residents, families and substitute decision makers, to provide opportunities to learn about disease process. Multidisciplinary Team (Medical Director, Nurse Practitioner, Pharmacist, Program Leads and Community Partners) to lead education to residents, families and staff.	Number of families responding favourably to improving resident care will increase by the next survey.	We aim to increase the percentage of 'satisfied with the care residents receive is improving' by ED developing questionnaire at the end of each care conference as a guide for improvement by April 30, 2024	

## Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of maintenance of the physical building and outdoor spaces.	C	% / Family	In-house survey / 2023	66.70	85.00	Improvement over 2023 and above corporate target.	

### Change Ideas

Change Idea #1 Physical home improvements and upgrades including: electrical, air conditioning, Dining Room serveries, Spas and painting.

Methods	Process measures	Target for process measure	Comments
Work with corporate Leadership for Capital funding approval. Liaise with Project Manager to identify priorities.	Number of satisfied families with maintenance of the physical building and space in next survey	We are aiming to increase the percentage of families satisfied with the quality of maintenance of the physical building and outdoor space by October 31, 2024 by physical improvement to the home.	

Change Idea #2 Ongoing Family Council participation in Resident Quality Council.

Methods	Process measures	Target for process measure	Comments
Work with corporate Leadership for capital funding approval coupled with stakeholders community partnership and volunteers	Number of satisfied families with maintenance of the physical building and space will improve in next survey.	We aim to increase the overall family satisfaction by 20% of families who would recommend the home by October 31, 2024 by the recreation team developing outdoor friends and family events.	



## Measure - Dimension: Patient-centred

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Laundry Services are improving	C	% / Family	In-house survey / 2023	45.60	85.00	Improvement over 2023 and above corporate target.	

## Change Ideas

Change Idea #1 ESM to review for improvement in laundry aide hours of operation and the accessibility of supplies

Methods	Process measures	Target for process measure	Comments
Modify the Laundry Room operating hours. Review and audit turnaround time for all new resident clothing labelling process. Engage Residents' and Family Council for areas of opportunity.	Number of satisfied families with laundry services will improve in next survey.	We aim to increase family satisfaction with 'overall I am satisfied with laundry, cleaning and maintenance services' through increase audits and satisfied families by October 31, 2024.	

## Safety

### Measure - Dimension: Safe

Indicator #9	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	13.11	13.00	Improvement over 2023.	

### Change Ideas

Change Idea #1 Continue to promote the falls program throughout the home, focusing on educating staff on residents at high risk for falls.

Methods	Process measures	Target for process measure	Comments
Monitor all new admission for falls risk by implementing falls preventative interventions for the initial 14 days. 2. Implement program during busy times like shift exchange to engage residents and prevent falls 3. Reviewing FRS (fracture rating scale) and initiating preventive measures for high-risk residents. 4. Working with physiotherapist to strength and encourage independence.	Reduction in the # of falls on the CIHI falls in the last 30 days indicator.	We aim to reduce the number of falls by 20% by December 31, 2024 by reviewing activity needs/preferences weekly and the # of activity programs that occur during change of shift in afternoon weekly.	

Change Idea #2 Conduct environmental assessments of resident spaces to identify potential fall risk areas and address areas for improvement.

Methods	Process measures	Target for process measure	Comments
1. Staff to do environmental assessments for all residents at high risk for falls at minimum monthly 2. ESM environmental scans prior to new admissions and readmissions to home. 3. Address any identified deficiencies from completed assessments	Increase in the # of environmental scans completed post fall.	We are aiming to reduce risk up to 30% by conducting environmental risk assessments of resident spaces to identify fall risk by June 30, 2024	

Change Idea #3 Interdisciplinary fall rounds meetings will occur bi-weekly with staff on each home area.

Methods	Process measures	Target for process measure	Comments
Falls lead will continue to review falls weekly and identify and follow up with each fall. Falls lead will hold bi-weekly meetings on the floor and discuss with staff the follow up from each fall.	Decrease in the number of resident falls.	We are aiming to increase staff involvement in falls meetings by 30%, by ensuring bi-weekly meetings are occurring and interdisciplinary attendance by December 31, 2024	

Change Idea #4 Implement program during busy times likes shift exchange to engage residents and prevent falls.

Methods	Process measures	Target for process measure	Comments
Review monthly falls that occurred the prior month and identify frequent fallers and frequent times at which falls occur. ED/DOC completes monthly review. Falls lead conducts root cause analysis as need is identified. Weekly audits completed by falls lead. Risk management review completed by ED/DOC.	Increase in the number of recreation programs or interventions at heightened risk times such as shift change.	We are aiming to reduce the number of residents who fall during heighten risk times, i.e. change of shift, by increasing recreational activities by December 31, 2024	

**Measure - Dimension: Safe**

Indicator #10	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	26.06	24.00	Improvement over 2023.	

**Change Ideas**

Change Idea #1 Burloak's responsive behavior team will work in collaboration with the pharmacist, RAI-coordinator, attending physician and care community, to review all residents use of antipsychotic without diagnosis.

Methods	Process measures	Target for process measure	Comments
Review all residents who are currently prescribed antipsychotics without proper diagnosis.	Decrease in the number of residents receiving antipsychotic medication without a supporting diagnosis.	We are aiming to conduct a medication review on 30% of residents who are currently prescribed antipsychotics by October 31, 2024.	

Change Idea #2 Provide educational material to families and/or residents on antipsychotics and the importance of minimizing use.

Methods	Process measures	Target for process measure	Comments
Provide families with best practice information on reducing antipsychotics such as – Family Fact sheet from Canadian Geriatric Society, Pharmacy etc. Add information on reducing antipsychotics to tour and admission packages	Decrease in the number of residents receiving antipsychotic medications after providing health education to residents and families.	We are aiming to provide educational material to families and/or residents on antipsychotics and the importance of minimizing by September 30, 2024 during the move-in process and quarterly reviews.	

Change Idea #3 New antipsychotic reduction program implemented within the home.

Methods	Process measures	Target for process measure	Comments
DST tool reviewed monthly with interdisciplinary team.	Decrease in the number of residents without psychosis receiving antipsychotic medications.	We are aiming to reduce 40% percent of residents receiving antipsychotics without a diagnosis, through monthly updates and review of the antipsychotic reduction program DST tool by December 31, 2024	

Change Idea #4 Burloak's responsive behavior team will involve external resources to assist in strategies for non-pharmacological interventions.

Methods	Process measures	Target for process measure	Comments
Responsive behavior team works closely with BSO team to find the root cause of responsive behavior and work on interventions related to behavior.	Increase in the number of non-pharmacological interventions in the de-escalation and management of responsive behaviours.	We are aiming to reduce 20% of antipsychotics usage by trialing non-pharmacological measures in partnership with external resources by September 31, 2024.	

**Measure - Dimension: Safe**

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with restraints.	C	% / LTC home residents	CIHI CCRS / 2023	5.40	2.50	Improvement over 2023.	

**Change Ideas**

Change Idea #1 Review current restraints and determine plan for trialing alternatives to restraints.

Methods	Process measures	Target for process measure	Comments
Review all residents currently utilizing restraints. Meet with families/residents to discuss alternatives that could be trialed and determine action plan in collaboration with family/resident	Decrease in the number of residents on restraints.	We are aiming to reduce 30% of restraints through review of resident restraints and trialing alternatives to restraints by December 31, 2024.	

Change Idea #2 Re-educate staff on restraint policy and use of alternatives to restraints

Methods	Process measures	Target for process measure	Comments
Organize education sessions with all staff on restraint policy and alternatives to restraints	Decrease in the number of resident restraints.	We are aiming to reduce the number of restraints by 100% of staff education/reeducation on restraint policy and alternatives to restraints by December 31, 2024	

Change Idea #3 Ongoing education to residents and families upon move in and as needed.

Methods	Process measures	Target for process measure	Comments
Provide all new residents and families with Least Restraint Policy. Organize education sessions with residents and families on restraint policy and alternatives to restraints.	Decrease in the number of residents with restraints after providing health education to residents and families.	We are aiming to educate 100% of new residents and/or families regarding restraints including the Least Restraint Policy and alternatives to restraints by September 30, 2024.	

Change Idea #4 Offer alternative interventions such as recreation, medication review, physiotherapy and staff engagement to keep residents engaged.

Methods	Process measures	Target for process measure	Comments
Review CIHI QI percent of residents with a restraint monthly.	Increase in the number of recreation programs or engagement interventions as an alternative to restraints.	We are aiming to reduce restraints to meet target by providing recreational activities, staff engagement for keeping residents engaged, and medication reviews by November 30, 2024.	

### Measure - Dimension: Safe

Indicator #12	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with worsened ulcers stages 2-4	C	% / LTC home residents	CIHI CCRS / 2023	5.80	2.00	Improvement over 2023.	

### Change Ideas

### Change Idea #1 Review current bed systems/surfaces for residents with PURS score 3 or greater.

Methods	Process measures	Target for process measure	Comments
Develop list of residents with PURS score 3 or greater. Skin/wound team to review residents list to determine if surface meets their needs. Replace mattress/surface if required. Collaborate with interdisciplinary team (PT, Dietary).	Increase in the number of surface assessments for high risk residents.	We are aiming to reduce the number of residents with worsened pressure ulcers by December 31, 2024 through review of the current bed system/surfaces for residents with PURS score 3 or greater by June 30, 2024.	

### Change Idea #2 Education on early identification and wound staging to the care community

Methods	Process measures	Target for process measure	Comments
Skin & wound team will follow-up on the trend contributing to the skin & wound issues and educating the staff.	Increase the number of registered staff trained on early identification & wound staging.	We are aiming to educate 100% of our staff and community partners on the early identification and wound staging by August 30, 2024.	

### Change Idea #3 Review the high-risk residents and the treatment on weekly basis.

Methods	Process measures	Target for process measure	Comments
Skin & wound care team will review the treatment weekly and monitor the effectiveness.	Decrease the number of residents with worsening ulcers staged 2-4.	We are aiming to review 100% of residents with wound care treatment and monitor effectiveness by August 31, 2024.	



Change Idea #4 Front line staff will monitor the continence care and the team will increase with education regarding the effect of continence care on skin & wound.

Methods	Process measures	Target for process measure	Comments
Skin & wound lead will review the root cause of new skin & wound issues, if related to the continence issue will be followed up accordingly.	Decrease the number of residents with worsening ulcers staged 2-4.	We are aiming to reduce worsening pressure ulcers by December 31, 2024 by doing frequent huddles on the units and care team about the importance of proper continent product.	