

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Residents who would respond to the statement "I am satisfied with the quality of care from dietitians." on the annual satisfaction survey.	C	% / Residents	Other / 2023-2024	48.00	85.00	Corporate Target	

Change Ideas

Change Idea #1 Registered Dietician will be hired, or services contracted by April.

Methods	Process measures	Target for process measure	Comments
Contracted services in the area will be consulted, other care communities' and other resources will be explored.	Weekly attention until hire is successful.	Response to the statement about will have an increase in a positive response by 40%	

Change Idea #2 While we are recruiting for a registered dietitian, we will utilize a remote resource for consultation and MDS coding.

Methods	Process measures	Target for process measure	Comments
Obtain resource from another care community.	Ensure RD availability remotely and weekly	Family's positive response to above statement will improve 40%	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who would positively respond to the statement "I am satisfied with the temperature of my food and beverages" on the annual family satisfaction survey.	C	% / Residents	In-house survey / 2023-2024	48.00	85.00	Corporate target	

Change Ideas

Change Idea #1 Dietary Manager will perform touch the table survey weekly for residents which will include one question about the temperature of the food. Results and action plan will be reviewed with ED at Am meeting, monthly Q Day and quarterly at PAC

Methods	Process measures	Target for process measure	Comments
Dietary Manager will utilize Marquise's Touch the Table survey format for 5 residents every week.	The Dietary Manager will bring the results from the weekly survey to am meeting, a collation of suggestions and action plan to Q day and PAC	Positive response to above statement will improve. 20%	

Change Idea #2 Dietary Manager with ED will assist residents in completing a survey regarding food preference and quality of the food temperature, in addition to the touch the table 5 surveys a week.

Methods	Process measures	Target for process measure	Comments
Dietary Manager and ED will in June and September assist residents in completing a survey of what they would like to eat and drink and also ask about the temperature of the food.	Surveys will go out via email and paper copy at front desk for a week in June and September. Results will be reviewed at am meeting, Q day and PAC and at Resident's council	Positive response to the above statement will improve by 20%	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Families who would answer positively to the statement "I am satisfied with the quality of cleaning services within my room" on the annual resident and family satisfaction survey.	C	% / Family	In-house survey / 2023-2024	78.80	85.00	Corporate target	

Change Ideas

Change Idea #1 Environmental Service Manager to review cleaning schedules, deep cleaning schedules and audit schedules with ED

Methods	Process measures	Target for process measure	Comments
EVS will review the schedules and audits weekly with ED at am meeting. Action plans will be implemented based on audit results	100% of cleaning and deep cleaning and auditing schedules will be adhered to	Resident response to the statement above will improve by 20%	

Change Idea #2 ED and/or delegate to perform weekly audits of rooms as well as EVS as part of focused MBWA and report into Q day monthly and PAC quarterly.

Methods	Process measures	Target for process measure	Comments
ED and/or delegate will utilize Extencicare's new focused MBWA tool and add room cleanliness to daily and weekly reviews.	6 rooms will be audited weekly for cleaning and deep cleaning by ED and/or delegate	Positive response to above statement will improve by 20%	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of families who respond positively to the statement "I am satisfied with the quality of cleaning within the residents' rooms" on the annual resident and family satisfaction survey.	C	% / Family	In-house survey / 2023-2024	51.50	85.00	Corporate target	

Change Ideas

Change Idea #1 Resident rooms will be cleaned as per schedule and deep cleaning will occur as schedule. Cleaning audits will occur as scheduled.

Methods	Process measures	Target for process measure	Comments
Environmental Manager will provide schedules for cleaning, deep cleaning and auditing to Executive Director. weekly review of adherence to schedules will occur	100% of adherence to the cleaning schedules will occur. 100% of the adherence to deep cleaning schedules will occur. 100% of the audits will occur.	100% of cleaning schedules and audits will occur.	

Change Idea #2 Executive Director will perform cleaning audits once per week in addition to EVS's audits.

Methods	Process measures	Target for process measure	Comments
ED will audit one home area per week -in addition to EVS's audits and review results at am meeting.	ED will audit one home area a week as part of MBWA 100%	100% of audits will be performed by ED	

Change Idea #3 Heavy Duty Cleaning will be performed monthly

Methods	Process measures	Target for process measure	Comments
EVS will ensure heavy duty cleaning is performed utilizing existing housekeeping team members. Audits will be performed by ED monthly and results will be shared at am meeting, Q Day and PAC	Develop tracking sheet for deep cleaning schedule and audits.	Response on the annual resident and family satisfaction survey will improve by 40%	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Residents who would positively respond to the statement "I would recommend this home" on the Annual Family Satisfaction Survey	C	% / Residents	In-house survey / 2023-2024	80.00	85.00	Corporate target	

Change Ideas

Change Idea #1 Program Manager will complete a survey for families regarding suggestions for programs-calendars will reflect many of the suggestions.

Methods	Process measures	Target for process measure	Comments
Program Manager with Executive Director will complete a small survey with families soliciting specific suggestions for programs and activities for the residents.	Program Manager with the team will review activity pro and attendance at programs and review with families at monthly family council meetings.	50% of the suggestions will appear on the calendars by end of April.	

Change Idea #2 Program Manager will provide education regarding how programs are chosen for the home based on research and best practice. (as well as preference and attendance).

Methods	Process measures	Target for process measure	Comments
Executive Director will share results of satisfaction survey with Family Council. Program Manager will ask to be invited to the following Family Council in April to provide education regarding how programs and activities are chosen and the following family council the results of the survey will be reviewed and the following month the survey will be completed and the following month the suggestions will be on the calendar and evaluated.	Results shared, Education provided, survey completed, and results shared and activities adjusted to suggestions on the calendars.	50% of the suggestions will be executed	

Change Idea #3 Share with families our admission Initial Recreation Assessment " all about me" and how we use it to enhance person centered care and programming.

Methods	Process measures	Target for process measure	Comments
During admission Care Conferences share the completed All about me assessment. Seek input if information is not present already. Share the information we collect at family forum and seek further feedback.	Create a tracking tool to ensure all families receive a quarterly family forum invite and minutes.	Increase response by 40%	

Change Idea #4 Percentage of residents positively responding to the statement "I would recommend this home" on the annual Family Satisfaction survey will increase by 5 %.

Methods	Process measures	Target for process measure	Comments
Execute on all aspects of the resident and family satisfaction survey action plan with a review of progress monthly at Q Day and quarterly at PAC	Annual Resident and Family satisfaction survey	Improvement by 5% will be achieved as evidenced by a 5% increase in the percentage of residents who positively responding to the statement "I would recommend this home" on the annual Family Satisfaction survey	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of families who respond positively to the statement "I have an opportunity to provide input on food and beverage options" on the annual resident and family satisfaction survey.	C	% / Family	In-house survey / 2023-2024	51.70	85.00	Corporate Target	

Change Ideas

Change Idea #1 ED to review resident council and food council concerns and recommendations monthly with Dietary Manager and Team at am meeting.

Methods	Process measures	Target for process measure	Comments
Food council and Resident forum concerns are emailed to ED and ED reviews specific concerns and root cause/ fish bone if we are not able to address each month with a focus on food temperature and resident preference .	Touch the Table results will be reviewed monthly by the team at am meeting as presented by Dietary Manager.	50% of all resident suggestions and preferences will be honored.	

Change Idea #2 Families will be engaged in Touch the Table Weekly Surveys where they are asked their opinions about the quality of the food and temperature.

Methods	Process measures	Target for process measure	Comments
Dietary Manager and/or delegate will ask families who are in the dining room with loved ones to complete the touch the table survey.	Every week at least 1 family member will be surveyed using touch the table. Monthly the responses will be reported to the ED at am meeting and at monthly Q day and quarterly at PAC	Positive Response on the survey regarding input on food and beverages will improve by 20%	

Change Idea #3 Smaller Surveys for families will be put out in June and again in September specifically for suggestions for food and beverages for residents.

Methods	Process measures	Target for process measure	Comments
Dietary Manager and ED will design and implement a brief survey in June and September asking for suggestions for food and beverages for residents. The results and action plan will be reviewed at food committee, resident council and am meeting.	All families will be emailed and paper copies available at front desk for a period of 1 week before collation	Families response to the statement above will improve 20%	

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Family who would positively respond to the statement "I would recommend this home" on the Annual Family Satisfaction Survey	C	% / Family	In-house survey / 2023-2024	60.00	75.00	Corporate Target	

Change Ideas**Change Idea #1 PLEASE FILL IN THIS SECTION**

Methods	Process measures	Target for process measure	Comments
PLEASE FILL IN THIS SECTION	PLEASE FILL IN THIS SECTION	PLEASE FILL IN THIS SECTION	

Change Idea #2 We will carry out the actions identified in our action plan for improvement including improving cleaning in the rooms and common areas, input into recreational activities, input into food and beverages.

Methods	Process measures	Target for process measure	Comments
Survey results from mini- surveys and action plans for recreation and dietary will be shared at Q day and PAC	mini-survey response will be 20 % and annual resident and family survey results will improve. 10%	annual resident and family survey results will improve 10%	

Safety

Measure - Dimension: Safe

Indicator #8	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	15.90	13.00	Corporate Target	

Change Ideas

Change Idea #1 PSW to perform purposeful rounds every hour on all residents during their shifts ensuring residents are toileted or checked for toileting/brief changes, observed for pain, checked for positioning, checked for the need for personal items within reach since falls generally occur with residents trying to toilet, are uncomfortable, and /or reach for items they want.

Methods	Process measures	Target for process measure	Comments
PSWs will sign off that these rounds have been performed via POC and the ADOC and DOC will review these with monthly quality auditing. The falls program committee will review these monthly against the falls numbers. This will be reported to monthly Q-Day and then to quarterly PAC.	Monthly Q-day will evaluate the effectiveness of the measure	Falls will decrease by 10% this year	

Change Idea #2 Weekly IDCC rounds to assess falls risks related to medications and changes in condition.

Methods	Process measures	Target for process measure	Comments
DOC, ADOC, RAI and team will meet weekly to review residents who are at risk for falls as well as behavior changes and review of documentation.	Falls risk documentation will be reviewed at the round weekly as well as post fall huddle documentation.	100% of post fall huddle documentation will be completed weekly when reviewed at the round. Residents at risk to fall will be reviewed and falls will decrease by 10% by end of April.	

Measure - Dimension: Safe

Indicator #9	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	14.47	18.00	Corporate Target	

Change Ideas

Change Idea #1 Antipsychotic reduction quarterly meetings will continue to be held and will not include RAI as well as DOC, Medical Director, BSO Lead and Pharmacist. Weekly BSO rounds will also review Antipsychotic changes, DOS and effectiveness and will be documented by BSO Lead

Methods	Process measures	Target for process measure	Comments
Weekly BSO lead will document on APR initiative and DOC will review notes and discuss at am meeting. Results will be shared at Q day monthly and then quarterly at PAC	Weekly meetings and Quarterly meetings will occur 100% of the time and Antipsychotic use will be reduced even further by 2%	Antipsychotic use without diagnosis will be reduced by 2%	

Change Idea #2 Fenelon will utilize more 1-1s to address residents with responsive behaviours using non pharmacological methods eg. understanding of personhood, DOS review with triggers, life story and BSO individual binders.

Methods	Process measures	Target for process measure	Comments
BSO Lead and team will assess the need to 1-1 and if indicated provide the Binders for 1-1s with : life story, things about me and personhood, DOS with triggers and how to avoid.	100% of 1-1s will receive orientation to the BSO binders each shift by Nurse and BSO Lead will spot check and meet with 1-1s at least once weekly.	Antipsychotic use will be reduced by 2%	

Measure - Dimension: Safe

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents in daily physical restrains over the last 7 days	C	% / Residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	0.00	4.00	Corporate Target	

Change Ideas

Change Idea #1 We will continue to sustain our good practices of zero restraint

Methods	Process measures	Target for process measure	Comments
We will implement weekly IDCC rounds where restraints will also be discussed with Physio assistant present as well as BSO Lead. Measures to address responsive behaviors using non pharmacological methods will continue. PASDs and restraints will be reviewed for all residents.	Weekly restraint numbers will be reviewed by ADOC and RAI	We will continue to have 0 restraints.	

Measure - Dimension: Safe

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents with worsened ulcers stages 2-4	C	% / Residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	3.80	2.00	Corporate Target	

Change Ideas

Change Idea #1 Wound Care Nurse will be identified and complete wound care course

Methods	Process measures	Target for process measure	Comments
Call out for Interest, choose Wound Care Lead, arrange training.	Wound Care Nurse to attend wound care training	Wound Care Nurse will be in place by end of March	

Change Idea #2 Weekly Wound care rounds will be implemented. Wound assessments will be completed.

Methods	Process measures	Target for process measure	Comments
Wound Care Lead will do weekly rounds with Physician, DOC and NLOT if needed every Tuesday. Wounds will be documented on. Wound Care Lead will review the wounds, treatments, and provide education monthly.	100% of weekly Rounds will be completed and 100% of monthly education sessions will occur.	Wound numbers will decrease by 5%	