

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction – Would Recommend	C	% / Residents	In-house survey / 2023	82.90	75.00	Corporate Target	

Change Ideas

Change Idea #1 Continue to create a resident/family centered community that provides a lived experience which respects resident rights and enhances quality of life.

Methods	Process measures	Target for process measure	Comments
Continue to provide formal feedback opportunities such as resident council. Continue to provide informal opportunities for feedback at the resident's request. Share outcomes of 2023 survey with staff and ask for their feedback on how to improve the resident satisfaction.	Continue to track and analyze Client Service Response Forms.	100% of staff complete annual education with an increase focus on Customer Service. 2024 resident survey will meet or exceed 82.9%	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction – Would Recommend	C	% / Family	In-house survey / 2023	75.40	85.00	Corporate Target	

Change Ideas

Change Idea #1 To establish family's expectations related to goals of care on move-in and change in condition.

Methods	Process measures	Target for process measure	Comments
Family feedback at move-in care conference. Educate family regarding PPS score. MD to interpret and communicate change in condition and impact to goals of care. MD attendance at care conferences in Mill and Post House.	PPS score. % of MD attendance at care conferences. Increase in family satisfaction survey results 2024.	Meet or exceed Family 2023 survey results of 75.4% Increase MD attendance at care conferences by September 2024.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the relevance of recreation programs	C	% / Residents	In-house survey / 2023	54.50	74.70	Corporate Target	

Change Ideas

Change Idea #1 Create a targeted survey focusing on program timing and schedule preferences. Review survey data to pinpoint key issues and priorities. Use analysis to guide decision-making and prioritize changes.

Methods	Process measures	Target for process measure	Comments
Engage recreation staff in discussions to brainstorm solutions. Work together to create a revised schedule that addresses family feedback.	Implement the new schedule on a trial basis. Gather feedback from residents' council members and staff during the trial to assess effectiveness. Assess the impact of the revised schedule on satisfaction levels. Adjust based on ongoing feedback and observations.	2024 Survey results will meet or exceed LTC Division target of 74.7%	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from physiotherapist	C	% / Residents	In-house survey / 2023	54.50	75.80	Corporate Target	

Change Ideas

Change Idea #1 To develop information related to physiotherapy services in LTC.

Methods	Process measures	Target for process measure	Comments
1. Physiotherapist will physiotherapy comparators of information in LTC. 2. Internal collaboration will be done with third part physio provider and sister sites within the region and support office.	1. All families to receive information about PT services as part of their move in packages. 2. Review with all families at admission care conference.	100% of the families will receive the educational materials at admission and move in conference.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
My care conference is a meaningful discussion that focuses on what's working well, what can be improved and potential solutions	C	% / Family	In-house survey / 2023	72.60	74.60	Corporate Target	

Change Ideas

Change Idea #1 Residents will describe a meaningful experience after their care conference.

Methods	Process measures	Target for process measure	Comments
Care conferences will include time for resident/family feedback to ensure the focus was on resident success, challenges and solutions. Sharing of the resident PPS Score will assist in directing meaningful discussions.	Follow up with residents and families to validate that there was a focus on resident success, challenges and solutions as part of the care conference audit.	66.5% of residents will report the experience of meaningful discussions during care conferences by September 2024.	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the timing and schedule of recreation programs	C	% / Residents	In-house survey / 2023	71.90	77.00	Corporate Target	

Change Ideas

Change Idea #1 Keep residents, families, and staff informed about recreation schedule changes.

Methods	Process measures	Target for process measure	Comments
Communication of schedule changes will be through emails and the creation of a monthly newsletter, "Northridge Chronicles." Encourage ongoing feedback to ensure adjustments meet resident needs.	Formally and informally monitor satisfaction levels quarterly via annual surveys/feedback. Make further refinements as needed to sustain improvement.	Annual survey results will meet or exceed LTC Division overall target of 77%.	

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
There is a good choice of continence care products	C	% / Family	In-house survey / 2023	35.80	52.40	Corporate Target	

Change Ideas

Change Idea #1 To further understand the family's dissatisfaction related to choice of continence products when there is only one provider.

Methods	Process measures	Target for process measure	Comments
Prevail education pamphlets provided to families on move-in in admission package. Continence Care product education to all staff to reinforce product features. Analyze 2023 CSRs for the number of comments related to continence products.	There will be a decrease in CSRs in 2024 related to continence care products. "Show me you Know" audits will reflect staff Prevail knowledge to practice.	100% of families will receive the Prevail pamphlet on move-in. Resident	

Measure - Dimension: Patient-centred

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The resident has input into the recreation programs available	C	% / Family	In-house survey / 2023	22.70	47.20	Corporate Target	

Change Ideas

Change Idea #1 Residents have input into the recreational activities that enhance their quality of life by providing choice.

Methods	Process measures	Target for process measure	Comments
Review quarterly at resident council the activities provided in the previous quarter and identify favorites to be repeated in the next quarter.	Review survey data to pinpoint key issues and priorities. Use analysis to guide decision-making and prioritize changes. Track the number of residents who can provide input into their recreational activities.	Resident satisfaction with input into recreational activities will meet or exceed the LTC Division target of 63.9% in the 2024 survey.	

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	10.59	15.00	Corporate Set Target	

Change Ideas

Change Idea #1 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. Address any identified deficiencies from completed assessments	# of environmental assessments completed monthly # of identified deficiencies from assessments that were corrected monthly	Environmental risk assessments of resident spaces to identify fall risk will be completed by June 2024	

Change Idea #2 Re-evaluation toileting plans

Methods	Process measures	Target for process measure	Comments
Review during care plan meetings, during resident RAI observation and assessment period all residents will be reviewed.	# of residents reviewed for toilet plans	All residents will have their toileting plans and all associated care plan interventions by October month end 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	20.77	17.30	Corporate Set Target	

Change Ideas

Change Idea #1 Medication reviews completed for all residents currently prescribed antipsychotics

Methods	Process measures	Target for process measure	Comments
1) Review all residents who are currently prescribed antipsychotics 2) Review plan of care for supporting diagnosis 3) If no diagnosis, team will review and implement reduction strategy process	# of residents reviewed monthly # of plans of care reviewed that have supporting diagnosis # of reduction strategies implemented monthly	All residents currently prescribed antipsychotics will have a medication review completed by July 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
1) Provide families with best practice information on reducing antipsychotics such as – Family Fact sheet from Canadian Geriatric Society, Pharmacy etc. 2) Add information on reducing antipsychotics to tour and admission packages	# of families provided with best practice information on reducing antipsychotics monthly # of tour and admission packages provided with antipsychotic reduction information included monthly	Educational material will be provided to families and/or residents on antipsychotics and important of minimizing use by Sept 2024	

Measure - Dimension: Safe

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with restraints	C	% / Residents	Other / 2023	0.88	2.50	Corporate Target	

Change Ideas

Change Idea #1 Ensuring resident restraint usage is being reviewed and reevaluated with change of status.

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	# residents reviewed monthly # of meetings held with families/residents to discuss alternatives monthly	100% of restraints will be reviewed and plans implemented for trialing alternatives by December 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	% / Residents	Other / 2023	4.54	2.00	Corporate Target	

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	# of residents with PURS score 3 or greater # of reviews completed of bed surfaces/mattresses monthly # of bed surfaces /mattresses replaced monthly	A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by August 2024	

Change Idea #2 Improve Registered staff knowledge on identification and staging of pressure injuries

Methods	Process measures	Target for process measure	Comments
Provide education for Registered staff on correct staging of pressure injuries	# of education sessions provided monthly for Registered staff on correct staging of pressure injuries	100% of registered staff will have received education on identification and staging of pressure injuries by Sept 2024	