

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident satisfaction with variety of spiritual care services	C	% / Residents	In-house survey / 2023	64.00	65.00	Improvement over 2023 and above long-term care division overall for 2023	

Change Ideas

Change Idea #1 Hiring a chaplain to provide spiritual services.

Methods	Process measures	Target for process measure	Comments
1. Review current chaplain resume. 2. Conduct interviews. 3. Hire a chaplain	# of resumes reviewed until hire #of interviews conducted until hire	We are aiming to hire a chaplain by July 2024	

Change Idea #2 Incorporating residents feedback regarding the schedule for spiritual care services

Methods	Process measures	Target for process measure	Comments
1. Invite residents to provide feedback regarding the schedule for spiritual care services at resident council. 2. Review feedback from residents' council. 3. Implement changes to the schedule based on residents' feedback	# of residents who provided feedback # of feedback provided monthly # of changes made to the schedule monthly	We are aiming to have the schedules revised to incorporate resident feedback by July 2024	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident satisfaction with their goals and wishes being considered and incorporated into the care plan whenever possible.	C	% / Residents	In-house survey / 2023	70.00	70.00	We would like to maintain current performance as it is above LTC division overall for 2023	

Change Ideas

Change Idea #1 Residents with a CPS score 0-3 who can participate in their care conference will attend it.

Methods	Process measures	Target for process measure	Comments
1. Review current residents with a CPS Score of 0-3 who can participate in their care conference. 2. Invite resident to scheduled care conference.	# of residents reviewed to attended care conference monthly	We are aiming to have residents attend their care conference by July 2024	

Change Idea #2 Incorporate resident goals and wishes into the care plan whenever possible

Methods	Process measures	Target for process measure	Comments
1. Review identified residents care plans. 2. Update care plan to meet resident goals and wishes.	# of residents care plans reviewed monthly # of residents care plans updated to reflect residents goals and wishes monthly.	We are aiming to have residents care plans updated to reflect residents goals and wishes by July 2024	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction with food and beverage options	C	% / Family	In-house survey / 2023	50.00	51.00	Improvement over 2023 and above long-term care division overall for 2023	

Change Ideas

Change Idea #1 Family members will have an opportunity to attend family council meetings

Methods	Process measures	Target for process measure	Comments
1. Invite all family members to attend family council to provide input on food and beverage options 2. Provide family members Culinary Manager contact information to provide input on food and beverage options	# of family members attending family council monthly # of feedback emails from family members received by culinary manager monthly	We are aiming to have family members provide feedback at resident council or contact Culinary Manager by July 2024	

Change Idea #2 Implement changes to the menu based on feedback received from family council

Methods	Process measures	Target for process measure	Comments
1. Review feedback received from family members/council. 2. Implement changes based on feedback received from the family members that align with FLTCA	# of feedback reviewed via email and through resident council. # changes implemented based on family members feedback	We are aiming to implement menu changes based on feedback received by September 2024	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family satisfaction with the variety of spiritual care services	C	% / Family	In-house survey / 2023	54.30	59.00	Improvement over 2023 and above long-term care division overall for 2023	

Change Ideas**Change Idea #1** Increase the percentage of satisfaction the variety of spiritual care services

Methods	Process measures	Target for process measure	Comments
1. Review current chaplain resume. 2. Conduct interviews. 3. Hire a chaplain	# of resumes reviewed until hire #of interviews conducted until hire		We are aiming to increase the satisfaction percentage of the variety of spiritual care services by hiring a chaplain by July 2024

Change Idea #2 Provide educational material to families on current spiritual activities

Methods	Process measures	Target for process measure	Comments
1. Add to the newsletter types of spiritual activities occurring in the home. 2. Add information on spiritual activities to tour and admission packages	# of families provided with newsletter monthly # of tour and admission packages provided with spiritual activities included monthly		We are aiming to mail newsletter containing information about spiritual activities provided educational material will to families on spiritual activities and by July 2024

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident would recommend this home to others	C	% / Residents	In-house survey / 2023	90.90	91.00	Improvement over 2023 and above long-term care division overall for 2023	

Change Ideas

Change Idea #1 Resident would recommend this home to others

Methods	Process measures	Target for process measure	Comments
The number of residents who are satisfied with spiritual care services offered is reviewed annually.	The number of residents who are satisfied with spiritual care services offered will increase.	We are aiming to increase the percentage of residents who would recommend this home from now until December 31, 2024, by increasing satisfaction with the spiritual care services provided.	

Change Idea #2 Residents will recommend the home to others

Methods	Process measures	Target for process measure	Comments
The number of residents satisfied with their goals and wishes are considered and incorporated into the care plan whenever possible is reviewed annually.	The number of residents satisfied with their goals and wishes are considered and incorporated into the care plan whenever possible increase.	We are aiming to increase the percentage of residents who would recommend this home from now until December 31, 2024, by increasing satisfaction with goals and wishes are considered and incorporated into the care plan whenever possible.	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family would recommend this home to others	C	% / Family	In-house survey / 2023	93.20	94.00	Improvement over 2023 and above long-term care division overall for 2023	

Change Ideas

Change Idea #1 Increase the percentage of satisfaction with the food and beverage options

Methods	Process measures	Target for process measure	Comments
Number of families satisfied with the food and beverage options reviewed annually.	The number of families satisfied with the food and beverage options in the home will increase.		We are aiming to increase the percentage of families who would recommend this home from now until December 31, 2024, by increasing satisfaction with the food and beverage options.

Change Idea #2 Increase the percentage of satisfaction with the spiritual care services provided.

Methods	Process measures	Target for process measure	Comments
Number of families satisfied with the spiritual care services provided reviewed annually.	The number of families satisfied with the spiritual care services provided in the home will increase.		We are aiming to increase the percentage of families who would recommend this home from now until December 31, 2024 by increasing the satisfaction with the spiritual care services provided.

Safety

Measure - Dimension: Safe

Indicator #7	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	12.33	12.00	Improvement over current performance.	

Change Ideas

Change Idea #1 Implement specific activity program at after dinner for residents who are high risk for falls.

Methods	Process measures	Target for process measure	Comments
1. Review current high-risk residents for falls to identify their needs/preferences for activities 2. Implement program after dinner to engage residents and prevent falls.	# of residents reviewed for activity needs/preferences weekly # of activity programs that occur after dinner weekly.		We are aiming to implement specific activity program after dinner by June 2024.

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. Address any identified deficiencies from completed assessments.	# of environmental assessments completed monthly, # of identified deficiencies from assessments that were corrected monthly	We are aiming to complete environmental risk assessments of resident spaces to identify fall risk by June 2024.	

Change Idea #3 Interdisciplinary fall rounds meetings will occur weekly with staff on the floor.

Methods	Process measures	Target for process measure	Comments
Falls lead will continue to review falls weekly and identify and follow up with each fall. Fall Lead will hold weekly meetings with staff on the floor and discuss with staff the follow up from each fall.	Number of falls meetings occurring monthly	We are aiming to increase staff involvement in falls meetings by 20%, from now to December 31, 2024 by ensuring weekly meetings are occurring	

Change Idea #4 Recreation providing programs after dinner.

Methods	Process measures	Target for process measure	Comments
Review current high-risk residents for falls to identify their needs/preferences for activities. Risk management review completed by ED/DOC	Numbers of residents who have fallen after dinner.	We are aiming to reduce the number of residents who fall after dinner by 20% from now to December 31, 2024, by increasing the provision of recreational activities after dinner.	

Measure - Dimension: Safe

Indicator #8	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	16.48	16.00	We would like to maintain and/or improve over current performance as it is below benchmark	

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	We aiming to complete medication reviews for all residents currently prescribed antipsychotics 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	We are aiming to provide families and/or residents with educational material on reducing antipsychotics and on the importance of minimizing use by September 2024.	

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

Methods	Process measures	Target for process measure	Comments
DST tool reviewed monthly.	Number of residents receiving antipsychotics without a diagnosis as part of DST tool, Number of residents receiving antipsychotics with a diagnosis as part of DST tool, CIHI QI percent of residents receiving an antipsychotic without a diagnosis.	We are aiming to reduce the percent of residents receiving antipsychotics without a diagnosis from now until December 31, 2024 through monthly updates and review of antipsychotic reduction program DST tool.	

Change Idea #4 Staff to receive education on responsive behaviours and education geared towards individual resident responsive behaviours

Methods	Process measures	Target for process measure	Comments
Provide education for staff on responsive behaviours. Provide education for staff geared towards individual resident responsive behaviours.	The number of education sessions held monthly.	We are aiming to reduce the number of residents receiving antipsychotics from now until December 31, 2024 by providing additional education opportunities for staff.	

Measure - Dimension: Safe

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with restraints	C	% / Residents	In house data, interRAI survey / 2023	0.85	0.80	We would like to maintain and/or improve over current performance as below the benchmark	

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

Methods	Process measures	Target for process measure	Comments
1) Review all residents currently utilizing restraints 2) Meet with families/residents to discuss alternatives that could be trialed and determine action plan in collaboration with family/resident	# residents reviewed monthly, # of action plans in place for reduction of restraints in collaboration with family/resident quarterly	We are aiming to review 100% of restraints and plan for trialing alternatives by September 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	# of education sessions held monthly	We are aiming to re-educate 100% of staff on restraint policy and alternatives to restraints by September 2024	

Change Idea #3 Ongoing education to families on admission and ongoing

Methods	Process measures	Target for process measure	Comments
Education to be provided during admission process, at care conferences, and situational care conferences as identified need arises.	Monitor monthly QI CIHI percent of residents with restraints	We are aiming to maintain current percentages from now until December 31, 2024 by providing ongoing education to families and/or residents as need is identified.	

Change Idea #4 Re-evaluation of restraints as situations change.

Methods	Process measures	Target for process measure	Comments
Monthly review of CIHI QI percent of residents with a restraint. Review resident at risk at morning report.	Maintain the current percentage of residents with restraints.	We are aiming to maintain current percentages from now until December 31, 2024, by evaluating the restraint quality indicator and reviewing high risk residents at morning report.	

Measure - Dimension: Safe

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with worsened ulcers stages 2-4	C	% / Residents	In house data, interRAI survey / 2023	0.98	0.90	We would like to maintain and/or improve over current performance as it is below benchmark.	

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
1) Develop list of residents with PURS score 3 or greater 2) Skin/wound team to review residents list to determine if surface meets their needs 3) Replace mattress/surface if require	# of residents with PURS score 3 or greater, # of reviews completed on bed surfaces/mattresses monthly, # of bed surfaces /mattresses replaced monthly	We are aiming to review the current bed systems/surfaces for residents with PURS score 3 or greater 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	We are aiming to have 100% of registered staff receive education on identification and staging of pressure injuries by September 2024	

Change Idea #3 3M to provide wound care education to staff.

Methods	Process measures	Target for process measure	Comments
Monthly review of worsening pressure ulcers CIHI indicator	Number of staff educated on wound care by 3M will increase.	We are aiming to reduce the number of worsening pressure ulcers from now until December 31, 2024, by increasing the number of staff who have received education by 3M.	

Change Idea #4 Review residents at risk at morning report.

Methods	Process measures	Target for process measure	Comments
1. Review monthly CIHI QI of residents with worsened pressure ulcers 2. Review residents at risk during weekdays at morning report	The number of residents identified at risk at morning report on weekdays reviewed.	We are aiming to reduce the number of residents with worsened pressure ulcers from now until December 31, 2024, by reviewing residents at risk at morning report.	

