

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction - Would recommend this home to others	C	% / Adult long stay home care clients	In-house survey / 2023	95.10	75.00	Corporate target	

Change Ideas

Change Idea #1 maintain through ongoing engagement with Residents' Council at monthly meetings to ensure services meet resident needs

Methods	Process measures	Target for process measure	Comments
standing agenda item for Residents' Council meetings to include department updates and opportunity for resident feedback	number of department updates provided annually at Residents' Council	results for would recommend remain above 90% on annual survey	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction - Would recommend this home to others.	C	% / Family	In-house survey / 2023	87.80	85.00	Corporate target	

Change Ideas

Change Idea #1 Maintain / improve current level of engagement through enhanced monthly family newsletter with features and updates from each department with special focus on recreation and food

Methods	Process measures	Target for process measure	Comments
Email and print newsletters sent each month	number of newsletters sent per calendar year	12 newsletters sent / published annually to family members	

Safety

Measure - Dimension: Safe

Indicator #3	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	12.99	15.00	corporate target	

Change Ideas

Change Idea #1 Implement specific activity program at afternoon change of shift 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 during afternoon change of shift to engage residents and prevent falls	# of residents reviewed for activity needs/preferences weekly # of activity programs that occur during change of shift in afternoon weekly	Specific activity program at afternoon change of shift will be implemented 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	Environmental risk assessments of resident spaces to identify fall risk will be completed by June 2024	

Measure - Dimension: Safe

Indicator #4	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	17.39	18.00	corporate 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 #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents with restraints	C	% / Adult long stay home care clients	POC/PCC Audits / 2023	0.00	2.50	corporate target	

Change Ideas

Change Idea #1 Maintain restraint free home through ongoing communication

Methods	Process measures	Target for process measure	Comments
1) Meet with families / residents requesting restraints to discuss alternatives that could be trialed and determine action plan in collaboration with resident and family	# of meetings held with families / residents to discuss alternatives monthly	0% restraint utilization	Home currently is at 0% restraints and maintained this for several years

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents with worsened ulcers stage 2-4	C	% / Adult long stay home care clients	POC/PCC Audits / Q3 2023	2.88	2.50	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
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 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
1) 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	