

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 | C | % / LTC home residents | In-house survey / 2023 | 64.70 | 75.00 | Corporate target | |

Change Ideas

Change Idea #1 Information from the home specific and from the ORCA. Welcome baskets are provided by the welcome committee. Attend RCM

| Methods | Process measures | Target for process measure | Comments |
|--|---|--|----------|
| Program staff encourage new residents to attend the first 3 months Resident Council Committee Meeting to be aware of the purpose and role and understanding ORCA | attending monthly Resident Council Meeting all new residents regularly. | Improve satisfaction survey score to 80% | |

Change Idea #2 At 6 weeks, annual and situation care conferences leadership team will attend and ask for their feedback and concerns.

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|----------|
| Utilize resident Admission Audit Spread Sheet will be completed at that time | Leadership team to meet with new resident and family and document in PCC of that interaction | Ensure that 6 weeks admission care conferences are completed to improved resident experience to 80% | |

Change Idea #3 Engage in regular discussions with residents on their overall satisfaction with services

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|----------|
| Department leads will attend Resident Council and Food Committee meetings to actively ask residents about their services provided. Focus will be on the key questions from the survey that needs improvement. | # Increase resident satisfaction survey 2024 | Ongoing feedback from residents on satisfaction with service being provided by staff. | |

Measure - Dimension: Patient-centred

| Indicator #2 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|------------------------|---------------------|--------|----------------------|------------------------|
| Family satisfaction - Overall, I am satisfied with the meal, beverage and dining service. | C | % / LTC home residents | In-house survey / 2023 | 54.50 | 75.00 | Corporate target | |

Change Ideas

Change Idea #1 Management to complete meal service audits of different meal service to obtain feedback from resident.

| Methods | Process measures | Target for process measure | Comments |
|---------------------------------|---|--|----------|
| Daily at meal and snack service | Leadership team and nurse lead to complete dining room audits and address the gaps. | Daily food and beverage temperature audits completed by Dietary Manager to improve resident satisfaction by 75%. | |

Change Idea #2 Attend regular Food Committee Meeting.

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| During Food Committee Meeting get feedback and concerns about the meals, beverages, and dining services. | The Food Committee Meeting will be held monthly to address and concerns and review menu items. | Resident satisfaction will increase to 75% | |

Measure - Dimension: Patient-centred

| Indicator #3 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|------------------------|---------------------------------|---------------------|--------|----------------------|------------------------|
| Resident satisfaction - Overall, I am satisfied with the continence care products. | C | % / LTC home residents | In house data collection / 2023 | 45.00 | 75.00 | Corporate target | |

Change Ideas

Change Idea #1 Arranged education sessions with Prevail and SWAN for families, residents and staff.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|----------|
| Attended Resident & Family Council Meeting to explain the continence program, completed reassessment of all continence assessment | Develop/provide written information regarding continence products to be available upon admission, introduction or as need arises. | Increase positive response to 75% satisfaction on the family engagement survey. | |

Change Idea #2 1) Ensure all residents are assessed for the correct product

| Methods | Process measures | Target for process measure | Comments |
|--|---|--|----------|
| Continence team to reassess all residents; reassess with weight loss or change in continence status. | Number of reassessments for fit by continence team. | Improve satisfaction survey score in Sept 2024 | |

Measure - Dimension: Patient-centred

| Indicator #4 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|------------------------|------------------------|---------------------|--------|----------------------|------------------------|
| Family Satisfaction - Overall, I am satisfied with the laundry, cleaning and maintenance services. | C | % / LTC home residents | In-house survey / 2023 | 43.50 | 75.00 | Coporate target | |

Change Ideas

Change Idea #1 Cleaning and organizing all residents home areas and ensuring cleaning schedules are sign off.

| Methods | Process measures | Target for process measure | Comments |
|--|---|---|----------|
| Housekeeping daily sign off sheet be audit daily by ESM. | Remind staff to check resident pocket before putting resident clothes into the wash at town hall meeting and ESM meeting. | Increase staff positive response to provide excellent environmental service to increase next survey period. | |

Change Idea #2 Audits laundry carts to ensure residents items are return after laundry to the correct units and residents.

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| Quarterly audits completed by ESM and leadership team to ensure residents items are sent to the correct units. | # of feedback from residents on the environmental services | Increase positive response to 75% in the next survey | |

Measure - Dimension: Patient-centred

| Indicator #5 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---------------------------------------|------|-------------------|------------------------|---------------------|--------|----------------------|------------------------|
| Family Satisfaction – Would Recommend | C | % / Residents | In-house survey / 2023 | 78.70 | 85.00 | Corporate Target | |

Change Ideas

Change Idea #1 1) Enhance resident quality of life by promoting a person-centered approach to care and services

| Methods | Process measures | Target for process measure | Comments |
|---|--|----------------------------|---|
| Complete "All about me" assessment tool for new admissions and current residents and current residents who do not have this completed | # of assessments completed on new admission monthly # of assessment completed on current residents monthly | | A resident specific approach to plan of care based on individual needs and preferences will be implemented for all new admission by August 2024 and current by Oct 2024 |

Change Idea #2 Ensure families are informed of all the management team, services and meetings through posted memos, email and monthly communications.

| Methods | Process measures | Target for process measure | Comments |
|---|---|----------------------------|---|
| Complete tracking to ensure all families are aware of all meeting pertaining to families. | 100% of families receive notification of invitations to quarterly meetings. | | Increase positive response on the family engagement survey. |

Measure - Dimension: Patient-centred

| Indicator #6 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|------------------------|---------------------------------|---------------------|--------|----------------------|------------------------|
| Resident satisfaction - Overall, I am satisfied with the quality of care from the doctors. | C | % / LTC home residents | In house data collection / 2023 | 46.90 | 75.00 | Corporate target | |

Change Ideas

Change Idea #1 MD must attend all care conference and interdisciplinary meeting.

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| Care conference will be schedule during the time MD providing service for the need of residents to be discuss. | # of monthly care conference audits will be completed to increase satisfaction score | Continue to monitor and track the changes. | |

Change Idea #2 Improve communication with doctors with changes on their health status with their loved ones and the residents.

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|----------|
| MD will review weekly communication book in the units at the home | # of residents requesting MD consultation will be seen and documentation will be completed in PCC. | Ongoing feedback from resident and family about the 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 | 15.34 | 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 |
|--|--|---|----------|
| Review current high-risk residents for falls to identify their needs/preferences for activities 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 |
|--|--|--|----------|
| Staff to do environmental assessments for all residents at high risk for falls at minimum monthly. 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 #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 | 28.35 | 17.30 | 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 #9 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|------------------------------------|------|------------------------|-----------------|---------------------|--------|----------------------|------------------------|
| % of LTC residents with restraints | C | % / LTC home residents | Other / 2023 | 0.00 | 2.50 | Corporate Target | |

Change Ideas

Change Idea #1 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 meetings held with families/residents to discuss alternatives monthly # of action plans in place for reduction of restraints in collaboration with family/resident monthly | 100% of restraints will be reviewed and plans implemented for trialing alternatives by Sept 2024 | |

Change Idea #2 1) Re-educate staff on restraint policy and use of alternatives to restraints

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|----------|
| 1) Organize education sessions with all staff on restraint policy and alternatives to restraints | # of education sessions held monthly for all staff | 100% of staff will be re-educated on restraint policy and alternatives to restraints by Sept 2024 | |

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 | % / LTC home residents | Other / 2023 | 1.16 | 2.00 | Corporate Target | |

Change Ideas

Change Idea #1 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 1) 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 | |