

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience-Would Recommend	C	% / LTC home residents	In-house survey / and year 2023	98.30	98.50	Improvement over 2023 and above long-term care division overall for 2023.	

Change Ideas

Change Idea #1 To improve the process and content of the resident care conference to support a meaningful discussion that focuses on what's working well, what can be improved and potential solutions.

Methods	Process measures	Target for process measure	Comments
1.To review current Care Conference Checklist Template to support effective communication between resident, families and interdisciplinary care team at every care conference. 2.The residents are informed and reminded of the upcoming care conference questionnaire to address the key questions on what's working well, what can be improved, and potential solutions being completed by RSC before every care conference.	Utilize the Care Conference Checklist Template to support effective communication and to meet the identified needs of the resident. Resident pre-survey questionnaire has been developed, with the residents' responses used to guide the care conference to support a meaningful discussion for the resident.	We aim to increase the percentage of residents who would recommend this home with improving the resident's satisfaction with their care conference through ongoing encouragement for the Residents to attend their 6 week and annual care conference. Questionnaire responses being used as guidance tool to ensure resident has the opportunity to communicate what's working well, what can be improved and potential solutions, from now until December 31, 2024 and ongoing.	

Change Idea #2 To improve and strengthen processes on how residents are updated regularly and can provide feedback about the changes in the home.

Methods	Process measures	Target for process measure	Comments
1.Continue to encourage residents to attend posted monthly Resident Council Meetings, Resident Council Meetings are noted within the Monthly Recreation Calendar and Dailies which are posted on each home area. 2. Executive Director will be invited as a guest to Resident Council Meetings for any home updates. 3.Ensure that all residents who have an email address are provided the monthly newsletter if they are interested via email. The newsletter can also be delivered to their room if a resident prefers.	Resident Council Meetings are on the monthly recreation calendar and posted in the home areas. Resident Council Meetings are on the Recreation Dailies posted on the home areas. Resident Council will invite the Executive Director/delegate to provide home updates on a monthly basis/or more often if required. Resident emails for those who would like to be included on the monthly emailing list for newsletter "Stirling Echo".	We aim to improve resident's satisfaction through communication of home updates through encouraging Residents to attend and participate at the monthly Resident Council Meetings and having the Executive/delegate to attend Resident Council on a monthly basis as invited. "Stirling Echo" available and delivered to residents (resident choice), from now until December 31, 2024 and ongoing.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Experience-Would Recommend	C	% / Family	In-house survey / and year 2023	91.70	92.00	Improvement over 2023 and above long-term care division overall for 2023.	

Change Ideas

Change Idea #1 Stirling Heights through defined methods of communication will ensure the interdisciplinary team including the resident and the POA, are aware of resident updates, resident change of status, and the day-to-day life our residents. Shift to Shift and face to face report for the nurse and PSW's, 24 hour report sheets, Home Area Communication Books, Point Click Care Online Chart and Progress notes, phone/in person updates to the resident/POA.

Methods	Process measures	Target for process measure	Comments
Shift to Shift face to face report for the nurse and PSW's 24 hour report sheets, Home Area Communication Books, Point Click Care Online Chart, and Progress notes. Phone/in person updates to the resident/POA by shift nurse during the shift of incident.	The home will monitor the reeducation of staff where necessary to ensure all forms of communication are actively used to ensure staff are informed in a timely manner and are effectively communicating with the resident/POA. Shift to shift reports are occurring on all shifts with full active participation of the home area nurses and PSW's. 24-hour report sheets are completed and reviewed. Home area nurse will pull PCC Online Chart and progress note report at the beginning of each shift. The above will be reviewed and discussed at the Registered Staff Meeting, Huddles, Town Hall. This process will be audited through MBWA's, resident home area huddles for compliance.	We aim to increase the percentage of families who would recommend this home by improving family satisfaction with communication through ensuring timely effective communication is occurring with the resident's POA, from now until December 31, 2024 and ongoing.	

Change Idea #2 To provide better understanding to POA/family to the resident's choice and participation in Recreation 1.Recreation Manager will provide education through the Stirling Newsletter "Stirling ECHO" speaking to the monthly planning meeting that was implemented to ensure that residents had a voice into their choice of programs that is held with residents to plan the month's recreational activities and outings. 2.The monthly newsletter will include the Recreation Calendar, which encourages the resident's POA to sign up for the Family Portal where they can access their loved one's Participation in recreation events, one to one support offered, and the monthly menu.

Methods	Process measures	Target for process measure	Comments
Education provided to families/POA regarding resident opportunities for input into the recreation programs, POA/family email group are sent the "Stirling Echo" on a monthly basis, paper copies available at reception. The monthly newsletter will include the recreation Calendar, which encourages the resident's POA to sign up for the Family Portal where they can access their loved one's Participation in recreation events, and one to one support offered, and the monthly menu.	Education will be provided through the "Stirling Echo" and at Family Council. "Stirling Echo" is emailed monthly to the POA/family group email and available by paper copies at reception. "Stirling Echo" will include the recreation Calendar, where families are encouraged to sign up for the Family Portal where they can access their loved one's Participation in recreation events, and one to one support offered, and the monthly menu.	We aim to increase the percentage of families who would recommend with an increase in the POA/family understanding of resident's choice and participation in Recreation from now, until December 31, 2024, and ongoing through education in the monthly newsletter, the recreation calendar being included in the monthly newsletter and encouragement to sign up for the Family Portal.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Overall, I am satisfied with the continence care products.	C	% / Other	Other / and 2023	58.10	67.00	Improvement over 2023 and above long-term care division overall for 2023	

Change Ideas

Change Idea #1 Education to be provided to the families regarding continence care products..

Methods	Process measures	Target for process measure	Comments
<p>Prevail education session for families and residents by the ADOC/delegate and Prevail representative. Continence program and product information provided in Welcome Package.</p> <p>Continence/product update provided to resident/family, following continence assessment and change of status.</p> <p>Continence/product is noted on the care conference checklist and is provided at 6 week and annual care conference.</p>	<p>Number of families satisfied with continence care products will improve.</p>	<p>We aim to increase family satisfaction with the understanding of their loved one's continence care products from now until December 31, 2024.</p>	

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 cleaning withing the resident's room.	C	% / Other	In-house survey / and 2023	58.30	67.40	Improvement over 2023 and above long-term care division overall for 2023.	

Change Ideas

Change Idea #1 To improve the quality of cleaning and upkeep of the resident room.

Methods	Process measures	Target for process measure	Comments
<p>1. ESM to increase on spot auditing, reviewing audit results with the employee to ensure the housekeepers have a clear understanding of their cleaning deficiencies. 2. Re-education provided by IPAC Manager to Housekeeping team re: IPAC measures, and practices for housekeeping. 3. Improve the housekeeper's working knowledge of the Housekeeper Cart. ESM to review Core Position Duties, Core Cleaning to this role providing support to the Full Time Housekeepers (for example, Core Cleaner could assume Weekly Deep Cleans of Common Areas in the Home areas Nurses Stations, Sunrooms, TV Rooms) to allow Full Time Housekeepers more time to focus on deep cleaning resident rooms.</p>	<p>On spot audit results will be reviewed at morning report, to identify areas of improvement and progress. Resident room cleanliness and upkeep will be included in the MBWA which will be reviewed and discussed at Family/Resident Council Meetings, to monitor level of satisfaction of Family/Resident council.</p>	<p>We aim to increase family satisfaction with the quality of cleaning within the resident's room, through and increase in audits, a review of the outcomes at Family and Resident Council reeducation of housekeeping staff from now, until December 31 2024.</p>	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident satisfaction with the quality of care from physiotherapy.	C	% / Other	Other / and 2023	63.60	76.00	Improvement over 2023 and above long-term care division overall for 2023.	

Change Ideas

Change Idea #1 Increase the physiotherapy assistant role within the home to better support the needs of the residents.

Methods	Process measures	Target for process measure	Comments
1.Increase the physiotherapy assistant hours 2.Physiotherapy assistants will be included in monthly meetings with the Recreation/Restorative team 3.Physiotherapy Assistants will work with the Recreation/Restorative departments to develop an interdisciplinary group exercise schedule.	# of residents being supported by the physiotherapy assistants, # of interdisciplinary group exercise programs	We aim to increase resident satisfaction with the percent of resident satisfaction with quality and quantity of physiotherapy services through the increase in physio assistant hours and increase in the number of interdisciplinary group exercise programs from now until December 31, 2024 and ongoing.	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Overall, I am satisfied with the meal, beverage and dining service.	C	% / Other	Other / and 2023	77.60	80.00	Improvement over 2023 and above long-term care division overall for 2023.	

Change Ideas

Change Idea #1 Improve the dining experience and the quality/temperature of food served

Methods	Process measures	Target for process measure	Comments
1. Resident/Pleasurable Dining Education to be completed with all dietary staff and select 2 Extencicare/Stirling Staff Education to dietary staff to ensure steam tables and plate warmers are turned on and to the correct temperature, and that covers, remain on food except for when dietary aide is actively serving the resident choice option. 3. Return to Chez Maison- fine dining experience for residents and families 4. Special Days Meals (ie. Valentines day- heart shaped pasta)	Dietary/dining room audits demonstrate compliance a pleasurable dining experience, with meal quality/safety being supported with effective use so steam wells (lids in place except when actively serving the entrees), plate warmers and Meal Suite in use. Bimonthly Chez Maison	We aim to increase the percent of resident satisfaction with the meal, beverage and dining service from now until December 31, 2024.	

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	10.53	10.00	Exceed current performance.	

Change Ideas

Change Idea #1 Implement specific exercise programs throughout the home, with a focus on scheduling these exercises at high-risk time of day(afternoon change of shift). Interdisciplinary approach for residents who are high risk for falls.

Methods	Process measures	Target for process measure	Comments
1.Increase in TEP exercise programs throughout the home. 2.Continue to refer all falls to PT to assess for strength and balance exercises.	The falls analysis from the previous month are reviewed at the monthly clinical quality meetings. Indicator results for the month are reviewed and compared against previous months for trending (and to ensure we are heading in the right direction). Measurement is completed by 1) comparing data from previous months (has an increase in falls been noted at shift change?)	We aim to ensure process measures are in place and will continue to support the safety and quality of life of Stirling residents, and will monitor the impact of the specific exercise program, target is April 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 aim to reduce the number of falls through environmental risk assessments of resident spaces to identify fall risk by June 2024.	

Change Idea #3 Analysis of Falls trends and attributing factors.

Methods	Process measures	Target for process measure	Comments
Review RMM incidents monthly and providing an analysis of falls trends related to time/shift, shift change, and other attributing factors.	Reduction in the identified trend from the previous month.	We aim to reduce the number of monthly falls through the monthly review of RMM and analysis of falls trends from now until December 31, 2024, and ongoing.	

Change Idea #4 Enhance communication to front line staff regarding resident's falls care plan.

Methods	Process measures	Target for process measure	Comments
Communication tool is completed by the Falls Lead for all new admissions, new high-risk residents, change in risk or change in any falls plan interventions.	Falls care plan/Kardex audits will be completed for all new admissions, new high-risk residents, and change in risk or change in falls plan interventions.	We aim to decrease the number of monthly falls through enhanced front line staff knowledge and compliance to resident's falls care plan by December 31, 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	18.55	18.00	Corporate Target	

Change Ideas

Change Idea #1 Stirling Heights BSO home team works closely with our Medical Advisor/attending physicians/psychogeriatrician to review use of Antipsychotics for those residents without a diagnosis and residents who demonstrates a reduction in responsive expressions with the goal of reducing the use of nonpharmacological interventions.

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 aim to reduce the percent of residents receiving antipsychotics through all residents currently prescribed antipsychotics will have a medication review completed by June 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.	# of families provided with best practice information on reducing antipsychotics monthly	We aim to reduce the percentage of residents receiving antipsychotics without a diagnosis, through educational material being provided to families and/or residents on antipsychotics on the importance of minimizing use by June 2024.	

Change Idea #3 Implementation and utilization of the DST tool.

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

Change Idea #4 BSO education to frontline staff with non pharmacological vs pharmacological interventions

Methods	Process measures	Target for process measure	Comments
BSO education to frontline staff with non pharmacological vs pharmacological interventions	Reviewing and monitoring QI reports at monthly clinical meetings. Monitor DST tool as part of the antipsychotic reduction programs.	We aim to reduce the number of residents receiving antipsychotics from now until December 31, 2024 through providing additional education to staff.	

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	POC/PCC Audits / Oct - Dec	0.49	0.45	Exceed current performance.	

Change Ideas

Change Idea #1 Review all residents currently utilizing 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 an action plan in collaboration with resident/family.	# 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	We aim to maintain/reduce the number of restraints through 100% of restraints being reviewed and plans implemented for trialing alternatives by Sept 2024	

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

Methods	Process measures	Target for process measure	Comments
Annual Education	# of staff that have received their re-education on restraint policy and alternatives to the use of restraints monthly	We aim to maintain/reduce number of restraints through 100% of staff re-education on restraint policy and alternatives to restraints by Sept 2024	

Change Idea #3 Education for Families

Methods	Process measures	Target for process measure	Comments
Education to be provided to families in monthly newsletters.	Monitor monthly QI CIHI percent of resident with restraints.	We aim to maintain/reduce percentages from now until December 31st, 2024 by providing on going education to families and/or residents as need is identified.	

Change Idea #4 Offer alternate interventions such as involving recreation, medication review.

Methods	Process measures	Target for process measure	Comments
Interdisciplinary team aware of alternate interventions to prevent the use of restraint within the home.	Monitor monthly QI CIHI percent.	We aim to maintain/reduce current percentage through offering alternate interventions from now until December 31, 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	POC/PCC Audits / Oct - Dec	1.38	1.30	Exceed current performance.	

Change Ideas

Change Idea #1 Residents with a complex diagnosis are assessed on move in, and as needed for preventive skin and wound devices, preventative pressure ulcer interventions. Review current bed systems/surfaces for residents with PURS score 3 or greater.

Methods	Process measures	Target for process measure	Comments
# of reviews completed on bed surfaces/mattresses monthly, # of bed surfaces /mattresses replaced monthly	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	We aim to reduce the number of worsened pressure ulcers through review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by June 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 aim to reduce the number of worsened pressure ulcers by 100% of registered staff receiving education on identification and staging of pressure injuries by June 2024.	

Change Idea #3 Education for Skin and Wound Leads

Methods	Process measures	Target for process measure	Comments
Skin and Wound Lead and ADOC receive enhanced education through SWAN (Skin, Wellness, Associate, Nurse) program.	Completion of the enhanced education program.	We are aim to reduce the number of residents with worsened pressure ulcers from now until December 31, 2024, through enhanced education of our Skin and Wound Lead and ADOC.	

Change Idea #4 Review new skin and wound issues

Methods	Process measures	Target for process measure	Comments
Review monthly CIHI QI of resident with worsened pressure ulcers during morning report all new skin issues are reviewed.	Monitoring the UDA daily to ensure that assessments are being completed in a timely manner.	We aim to reduce the number of residents with worsened pressure ulcers from now until December 31, 2024, through monitoring the UDAs daily to ensure assessments are being completed.	