

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident satisfaction- Would Recommend	C	% / LTC home residents	In-house survey / 2024	97.00	97.00	Strive for continual improvement	

Change Ideas

Change Idea #1 Education to residents on what is spiritual care services.

Methods	Process measures	Target for process measure	Comments
Recreation manager created a pamphlet to explain what spiritual/palliation services are available at the home level.	Number of residents satisfied with variety of spiritual care services will increase.	We are aiming to increase resident satisfaction with spiritual services offered from now until December 31, 2024 to raise awareness on what we offer.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction-Would Recommend	C	% / Other	In-house survey / 2024	92.60	93.00	Continue to strive for excellence	

Change Ideas

Change Idea #1 Maintain and/or improve family satisfaction results

Methods	Process measures	Target for process measure	Comments
Encourage family participation in completing surveys via newsletters, family council and posters throughout the home.	Provide education to families on the importance of completing their surveys to allow quality improvements on areas that require attention.	We are aiming to increase participation rate in completing family satisfaction from now until December 31, 2024 through education and awareness.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family satisfaction- opportunity to provide input on food and beverages.	C	% / Other	In-house survey / 2024	82.90	83.00	Strive for improvement.	

Change Ideas

Change Idea #1 Increase the overall satisfaction in this domain.

Methods	Process measures	Target for process measure	Comments
Number of families satisfied with the food and beverage choices the home offers in the home will be reviewed annually	Number of families satisfied with food and beverages in the home will increase.	We are aiming to increase the percentage of families who are satisfied with our food and beverage options in the home from now until December 31, 2024 by increasing choices.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family satisfaction with the variety of available recreational activities.	C	% / Family	In-house survey / 2024	81.30	82.50	Improvement over 2023 an above the overall long term care division.	

Change Ideas

Change Idea #1 Resident has input towards their recreational activities and outings.

Methods	Process measures	Target for process measure	Comments
Encourage participation during resident council to discuss recreational programs and residents during resident council meetings if they're satisfied with the variety of activities offered.	Recreation manager to develop an audit to determine which programs needs to be reassessed to ensure the home is meeting the resident needs.	We are aiming to increase the percentage on family satisfaction pertaining to the variety of available recreational activities from now until December 31,2024 during committee meetings and audits.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident satisfaction- temperature of food and beverages	C	% / LTC home residents	In-house survey / 2024	71.20	73.00	Improve this 2023 quality measure.	

Change Ideas

Change Idea #1 Increase the percentage of satisfied residents pertaining to the temperatures of their food and beverages.

Methods	Process measures	Target for process measure	Comments
Food service manager will conduct weekly audits during meals to ensure temperatures are meeting standards and resident satisfaction.	Number of residents satisfied with the temperatures at meals and beverages will increase.		We are aiming to increase resident satisfaction with discussions at resident council meetings and audits from now until December 31, 2024 in this area.

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident satisfaction- spiritual services available.	C	% / LTC home residents	In-house survey / 2024	83.00	85.00	Improvement from 2023 target.	

Change Ideas

Change Idea #1 Education to residents regarding what spiritual care services are available.

Methods	Process measures	Target for process measure	Comments
Recreation manager to create a pamphlet for residents as to which spiritual services are available, this will allow residents to be educated in this area.	The satisfaction in spiritual services available within the home will increase.	We are aiming to increase resident satisfaction around spiritual care services offered from now until December 31, 2024 by providing education during resident council meetings.	

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	9.40	9.00	Continue to decrease this indicator.	

Change Ideas

Change Idea #1 Implement specific activity program at afternoon change of shift for residents who are at 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.	Number of activity programs that occur during change of shift in afternoon weekly.		We are aiming to increase programs in afternoon by one to two programs in the evening to assist with falls, will be implemented by December 2024 by our recreation department.

Change Idea #2 Education for staff surrounding restorative care to help improve resident independence.

Methods	Process measures	Target for process measure	Comments
Staff educator will track staff on their education tracker who have completed education and arranging education for those who have not been trained in restorative care.	Number of staff who have completed restorative care will increase.	We are aiming to increase the number of staff who have received restorative care education from now through to December 31, 2024 by arranging more education opportunities with Achieva for all staff within the home.	

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. Falls lead will hold weekly meetings on the floor and discuss with staff the follow up from each fall.	Number of falls meetings occurring monthly will be four to five per month.	We are aiming to increase staff involvement in falls meetings by 10% from now to December 31, 2024, by ensuring weekly meetings are occurring and staff from alternative departments are represented.	

Change Idea #4 Conduct environmental assessments in each resident space for those who are deemed high risk for falls.

Methods	Process measures	Target for process measure	Comments
Staff to do an environmental assessment for all residents who are high risk monthly.	Number of environmental assessments completed monthly.	We are aiming to decrease our fall risk indicator in this area, goal is to be within target 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	9.28	9.00	Ongoing assessment in this area by the medical team.	

Change Ideas

Change Idea #1 Responsive behaviour lead conducting biweekly rounds with MD

Methods	Process measures	Target for process measure	Comments
Review all residents who are currently prescribed antipsychotics monthly through quality indicators triggering antipsychotics without a diagnosis.	Monitor antipsychotics Q1 monthly. Monitor DST tools as part of antipsychotic reduction program.		We are aiming to reduce the number of residents who are currently prescribed antipsychotics from now until until December 31, 2024 through our external resources.

Change Idea #2 MD to review all prescribed antipsychotics.

Methods	Process measures	Target for process measure	Comments
Review of medication administration record for supporting diagnosis will be reviewed quarterly. If no diagnosis, team will review and implement reduction strategy process.	Number of residents are reviewed and will have supporting documentation. Monitor DST tool monthly.		We are aiming to reduce the number of residents receiving antipsychotics from now until December 31, 2024.

Change Idea #3 Psychogeriatric Physician will assist in reducing this target.

Methods	Process measures	Target for process measure	Comments
MD who specializes in resident behaviours will assess these indicators every two months.	Reduction strategies will be implemented to ensure indicator is met.	We are aiming to reduce the number of residents receiving antipsychotics from now until December 31, 2024 through the regular involvement of external resources.	

Change Idea #4 Utilizing external resources to assist in strategies for nonpharmacological interventions.

Methods	Process measures	Target for process measure	Comments
Responsive behaviour lead holds weekly meetings with BSO on site. Responsive behaviour lead holds monthly meetings and education sessions.	Monitor antipsychotic medication indicator monthly.	We are aiming to reduce the number of residents receiving antipsychotics from now until December 31, 2024 through the responsive behaviour lead meeting monthly with MD.	

Measure - Dimension: Safe

Indicator #9	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	0.90	0.87	Ensure our Wound Nurse is knowledgeable and is continuously educating others on best practices throughout the home.	

Change Ideas

Change Idea #1 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.	Wound Nurse to provide education sessions every other month for staff on staging, early detection, educate importance of following a return to bed routine, referrals for interdisciplinary team members.	We are aiming to have 100% of staff educated on identification and staging of pressure injuries from now until December 31, 2024 through education and best practices.	

Change Idea #2 Review residents at risk at morning report

Methods	Process measures	Target for process measure	Comments
review monthly CIHI Q1 od residents with worsened pressure ulcers. Review residents at risk during weekdays and in morning report.	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.	

Change Idea #3 SALT training focus on resident transfers to reduce potential skin tears

Methods	Process measures	Target for process measure	Comments
Review RMM trends for care and treatment. Conduct audits for proper positioning. Monitor UDA to ensure assessments are being done in a timely manner.	Number of worsened pressure ulcers reviewed monthly. Number of RMM trends for care and treatment reviewed monthly. SALT transfers reviewed monthly.	We are aiming to reduce the number of residents with worsened pressure ulcers from now until December 31, 2024.	

Change Idea #4 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.	

Measure - Dimension: Safe

Indicator #10	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	1.50	1.30	Monthly education will be provided on families who are insistent on restraint usage.	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
Review all residents currently utilizing the monthly quality indicators.	Indicator to be reviewed monthly. Have meetings with resident/families to discuss alternatives monthly.	We are aiming to reduce the number of restraints to zero percentage from now until December 31, 2024 through education and best practice.	

Change Idea #2 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 conferences as identified need arises.	Monitor monthly Q1 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 #3 Re-evaluation of restraints as situation arises

Methods	Process measures	Target for process measure	Comments
Monthly review of CIHI Q1 percent of residents with a restraint. Review resident at risk at morning report.	Maintain 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.	

Change Idea #4 Education to staff on risks associated with restraints

Methods	Process measures	Target for process measure	Comments
Monthly review of percent of residents with restraints	Maintain current percentage in this indicator.	We are aiming to maintain or decrease current target from now until December 31, 2024 through ongoing education and best practices.	