

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction - would recommend home	C	% / LTC home residents	In-house survey / 2023	56.80	75.00	Corporate Target	

Change Ideas

Change Idea #1 Improve overall opinion of home

Methods	Process measures	Target for process measure	Comments
Complete action plan for areas for low performance. Review action plan monthly to ensure tasks are being completed.	Amount of action plan items completed each month and number of meetings completed by December 2024.	Action plan is completed by end of Q1, all action plan items completed by December 2024.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
If I need help right away, I can get it.	C	% / LTC home residents	In-house survey / 2023	33.30	75.00	Corporate Target	

Change Ideas

Change Idea #1 Proactive review of call be response times.

Methods	Process measures	Target for process measure	Comments
Performing 20 monthly call bell audits to determine gaps and response time per home area. Provided follow up education to staff.	Number of audits completed monthly.	100 % of audits will be completed each month.	

Change Idea #2 Ensure all call bells are in good working order.

Methods	Process measures	Target for process measure	Comments
Complete quarterly call bells functionality audit to ensure they are good working order.	All call bells will be check each quarter for functionality.	100% of call bells will be check each quarter.	

Change Idea #3 Re-education on call bell response times

Methods	Process measures	Target for process measure	Comments
Education for staff members to inform of expectations for call bell response time (add to mandatory orientation and annual training)	All existing staff will be re-educated on the importance of answering call bells within response times.	100% of staff will be educated by Q3	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am updated regularly about changes in my home	C	% / LTC home residents	In-house survey / 2023	44.20	75.00	Corporate Target	

Change Ideas

Change Idea #1 Ensure effective communication to residents on changes.

Methods	Process measures	Target for process measure	Comments
Add monthly family newsletter to existing resident council binder to encourage information sharing as well as review content each month.	Number of newsletters added to resident council binder.	100% of newsletters added to resident council binder by December 2024.	

Change Idea #2 Ensure effective communication to residents on changes.

Methods	Process measures	Target for process measure	Comments
monthly written communication will be provided to resident's council with any events of changes to home.	Amount of written communication provided to residents.	100% of written communication provided to Resident council by December. 2024.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I feel my goals and wishes are considered and incorporated into the care plan whenever possible.	C	% / LTC home residents	In-house survey / 2023	45.50	75.00	Corporate Target	

Change Ideas

Change Idea #1 increase involvement of residents in care plan development.

Methods	Process measures	Target for process measure	Comments
Ensure residents that are capable to attend their CP meetings for input.	Amount of residents invited to attend care conference.	100% of residents who are capable to attend, have attend care plan meeting by December. 2024	

Change Idea #2 Provide more opportunities for resident feedback in care plan development.

Methods	Process measures	Target for process measure	Comments
Invite resident to attend Weekly interdisciplinary care plan meeting to provide input on careplan.	Amount of residents who attended interdisciplinary.	70% of total residents will attend interdisciplinary by December 2024.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction Survey- Would recommend home.	C	% / Family	In-house survey / 2023	66.10	75.00	Corporate Target	

Change Ideas

Change Idea #1 Improve overall opinion of home.

Methods	Process measures	Target for process measure	Comments
Complete action plan for areas for low performance. Review action plan monthly to ensure tasks are being completed.	Amount of action plan items completed each month and number of meetings completed by December 2024.	Action plan is completed by end of Q1, all action plan items completed by December 2024.	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from social worker.	C	% / Family	In-house survey / 2023	31.90	85.00	Corporate Target	

Change Ideas

Change Idea #1 Connect regularly with new admission families.

Methods	Process measures	Target for process measure	Comments
Complete a check-in with family 2, 4 and 6 weeks after admission to see how they are settling in.	All new admissions will have a 2, 4 and 6 week check in after admission.	100 % of new admissions will have a 2, 4 and 6 week check in by December 2024	

Change Idea #2 Build and sustain family relationships.

Methods	Process measures	Target for process measure	Comments
RSC to attend family council meetings.	Amount of Family council meetings attended by RSC by December 2024	RSC will attend 100% of family council meetings by December 2024	

Change Idea #3 Build and sustain family relationships.

Methods	Process measures	Target for process measure	Comments
RSC complete 10 pulse survey each quarter with family, with action plan to address any areas of concern.	Amount of surveys completed each month and action items addressed.	100% of surveys completed each month and 100% of action items completed.	

Change Idea #4 Re-educate families on Resident Support Coordinator role.

Methods	Process measures	Target for process measure	Comments
Families will be provided with refresher education on RSC role and what services they provide withing home.	1. number of sessions provided to families. 2. number of family members provided refresher education.	100% of existing families will be provided education.	

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of cleaning services throughout the home.	C	% / Family	In-house survey / 2023	40.70	85.00	Corporate Target	

Change Ideas

Change Idea #1 Proactive audits of home areas for cleanliness.

Methods	Process measures	Target for process measure	Comments
ESM to complete Monthly room audits (15 rooms per month) to identify gaps in cleaning. provide follow up education to housekeep staff as needed.	Amount of survey completed each month and follow session provided.	100 % of room audits are completed, with follow up education sign of sheets for any identified gaps.	

Change Idea #2 Improve access to cleaning supplies for all staff.

Methods	Process measures	Target for process measure	Comments
Provide access to housekeeping room for all staff for afterhours cleaning.	Staff will be provided access code to housekeeping closet.	100% of staff will receive access code to housekeeping room.	

Change Idea #3 Ensure regular deep cleaning schedule is being followed.

Methods	Process measures	Target for process measure	Comments
10 rooms/day will be deep cleaned, also ensuring housekeepers follow deep cleaning guidelines.	Amount of daily rooms deep cleaned. Amount of housekeeping staff provide training on deep cleaning guidelines.	100% of 10 rooms are deep cleaned each day. 100% of housekeeping staff provide education on deep cleaning.	

Safety

Measure - Dimension: Safe

Indicator #8	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	12.87	15.00	Corporate Target	

Change Ideas

Change Idea #1 Staff in hallways at shift change (runners)

Methods	Process measures	Target for process measure	Comments
Create a rotation of staff who will walk hallways during shift change report to be available residents for care or support.	All home areas will have rotating weekly runner schedule.	Runners will be implemented by end of Q2	

Change Idea #2 Ensure all resident who fall monthly have a up to date falls care plan focus.

Methods	Process measures	Target for process measure	Comments
Audit care plans all resident who fell in last 30 days (monthly) to ensure care plan was update at last fall. If update was not completed, review last fall and update with new interventions.	All resident who fell in each month will have care plan reviewed	100 % of resident who fell each month will have up to date falls focus on CarePlan.	

Measure - Dimension: Safe

Indicator #9	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	22.25	17.30	Corporate Target	

Change Ideas**Change Idea #1** Review of resident receiving anti-psychotic without appropriate diagnosis

Methods	Process measures	Target for process measure	Comments
Review all residents on anti-psychotics and determine if they have supporting diagnosis. Multidisciplinary team will review each month to determine what residents are appropriate for reduction and communicate to family/resident. Initiate reduction recommendations and include nonpharmacological interventions.	All residents who are taking antipsychotics without diagnosis will be reviewed.	100% of resident on antipsychotics without diagnosis will be reviewed.	

Change Idea #2 Provide education materials to families/residents on benefits of anti-psychotics' reduction.

Methods	Process measures	Target for process measure	Comments
Create an education sheet with best practices information on antipsychotic reduction that will be presented at family and resident council. Add this sheet to tours and admission package.	number of families with residents on anti-psychotics will be provided education sheet.	100% of residents on anti-psychotics will have Education sheet provided to family or resident.	

Change Idea #3 Ensure that any resident on anti-psychotics have at least 1 non -pharmacological intervention in care plan.

Methods	Process measures	Target for process measure	Comments
Review care plan of all residents receiving anti-psychotics to ensure non-pharmacological interventions are present, if missing, update care plan with non-pharmacological interventions.	total number of residents receiving anti-psychotics who have non-pharmacological interventions in care plan.	100% of resident on anti-psychotics will have non-pharmacological interventions in care plan	

Measure - Dimension: Safe

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents with restraints	C	% / LTC home residents	Other / 2023	2.40	2.50	Corporate Target	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
Audit all residents who have restraints, meet with multidisciplinary team to review alternative options that can be trialed. Review recommendations with family and residents.	1. number of residents assessed per month 2. number of meetings held with families/resident to discuss alternatives each month 3. number of action plans in place for reduction of restraints.	100% of restraints will be reviewed and plan implemented for trialing alternative by September 2024.	

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

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.	100% of staff will be re-educated on restraint policy and alternatives to restraints by Sept 2024	

Measure - Dimension: Safe

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% Residents with worsened ulcers stages 2-4	C	% / LTC home residents	Other / 2023	2.76	2.00	Corporate Target	

Change Ideas

Change Idea #1 Review current bed systems/surfaces for residents with PURS score 3 or great

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.	1. # of residents with PURS score 3 or greater 2. # of reviews completed of bed surfaces/mattresses monthly 3. # 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
Provide education for Registered staff on correct staging of pressure injuries	# of education sessions provided monthly for Registered staff on correct staging of pressure injurie	100% of registered staff will have received education on identification and staging of pressure injuries by Sept 2024	