

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	CB	CB	Collecting baseline data	

Change Ideas

Change Idea #1

Methods	Process measures	Target for process measure	Comments
			We are prioritizing other areas of focus

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	CB	CB	Collecting baseline data	

Change Ideas

Change Idea #1

Methods	Process measures	Target for process measure	Comments
			We are prioritizing other areas of focus

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident satisfaction - Would Recommend: Timely Assistance	C	% / LTC home residents	In-house survey / 2023	48.30	75.00	Corporate target	

Change Ideas

Change Idea #1 Timely Assistance - update call bell system to improve Marquis, sounds and reports.

Methods	Process measures	Target for process measure	Comments
Installation of additional digital call bell screens on units.	1. # of nurse call bell audits completed. 2. Review of nurse call bell reports.	This action is targeted to be implemented by March 2024	

Change Idea #2 Timely Assistance - Educating staff regarding customer service using the HEART approach.

Methods	Process measures	Target for process measure	Comments
Education to be provided at orientation, annually and during staff huddles.	# of staff educated on HEART approach.	This action is targeted to be implemented by December 2024.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction - Would Recommend: Continence Care products	C	% / Family	In-house survey / 2023	47.20	85.00	Corporate target	

Change Ideas**Change Idea #1** Continence Products - have families complete Prevail (continence product) survey

Methods	Process measures	Target for process measure	Comments
Prevail survey to be mailed out to families.	# of surveys mailed out and responses received.	This action is targeted to be implemented by March 2024.	

Change Idea #2 Implement Continence Care Committee

Methods	Process measures	Target for process measure	Comments
Quarterly continence care meetings to be held.	# of continence care meetings held - minutes of meetings.	This action is targeted to be implemented by April 2024	

Change Idea #3 Discussion regarding continence care products at care conferences.

Methods	Process measures	Target for process measure	Comments
Discussion to take place at post move-in and annual care conferences.	# of post move-in and annual care conferences held.	This action is targeted to be implemented Immediately.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction - Would recommend: Food & Beverage options	C	% / Family	In-house survey / 2023	41.70	85.00	Corporate target	

Change Ideas

Change Idea #1 Invite families to attend Menu tasting events during the year.

Methods	Process measures	Target for process measure	Comments
Food Service Manager and Recreation Manager to organize/coordinate menu tastings.	1. # of menu tastings held. 2. # of family members who participated in menu tasting events.	This action is targeted to be implemented by May 2024	

Change Idea #2 Dining room audits that include family input.

Methods	Process measures	Target for process measure	Comments
Food Service manager to complete audits weekly.	# of audits completed weekly.	This action is targeted to be implemented Immediately.	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction - Would Recommend: Communication	C	% / LTC home residents	In-house survey / 2023	56.00	75.00	Corporate target	

Change Ideas

Change Idea #1 Post communication in each home area, i.e. Family Newsletters, ED updates.

Methods	Process measures	Target for process measure	Comments
1. Monthly newsletter sent out by ED & Recreation Manager. 2. Provide copy of newsletter to residents.	1. # of family/POAs who were sent monthly newsletter. 2. # of residents who were given newsletter.	This action is targeted to be implemented Immediately	

Change Idea #2 Residents' Council - meet the manager/resident town hall.

Methods	Process measures	Target for process measure	Comments
Recreation manager will organize monthly Resident's Council meeting and Town hall meetings (as needed)	1. # of Residents' Council meetings. 2. # of Town Hall meetings.	This action is targeted to be implemented Immediately	

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction - Would recommend: Recreation program input	C	% / LTC home residents	In-house survey / 2023	61.50	75.00	Corporate target	

Change Ideas

Change Idea #1 Increase number of Activity Pro post program surveys to obtain feedback from residents.

Methods	Process measures	Target for process measure	Comments
Recreation staff to complete post program surveys with residents.	# of post program surveys completed.	This action is targeted to be implemented immediately	

Change Idea #2 Resident at risk action plans

Methods	Process measures	Target for process measure	Comments
Recreation team to completed monthly resident at risk action plans.	# of resident at risk action plans completed and implemented.	This action is targeted to be implemented by April 2024	

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	X	15.00	Corporate target	

Change Ideas

Change Idea #1 Ensure care plans are updated with resident fall interventions.

Methods	Process measures	Target for process measure	Comments
1. Review current residents at high risk for falls to identify gaps in care plan.	# of residents who had 6.7 plan of care audit completed.		Review of plan of care for residents at high risk for falls to be completed by June 2024.

Change Idea #2 Ensure care plans are updated with resident fall interventions.

Methods	Process measures	Target for process measure	Comments
Weekly care plan meetings as per resident MDS schedule.	# of care plan meetings held each week.		Weekly care plan meetings to be implemented March 2024.

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	CB	17.00	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 as necessary.	# of residents reviewed monthly # of plan of care reviewed that have supporting diagnosis # of reduction strategies implemented monthly	All residents currently prescribed antipsychotics will have a medication reviewed 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.	1. # of families provided with best practice information on reducing antipsychotics 2. # 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 importance of minimizing use by September 2024.	

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	CIHI CCRS / 2023	CB	2.50	Corporate target	

Change Ideas

Change Idea #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. Discuss with families/residents alternatives that could be trialed and determine action plan in collaboration with family/resident.	1. # of residents reviewed monthly. 2. # of discussions held with families/residents to review alternatives. 3. # of action plans in place monthly for reduction of restraints in collaboration with family/resident.	100% of restraints will be reviewed and plans implemented for trialing alternatives by September 2024.	

Measure - Dimension: Safe

Indicator #11	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	CIHI CCRS / 2023	CB	2.00	Corporate target	

Change Ideas

Change Idea #1 Ensure care plan is updated with resident skin & wound interventions related to ulcers stages 2-4.

Methods	Process measures	Target for process measure	Comments
1. Weekly skin & wound meetings. 2. Review current residents with ulcers stages 2-4 to identify and address gaps in plan of care.	1. # of resident care plans reviewed. 2. # of residents with worsening ulcers stages 2-4.	1. Weekly skin & wound meetings to start March 2024. 2. A review of the current residents with ulcers stages 2-4 to 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
1. Provide education for registered staff on correct staging of pressure injuries.	1. # 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 September 2024.	