

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience:I have input into the recreation programs available	C	% / LTC home residents	In-house survey / Sept 2024-Oct 2025	49.40	64.00	Continued improvement to theoretical best and Based on Resident and Family Satisfaction survey	

### Change Ideas

**Change Idea #1** Identify each resident's individual preferences, interests, and abilities to ensure all programs and interactions are tailored to their unique needs through increased attention to personalized details and direct communication.

Methods	Process measures	Target for process measure	Comments
1. Conduct individual preference interviews to have person centric programs on MDS schedule 2.Audit resident rooms for personalized elements based on MDS schedule 3.Use the data from interviews and plan /modify programs 4.Launch new /modified programs in all floors specific to residents 5. Feedback survey on the new/modified programs	1.# of resident interviews conducted to have person centric programs 2.# of resident room audits done for personalized elements 3.# of new/modified programs launched specific to resident need	1.There will be a 15 % improvement with satisfaction of program by October 2025. 2. 100% of residents will receive person centered programming by October 2025 and there will be at least 2 new resident centric programs offered each quarter.	

**Measure - Dimension: Patient-centred**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience: I am satisfied with the variety of food and beverage options in home	C	% / LTC home residents	In-house survey / Sept 2024-Oct 2025	55.80	70.80	Based on Resident and Family Satisfaction survey and Continued improvement to theoretical best	

**Change Ideas**

Change Idea #1 The plan is to include trying new products and involving the Resident Food Committee in menu planning developing Medex-specific seasonal menus.

Methods	Process measures	Target for process measure	Comments
1. Consult with the resident food committee in menu and recipe planning. 2)Test 20 plus new products which will be included in the menu based on resident feedback 3. Advertise seasonal specific menu changes so residents are aware	1.# of new products tested 2. # of suggestions received from food committee for menu planning 3. # of seasonally appropriate menu items advertised and incorporated into menu	1.Increase Resident's Culinary Satisfaction by 10 % by October 2025 2. At minimum 20 new products will be included in menu based on resident feedback by December 2025. 3.Advertisement of these seasonal menu change in Yodeck will be completed 1 week in advance of each change.	

Change Idea #2 Educate residents and team members to increase awareness about clinical nutrition

Methods	Process measures	Target for process measure	Comments
1. Create clinical nutrition education material for residents 2. Discuss with Dietitian if further support is needed for nutritional needs.	1.# of education sessions held 2. # of clinical nutrition resources provided 3. # of residents who required additional support for nutritional needs	1.There will be 20% increase in Resident's Clinical Nutrition Satisfaction by October 2025 2. There will be at least 1 education session provided by Dietitian on clinical nutrition by September 2025	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication from home leadership (Administrator, Executive Director, and Managers) is clear and timely s/s/s/s/s/s/s	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	54.80	69.80	Continued improvement which is achievable as we continue to work toward corporate target of 85%.	

**Change Ideas**

Change Idea #1 Increase communication from leadership by implementing monthly newsletter and to establish structured communication channels including printed and digital newsletters, resident meetings and feedback mailbox

Methods	Process measures	Target for process measure	Comments
1.Created a monthly newsletter both physical and digital to inform residents and families about important information. 2. For feedback "Mailbox" we will add a clickable email link in the monthly newsletter for digital submissions of ideas/concerns. 3.Monthly review of suggestions received & implement feasible suggestions received. 4.Ask resident and family councils what information they would like to see included and how often to send out.	1.# of survey with positive feedback 2. # of feedback submissions received through the mailbox 3. # of resident concerns or suggestions that result in actionable changes or improvements 4. # of resident and family council meetings information discussed	1.Monthly Newsletter will be sent out to all residents and families till 31st December 2025 and then revisited for feedback 2. Discussions with resident and family council about newsletter will occur monthly to 31st December 2025 and then process reviewed 3. Satisfaction survey scores related to communication from leadership will improve by at least 15% by October 2025	

## Safety

### Measure - Dimension: Safe

Indicator #4	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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	13.38	12.00	Continued improvement to theoretical best	Achieva, BSO, Medisystem- pharmacist

### Change Ideas

Change Idea #1 Increase awareness of falls that are occurring in the home.

Methods	Process measures	Target for process measure	Comments
1. Digital boards to display real-time fall data, keeping staff informed of trends and high-risk residents for proactive interventions. 2. Update board monthly with new data and information.	1.# of residents who have fallen monthly # of digital boards updated monthly with real-time fall data	1. Digital boards will have fall data posted monthly starting May 2025. 2. Data will be 100% updated by 30th of every month starting May 2025.	

## Change Idea #2 Have designated Falls Champions

Methods	Process measures	Target for process measure	Comments
1. Identify and designate fall champions within home 2. Provide education on role and responsibilities to designated falls champions 3. Review the insights provided by fall champions in quarterly fall committee meeting.	1. # of falls champions role designated 2. # of education sessions held for falls champions 3. # of insights/learning reviewed during fall committee meetings brought by fall champions	1. 100% completion of training for all designated fall champions by September 30, 2025. 2. One fall champion appointed per shift per floor within home by October 31, 2025. 3. The fall champion provides insights on fall incidents during quarterly fall committee meeting by December 31, 2025	

**Measure - Dimension: Safe**

Indicator #5	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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	11.79	10.00	Continued improvement to theoretical best	Medisystem-pharmacist, Achieva, BSO, Royal Ottawa Hospital

**Change Ideas****Change Idea #1** Engage the Behavioral therapist to establish strategies

Methods	Process measures	Target for process measure	Comments
1.Refer the resident to Behavioral Therapist for behavioral interventions through previously established home meetings (GROW meetings) 3.Review any behavior exhibited within the last 7 days and interventions in place.	1.# of behavioral interventions established in quarter. 2. # of referrals to Behavioral therapist	Personalized behavioral intervention will be placed for 100% of identified residents by June 31,2025 Process for ongoing review of behavioral interventions for effectiveness will be fully in place by July 31, 2025 with a reduction in behaviors by at least 10%.	

**Measure - Dimension: Safe**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	C	% / LTC home residents	CIHI CCRS, CIHI NACRS / CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	1.31	1.00	Continued improvement to theoretical best	Achieva

**Change Ideas****Change Idea #1 Education on Incontinence Associated Dermatitis (IADs) Training**

Methods	Process measures	Target for process measure	Comments
1. In house training is conducted by certified SWANs on Incontinence Associated Dermatitis (IADs) Training, implement regular wound care education for all healthcare staff, aiming for 100% attendance and passing scores on post-training assessments.	1. # of educational session 2. # of staff who pass the post training assessments.	100% completion of training for of Registered staff on IAD by June 31, 2025	