

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the spiritual services timing and schedule.	C	% / LTC home residents	In-house survey / Resident Survey	37.50	50.00	Continue to work towards corporate target of 85%.	Resident Council

### Change Ideas

Change Idea #1 Plan to increase spiritual care services within the home for residents based on their preferences.

Methods	Process measures	Target for process measure	Comments
1. Develop Questionnaire for residents to provide feedback on types of activities/spiritual programming they would like to have available. 2. All programs related to spiritual denomination will be marked multifaith on the calendar. 3. Residents will be encouraged to attend available programs. 4. Encourage residents to complete their "My wishes". 5. Recruit for a Part time Chaplin.	# of admission files that have spiritual denomination included # of residents who attend spiritual programs on monthly basis # of residents who completed My Wishes program # of inhouse questionnaire responses on activities/spirituality provided # of programs related to designated multifaith on a monthly basis Chaplin is in place	Overall improvement in the provision of spiritual care services within the home based on their preference will be seen by August 1, 2024.	

## Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident would recommend home to others.	C	% / Residents	In-house survey / Resident Survey	83.30	85.00	Continue to work towards corporate target of 85%.	

## Change Ideas

Change Idea #1 Increase satisfaction by residents who would recommend this home to others.

Methods	Process measures	Target for process measure	Comments
1. Collect information from residents through face-to-face interactions discussing what their wishes are. 2. Attend resident council asking for resident feedback on what they would like to see in the home. 3. Ensure suggestions box is visible and residents are able to use.	# of face-to-face meetings # of Resident Council meetings # of suggestions from residents # of new suggestions implemented	Review outcomes in October 2024 during next resident Survey.	

Change Idea #2 Plan to improve staffing to assist with the satisfaction of our residents.

Methods	Process measures	Target for process measure	Comments
1. Ensure primary care assignments are in place and followed by the PSWs. 2. Actively recruit to all vacant positions. 3. Encourage resident focused discussions in the presence of residents.	# of vacancies # of new hires # of in services with staff regarding meaningful conversations	Improvement in resident satisfaction will be seen by September 1, 2024.	

## Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family would recommend this home to others.	C	% / Family	In-house survey / Family Survey	70.70	75.00	Continue to work towards corporate target of 85%.	

## Change Ideas

Change Idea #1 Plan to improve the home by updating the home with small improvements.

Methods	Process measures	Target for process measure	Comments
1. Ensure rooms are clean and tidy and move in ready prior to tours. 2. Ensure general maintenance issues are submitted to Maintenance Care, for proper maintenance. 3. Educate all staff on the importance of reporting maintenance issues in the home. 4. All Management conduct weekly rounds of their departments. 5. Attend Family Council and ask for suggestions, and to provide updates.	# of education sessions for staff # of tours # of family council meetings # of maintenance issues identified # of maintenance issues recified	Improvements to the home will be in place by September 1, 2024.	

Change Idea #2 Encouragement to families for increased collaboration in resident care and changes/updates to the facility.

Methods	Process measures	Target for process measure	Comments
1.Encourage participation in Townhall to ensure families feel they have a voice in the processes of the facility 2.Inform families on communication resources with management when they have a concerns, complaints, suggestions or complement. 3.Consistent communication with families on updates in the home and future build of the new home. 4.Develop programs that bring residents and family together 4.Social Worker to construct a Peer Group for families to support each other	# of townhall meetings # of complaints or concerns # of communications sent to families # of new building updates # of families participating in peer group meetings # of peer group meetings	Improvement in family satisfaction will be seen by September 1, 2024.	

## Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
There is a good choice of continence products.	C	% / Family	In-house survey / Family Survey	43.00	50.00	Continue to work towards corporate target of 85%.	Prevail

## Change Ideas

Change Idea #1 Ensuring our resident and families are educated and aware of their options and choices of continence products in the home

Methods	Process measures	Target for process measure	Comments
1. Include education in the admission process for families and residents 2. Resident council and townhall, we will give opportunities to discuss Prevail and continence concerns 3. Discuss any concerns with continence products in the nursing portion of the IDTC 4. Include Prevail education in the Newsletter 5. Resident survey - Prevail	# of education sessions provided to families and residents. # of resident council and townhall meetings where continence products were discussed. # of IDTC meetings where continence products were discussed. # of newsletters # survey responses	Measures will be in place by October 2024.	

## Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The resident has input of recreational programs available.	C	% / Family	In-house survey / Family Survey	49.30	60.00	Continue to work towards corporate target of 85%.	

## Change Ideas

Change Idea #1 Residents within the home will have a broader spectrum of recreational programs of their individual choice.

Methods	Process measures	Target for process measure	Comments
1. Meet with residents monthly to determine the activity calendar. 2. Attend Resident Council and present the calendar for review and suggestions. 3. Place a suggestion box in lobby for residents and families 4. Incorporate the calendar into the Newsletter, Facebook page, and IDTC for resident family input.	# of resident meetings where the calendar was reviewed prior to posting. # of Resident Council meetings attended. # of recommended changes to the calendar. # of recommended changes made to the calendar. # of suggestions from residents and families. # of residents attending new programs.	Improvement in program choices by the residents will be seen by August 1, 2024.	

## Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of spiritual care services.	C	% / Family	In-house survey / 2024	48.60	70.00	Working toward the corporate target of 85%.	Family Council

## Change Ideas

Change Idea #1 To increase spiritual care services within the home to any residents based on their preferences.

Methods	Process measures	Target for process measure	Comments
1. CCAC to update file with spiritual denomination. 2. on admission staff to ask about spiritual background and input into profile (add to admission check list), 3. Develop Questionnaire for residents to provide feedback on types of activities/spiritual programming they would like to have available. 4. ensure my wishes program is completed for all residents	# of admission files that have spiritual denomination included # of residents who attend spiritual programs on monthly basis # of residents who completed My Wishes program # of inhouse questionnaire responses on activities/spirituality provided # of programs related to designated multifaith on a monthly basis	Overall improvement in the provision of spiritual care services within the homes based on their preferences will be shown by July 31st, 2024.	

## 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 care from the social worker(s).	C	% / LTC home residents	In-house survey / 2024	28.60	70.00	Working towards corporate target of 85%.	

## Change Ideas

Change Idea #1 Increased use of social worker services or awareness of social worker services.

Methods	Process measures	Target for process measure	Comments
1. Include services information in admission package. 2. Partner with local available services and make these services available to our residents. 3. Develop social programs that will enable residents to meet their social needs	% of referrals to social worker services. # of admission who received the information package. # of social service programs. # of residents attending social service programs.	Overall improvement in the provision of social services within the home by September 1, 2024.	



**Measure - Dimension: Patient-centred**

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have input into recreation programs available.	C	% / LTC home residents	In-house survey / 2024	41.90	70.00	Continue to work towards corporate target of 85%.	

**Change Ideas**

Change Idea #1 Residents within the home will have a broader spectrum of recreational programs of their individual choices.

Methods	Process measures	Target for process measure	Comments
1. Form a monthly and/or quarterly calendar planning meeting with residents to get input regarding programs to be offered in the home. 2. Reviewed programs calendar at Resident Council meeting. 3. Receiving input from residents and families at admission.	# of new admission recreation assessments completed. # of new programs implemented. # of residents attending programs.	Improvement in program choices of the residents will be seen by August 1, 2024.	

## Safety

### Measure - Dimension: Safe

Indicator #9	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	23.86	15.00	Continue to work towards corporate target of 15%.	Physiotherapist, Falls Lead, Physicians, Achieva, Dietitian

### Change Ideas

Change Idea #1 ) Implement specific activity program at afternoon change of shift for residents who are high risk for falls .

Methods	Process measures	Target for process measure	Comments
1. Review current high-risk residents for falls to identify their needs/preferences for activities 2. Implement program during afternoon change of shift to engage residents and prevent falls	# of residents reviewed for activity needs/preferences weekly # of activity programs that occur during change of shift in afternoon weekly	Specific activity program at afternoon change of shift will be implemented by June 2024	

Change Idea #2 Education and collaboration with all staff and departments.

Methods	Process measures	Target for process measure	Comments
1. Provide education to all staff on the falls toolkit and policy. 2. Conduct post fall meetings. 3. Continue to have friday falls meetings, reviewing all residents who have fallen and implement intervention. 4. Implement the Falling Leaf Program. 5. Conduct a Shoe clinic. 5. All hands on deck, managers and staff on the floor assisting during peak times.	# of education sessions provided. # of staff receiving education. # of friday falls meetings. # of residents on the falling leaf program. # of residents receiving new shoes as a result of the shoe clinic.	Programs will be fully implemented by October 1, 2024.	

Change Idea #3 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	Environmental risk assessments of resident spaces to identify fall risk will be completed by June 2024	

Measure - Dimension: Safe

Indicator #10	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	14.62	14.00	Continue to exceed the corporate target of 17.3%.	MediSystem, BSO Nurse

## 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 4) This is completed with pharmacist, BSO and DOCQ 5) Pharmacy review quarterly with management and other departments	# of residents reviewed monthly # of plans of care reviewed that have supporting diagnosis # of reduction strategies implemented monthly Monthly tracking sheet and bimonthly meeting BSO Monthly Touchbase	All residents currently prescribed antipsychotics will have a medication review 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	# of families provided with best practice information on reducing antipsychotics monthly # 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 Sept 2024	

**Measure - Dimension: Safe**

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with restraints	C	% / Residents	Other / October-December 2023	0.00	0.00	Continue to exceed corporate target of 2.5%.	

**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) Meet with families/residents to discuss alternatives that could be trialed and determine action plan in collaboration with family/resident 3) Staff education on least restraint policy	# 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 # of education sessions # of staff completing education	100% of restraints will be reviewed and plans implemented for trialing alternatives by Sept 2024	

**Measure - Dimension: Safe**

Indicator #12	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with worsened ulcers stages 2-4	C	% / Residents	Other / October-December 2023	2.90	2.00	Continue to work towards corporate target of 2.0%.	3M, Wound Care Clinic PRHC, Wound Care Champion, NP

**Change Ideas**

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

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	# of residents with PURS score 3 or greater # of reviews completed of bed surfaces/mattresses monthly # 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
1. Have a standardized day (Wednesday)to complete wound rounds and assessments. 2. input results of wounds on skin/wound tracker. 3. Based on results of assessments ensure proper dressing selection is in place. 4. Provide education for Registered staff on correct staging of pressure injuries	# of wound rounds and assessments completed each Wednesday # of wounds inputted on skin/wound tracker weekly # of treatments with proper dressing selection in place # of inservices provided to staff # of staff who attended inservice	A new standardized process for wound assessment and management for all residents that are experiencing pressure injuries will be in place by September 1, 2024.	