

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents that would recommend our home.	C	% / LTC home residents	In-house survey / Jan-Sept 2023	80.00	85.00	Currently working towards the Corporate Target of 85%.	

Change Ideas

Change Idea #1 Plan to improve the continuity of care within the home by reviewing and updating staffing compliment

Methods	Process measures	Target for process measure	Comments
<p>1. Review and improve the PSW staff compliment for evenings, nights and bath shifts and audit for compliance 2. Implement Model of care 2 RPNS and 1 RN 3. actively recruiting offer sign ups, 4. Ensure primary care assignments are in place and followed by PSW staff 5. Implement a survey at 6 months/yearly with families of satisfaction survey.</p>	<p>1. # of times monthly that staff compliment was 100% 2. # of staff recruited monthly 3. # of audits of primary care assignments completed monthly 4. Improvement of results for next survey</p>	<p>Improvement in continuity of care and updated staffing compliment to be in place by August 1st, 2024</p>	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The percentage of families that would recommend our home	C	% / Family	In-house survey / Jan-Sept 2023	71.10	80.00	Currently working towards the Corporate Target of 85%.	

Change Ideas

Change Idea #1 Increase the frequency of communication with families so they are better informed about what is happening in the home.

Methods	Process measures	Target for process measure	Comments
1. Each department will include pertinent information in newsletter monthly 2. have discussions at family council on topics as per family council request 3. Have discussion on family/resident expectations during monthly PSW meetings	# of newsletters monthly that contained departmental information # of family council meetings attended quarterly # of PSW meetings where family/resident expectations were discussed	the frequency of communication with families so they are better informed will be improved by August 1/2024	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication by home leadership is improving	C	% / Family	In-house survey / Jan-Sept 2023	34.20	50.00	Currently working towards the Corporate Target of 85%.	

Change Ideas

Change Idea #1 Leadership team to improve communication process and frequency with families/residents so they are better informed.

Methods	Process measures	Target for process measure	Comments
1. Monthly newsletters to be sent with upper management providing communication/input, 2. Leadership to attend annual IDTC's with families/resident 3. Leadership to complete more rounding on the units on a daily basis, 4. Increase family communication via emails to address family concerns by contacting them and following up on concerns promptly. 5. attending family council when invited to share any new information	Number of times leadership rounded on the units daily, number of times the leadership attended the IDTC meetings monthly, number of emails sent out to for family communications from leadership monthly, amount of times family council invited leadership to attend	Overall process and frequency of communication with families/residents will be improved within the next 6 months (August 2024)	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Recreational and spiritual care services	C	% / Family	In-house survey / Jan-Sept 2023	48.50	55.00	Currently working towards the Corporate Target of 85%.	

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. 3. ensure my wishes program is completed for all residents. 4. all programs related to spiritual denomination will be marked multifaith	# 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 in-house 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 #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The care the residents receive is improving	C	% / Family	In-house survey / Jan-Sept 2023	27.50	50.00	Currently working towards the Corporate Target of 85%.	

Change Ideas

Change Idea #1 Plan to collaborate with PSW staff to initiate a PSW bath shift for both units on day shift

Methods	Process measures	Target for process measure	Comments
1. Hire 2 full time day bath lines 2. Initiate a roles, responsibilities, and routine check list for bath lines	1. All bath lines will be filled 2. # of baths completed during the day shifts 3. At PSW meetings floor PSW and bath lines will be able to articulate that the new shift compliment has assisted in improved care on the floor	Improvement in bathing audits and updated staffing compliment to be in place by August 1st, 2024	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
My care conference is a meaningful discussion that focuses on what's working well, what can be improved, and potential solutions	C	% / LTC home residents	In-house survey / Jan-Sept 2023	47.10	55.00	Currently working towards the Corporate Target of 85%.	

Change Ideas

Change Idea #1 Plan to improve care conference attendance from all departments and have meaningful discussion during the IDTC's

Methods	Process measures	Target for process measure	Comments
1. One person as designate coordinator for IDTC's 2. Emails sent to all department to advise and add to calendar to attend 3. All departments will complete their sections in POC and have discussion with family in meeting	1. During IDTC's family/residents will express content with IDTC meetings 2. # of IDTC meetings where all departments were in attendance 3. # of times 100% of department sections were completed in POC monthly	Improvement in continuity of care conferences attendance by August 1st, 2024	

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have input into the recreation programs available	C	% / LTC home residents	In-house survey / Jan-Sept 2023	38.90	50.00	Currently working towards the 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. Recreation department will meet with residents individually to discuss what programs they enjoy 2. On each new recreation assessment with new admissions the rec staff will include programs of choice	1. Increased attendance to programs 2. New admission recreation assessments completed	Improvement in program choices of the residents will be seen by August 1/2024	

Measure - Dimension: Patient-centred

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The meal, beverage and dining services are improving	C	% / LTC home residents	In-house survey / Jan-Sept 2023	44.40	50.00	Currently working towards the Corporate Target of 85%.	

Change Ideas

Change Idea #1 Residents in our home will have pleasurable and relaxed dining experience for all meal times

Methods	Process measures	Target for process measure	Comments
1. Soft music will be played over the overhead speakers 2. Restless residents will be brought closer to meal service times 3. Meals will be heated to appropriate temperatures	1. Resident council will voice contentment with meal dining experience 2. Meal temperature audits will show meeting ministry standards of temperatures 3. Decrease responsive behaviors during meal times	Overall improvement of meal, beverage and dining services will be improved 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	23.85	15.00	Continue towards the corporate target of 15%.	Achieva

Change Ideas

Change Idea #1 Reimplement comfort round process within the home to increase monitoring by staff and decrease resident falls.

Methods	Process measures	Target for process measure	Comments
1. Re-educate staff on comfort round policy and 4P's process. 2. planned schedule for management to complete rounds in units to ensure 4 P's are followed, 3. increase involvement in activities in monitoring high risk residents for falls	# of staff educated on comfort round policy and 4P process monthly # of days management completed rounds on units to audit 4P's monthly	Comfort rounds process and 4P's will be fully implemented with a decrease in resident falls by August 1/2024	

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	10.61	10.00	Continue to perform better than the corporate target of 17.3%.	Medisystem Pharmacy, BSO

Change Ideas

Change Idea #1 Ensure that a complete medication history and usage is obtained prior to admission to home

Methods	Process measures	Target for process measure	Comments
1. Speak to CCAC coordinator about indepth resident history prior to admission 2. Discuss medication history with interdisciplinary team 3. Review rationale for prescribing of antipsychotic and develop plan for reduction.	# of discussions held with CCAC coordinator # of medication history reviews completed on a monthly basis # antipsychotic medication reduced on a monthly basis	Medication history and usage review for all resident admissions will be in place by August 1/2024	

Measure - Dimension: Safe

Indicator #11	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	Other / Oct-Dec 2023	6.73	2.00	Continue towards the corporate target of 2.0%.	3M, NSWOC

Change Ideas

Change Idea #1 Implement a new standardized process for wound assessment for all residents that are exhibiting 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	# of wound rounds and assessments completed each Wednesday # of wounds inputted on skin/wound tracker weekly # of treatments with proper dressing selection in place.	A new standardized process for wound assessment for all residents that are exhibiting pressure injuries will be in place by August 1/2024	

Measure - Dimension: Safe

Indicator #12	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Restaints	C	% / LTC home residents	In house data collection / Jan -sept 2023	2.48	1.75	To achieve results better than the corporate target of 2.5%.	Achieva, BSO

Change Ideas

Change Idea #1 Monitor current PASD's in the home to ensure they are being utilized appropriately and do not become restraints

Methods	Process measures	Target for process measure	Comments
1. Review all PASD's currently being used for potential of removal. 2. Have discussion with families to review potential alternatives. 3. Involve physio to assess and provide recommendations.	# of PASD's currently being used # of PASD's that could potentially be removed # of discussions with families to review potential alternatives # of assessments completed by physio on monthly basis	Review of current PASD's in home to ensure they are being utilized appropriately and will not become restraints will be completed by August 1, 2024	