

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of religious and spiritual programs available	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	61.10	71.00	To continue to improve and strive for corporate target of 85%	

### Change Ideas

#### Change Idea #1 Hire a Chaplain for the Home

Methods	Process measures	Target for process measure	Comments
1) Chaplain to be in the Home three days per week. 2) Chaplain will do four programs in the Home per day (in addition to spiritual programs already in place)	1) Number of spiritual programs/month 2) Number of residents attending Chaplain's programs 3) Number of days chaplain is available in home per week	1) Chaplain will be in the home 3 days a week and will do 4 programs per day as of April 2025.	

#### Change Idea #2 Staff Education on use of Chaplain referrals.

Methods	Process measures	Target for process measure	Comments
1) Educate all home staff on Spiritual referrals and encourage these to be sent no matter the resident's specific religious affiliation. 2) Chaplain will respond and follow up on Spiritual referrals.	1) Number of staff educated. 2) Number of resident referrals sent to chaplain	1) Chaplain will start responding to Chaplain referrals in April 2025 and follow up will be within 1 week of receiving 2) 100% of Education on spiritual referrals will be completed by April 30 2025	

**Measure - Dimension: Patient-centred**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The resident has input into the recreation programs available	C	% / LTC home residents	In-house survey / Sept 2024-Oct 2025	52.50	70.00	To continue to improve and strive for corporate target of 85%	

**Change Ideas**

Change Idea #1 Incorporate discussion at admission and annual IDTC's by asking residents and family members present for new program ideas

Methods	Process measures	Target for process measure	Comments
1) Ask resident and/or family members for program ideas at IDTCs (Interdisciplinary Team Conferences) 2) Share new change ideas received from IDTCs at the following resident council and invite feedback and discussion 3) Share new ideas implemented in monthly newsletters and townhalls	1) Number of discussions held at IDTCs 2) Number of discussions held at resident council 3) Number of new activity suggestions implemented	1) Discussions will be initiated at IDTCs in April 2025 2) New program ideas will be implemented starting May 2025 and there will be at least 1 new program idea implemented per quarter	

Change Idea #2 Communicate with families the various ways they can provide input into the monthly and quarterly Resident Program Planning programs for both residents and families.

Methods	Process measures	Target for process measure	Comments
1) Agenda item to remain at Residents' Council meeting to ask for new program ideas 2) Share Quarterly Resident Program Planning dates in monthly newsletter and on the monthly calendar. 3) Include in the newsletter, the ideas that have previously been provided by residents and family members.	1) Number of discussions held at planning program 2) Number of new ideas generated from these planning programs and shared in the monthly newsletter	1) 2 ideas generated will be included in each monthly newsletter beginning May 2025 2) Resident Program Planning dates will be shared and put into monthly calendar by April 2025	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I enjoy eating meals in the dining room	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	66.70	76.00	To continue to improve and strive for corporate target of 85%	

**Change Ideas****Change Idea #1** Enhance the environment by decorating, incorporating music, and repainting

Methods	Process measures	Target for process measure	Comments
1) Speak to residents on change ideas to enhance space 2) Determine 1 change idea to focus on 3) implement and evaluate after 3 months	1) Number of noise complaints and/or number of comments received on increased satisfaction in dining	1) Changes will be made to the dining room atmosphere by April 2025 2) There will a 25% reduction in noise complaints by October 2025	

**Change Idea #2** Obtain regular feedback from Residents on dining room atmosphere and incorporate changes based on recommendations

Methods	Process measures	Target for process measure	Comments
1) Dietary or Designate to regularly interact with Residents during mealtime to seek feedback on atmosphere. 2) Document feedback and determine actions that will be taken as a response.	1) Number of meals attended for purpose of obtaining feedback on atmosphere 2) Number of recommendations made/changes requested and responded to with action	1) Dietary or Designate will attend meals for this purpose in March and April 2025 2) Feedback received will be incorporated starting May 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	17.11	10.00	Continued improvement to theoretical best (Corporate Target is 15%)	

### Change Ideas

Change Idea #1 Ensure each resident at risk for falls has an individualized plan of care for fall prevention

Methods	Process measures	Target for process measure	Comments
1) Determine residents at risk for falls 2) Review plan of care for each resident at medium or high risk 3) Discuss strategies with fall team and staff 4) update plan of care 5) communicate changes in plan of care with care staff	1) Number of residents at risk for falls 2) Number of plans of care reviewed 3) Number of new strategies determined 4) Number of plans of care updated 5) Number of sessions held to communicate changes with staff	1) 100% of Residents at risk for falls will be identified by April 2025 2) 100% of Care plans for high-risk residents will be reviewed and updated by May 2025 3) 100% of changes in plans of care will be communicated to staff by May 2025	

## Change Idea #2 Improve documentation and communication on changes to fall interventions

Methods	Process measures	Target for process measure	Comments
1) Educate PSWs on using verbal communication and POC alerts to notify registered staff about residents refusing fall interventions 2) Educate Registered staff on proper documentation about fall interventions such as resident refusing, intervention removed, updating care plan, referral to falls lead etc. 3) Falls lead will audit resident alerts, notes and care plans	1) Number of PSWs educated. 2) Number of Nurses educated. 3) Number of referrals received involving fall intervention changes 4) Number residents audited	1) 100% of education for all PSWs and Nurses will be completed by April 30 2025. 2) 100% of audits of residents who have had changes to their fall interventions will be completed by May 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	13.36	11.00	Continued improvement to theoretical best (Corporate Target is 17.3%)	Medisystem, AGE (Advanced Gerontological Education)

## Change Ideas

## Change Idea #1 Gentle Persuasive Approaches (GPA) in Dementia Care Education for all staff.

Methods	Process measures	Target for process measure	Comments
1) Home's Certified GPA Coaches to provide education sessions for all front-line staff. 2) Register participants for education sessions. 3) Coaches to Provide continued on the job coaching of staff that have already attended GPA course.	1) Number of GPA sessions provided 2) Number of staff who have completed education and received their certificate 3) Feedback from participants in the usefulness of action items developed to support resident care.	1) GPA sessions will be provided for 90% of front-line staff by June 2025. 2) 100% of feedback from participants in the sessions will be reviewed and actioned by June 2025.	

## Change Idea #2 Collaborate with the physician to ensure all residents using anti-psychotic medications without a qualifying medical diagnosis and rationale identified are reviewed for possible deprescribing or diagnosing.

Methods	Process measures	Target for process measure	Comments
1) complete medication review for residents prescribed antipsychotic medications with no qualifying medical diagnosis. 2) Physician to provide qualifying diagnosis or rationale for prescribed medication. 3) Physician to consider alternatives as appropriate. 4) Pharmacy to create de-prescribing plans for specific residents	1) Number of medication reviews completed 2) Number of diagnoses that were added to resident charts 3) Number of residents deprescribed / alternatives implemented	1) 100% of residents without a qualifying diagnosis will be reviewed by May 2025. 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by July 2025.	

**Measure - Dimension: Safe**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Residents with Worsened Pressure Ulcers in the 7 days preceding their resident assessment	C	% / LTC home residents	Other / Oct-Dec 2024	2.00	1.00	Continued improvement to theoretical best (Corporate Target is 2%)	3M

## Change Ideas

### Change Idea #1 Focus on moisturizing skin as prevention strategy to prevent skin breakdown

Methods	Process measures	Target for process measure	Comments
1) Review current products used in home for prevention to ensure compliance with established protocols 2) Education sessions for PSW's all shifts about skin health and importance of daily moisturizing	1) Number of audits of products that identified areas for improvement. 2) Number of education sessions /shift 3) Number of PSW staff that attended sessions	1) Education sessions will be provided on all shifts with 90% of PSW staff attendance by May 2025 2) Current products will be reviewed for compliance with established protocols by April 2025	

### Change Idea #2 Ensure appropriate surfaces and seating for residents at risk of skin issues in collaboration with Physiotherapy

Methods	Process measures	Target for process measure	Comments
1) Meet to discuss process to improve communication between the PT and the skin and wound lead 2) Educate Registered staff on importance of sending referrals to PT 3) Wound Care lead to provide an updated list of skin and seating issues to the PT internally 4) Review surfaces and seating during Skin and Wound committee meetings for any follow up 5) Tracking of speciality services and preventative maintenance program for equipment 6) Quality Manager to audit this process	1) Number education sessions provided for Registered staff 2) Number of residents requiring PT referrals 3) Number of referrals received by PT 4) Number of seating assessments completed number of surfaces reviewed 5) Number of specialty surfaces and pumps 6) Number of audits that showed areas for improvement	1) Wound care lead to provide refresher education for all Registered staff on improving communication by May 2025 2) Standardized communication process will be 100% in place by May 2025 3) Seating assessments will be completed for 100% of at-risk residents by May 2025 4) 100% of surfaces for at risk residents will have been reviewed by May 2025	