

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Would you recommend this home?	C	% / LTC home residents	In-house survey / Sept-Oct 2023	81.60	85.00	Continue 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
1. Review and improve the PSW staff compliment on all shifts. 2. Ensure primary care assignments are followed by PSW staff. 3. Actively recruit and replace staff. 4. Implement contingency plans when short staffed.	# of times contingency plan was implemented. # of new hires. # of vacancies. # of changes to primary care assignments.	Improvement in continuity of care and updated staffing compliment to be in place by August 1, 2024.	

Measure - Dimension: Patient-centred

Indicator #2	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 / Oct - Dec 2023	42.40	60.00	Continue 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. 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.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from social worker(s)	C	% / LTC home residents	In-house survey / Oct - Dec 2023	48.80	60.00	Continue towards the corporate target of 85%.	

Change Ideas

Change Idea #1 Increase contact between Social worker with residents and families so more visibility and opportunities for communication.

Methods	Process measures	Target for process measure	Comments
1.Social Worker to meet resident and family within two weeks of admission 2. Consult with peer group 3. Attend Resident & Family Council as requested 4. Social Worker to attend IDTC care conferences as available. Document progress notes	# of conferences attended by Social worker per month. # of inputs on social worker specific questions. # of assessments completed and actioned. # of resident and family council meetings Social worker attends.	There will be increased contact between Social Worker with resident and families by August 2024	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Would you recommend this home to others.	C	% / Family	In-house survey / Oct - Dec 2023	62.50	65.00	Continue 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. Each department will have discussions at family council on topics as per family council request. 3. Family/Resident expectations will be communicated with front line staff at staff meetings, nursing rounds.	# of monthly complaints and concerns. # of staff meetings. # of family council meetings attended. # of newsletters.	The frequency of communication with families will increase and they will be better informed by July 1, 2024.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have an opportunity to provide input on food and beverage options.	C	% / Family	In-house survey / Oct - Dec 2023	14.30	50.00	Continue towards the corporate target of 85%.	

Change Ideas

Change Idea #1 Receiving input from residents and families at admission.

Methods	Process measures	Target for process measure	Comments
1. Residents are provided an opportunity for input into food and beverage options at the monthly Food Committee. 2. The spring/summer and fall/winter menus are reviewed with input from Resident Council, the Food Committee and Family Council. 3. Data captured during walk-about at different meals times to monitor service and obtain feedback from residents.	Feedback from Resident Council and Family Council % of compliance with capturing food and beverage options during walk-about and admissions. # of menus reviewed with input from resident and family council and food committee	Process for input from residents and families at admission will be in place by June 2024	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of maintenance of the physical building and outdoor spaces	C	% / Family	In-house survey / Oct - Dec 2023	37.50	60.00	Continue towards the corporate target of 85%.	

Change Ideas

Change Idea #1 Improve the home by performing general maintenance of equipment, painting of common areas and resident rooms

Methods	Process measures	Target for process measure	Comments
1. Creating a weekly schedule for preventative maintenance 2. Monthly communication via newsletter to families and residents on any preventative maintenance work that may disrupt resident care and spaces. 3. Create weekly clean-up of the courtyard, front entrance, and parking area.	# of maintenance requests submitted in Maintenance Care. # of maintenance requests completed in Maintenance Care. # of family newsletters sent # Audit weekly clean-up of the courtyard, front entrance, and parking area.	80% of work completed by Dec 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 dietitian.	C	% / LTC home residents	In-house survey / 2024	53.30	80.00	Working towards the corporate target of 85%.	

Change Ideas

Change Idea #1 Improved communication between the dietitian and families.

Methods	Process measures	Target for process measure	Comments
1. Dietitian will introduce self to families on admission and attend admission IDTC or quarterly meetings. 2. Dietitian will respond to referrals in a timely manner. 3. Dietitian will perform regular audits of the dining room and meal service.	% of referrals made to dietitian. # of IDTC attended. # of audits conducted in the dining room and at meal service.	Overall improvement of communication between the dietitian and families by August 1, 2024.	

Measure - Dimension: Patient-centred

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The care the residents receive is improving.	C	% / Family	In-house survey / 2024	37.50	75.00	Working towards the corporate target of 85%.	

Change Ideas

Change Idea #1 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 for all vacant positions. 3. Encourage resident focused discussions in the presence of residents. 4. Nursing Leaders will attend resident council asking for feedback on what they would like to see in the home.	# of vacancies # of new hires # of in services with staff regarding meaningful conversations # of concerns brought forward from residents # of new suggestions implemented	Improvement in resident satisfaction with care will be seen by September 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	16.87	14.00	Continue towards the corporate target of 15%.	Achieva

Change Ideas

Change Idea #1 Review current high-risk residents for falls to identify their needs/preferences for activities to reduce the incidence of falls.

Methods	Process measures	Target for process measure	Comments
1. Interview residents to determine their activity level and preferences. 2. Activity times will be adjusted to suit resident needs. 3. Residents will be encouraged by all staff to participate in activities.	# of residents attending activities. # of activities. # of falls. Time of falls.	Residents will attend more activities of interest and have less falls by July 1, 2024.	

Change Idea #2 Staff to do environmental assessments for all residents at high risk for falls.

Methods	Process measures	Target for process measure	Comments
1. Staff will perform environmental assessments and remove clutter or areas of risk. 2. Repairs will be reported in Maintenance Care. 3. Physio will assess resident equipment to determine its appropriateness.	# of environmental assessments. # of maintenance care requests related to environmental assessments. # of rooms requiring decluttering. # of referrals to physio.	Environmental assessments will be fully implemented 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	11.25	10.00	Continue to perform better than the corporate target of 17.3%.	Ontario Shores Centre For Mental Health Sciences, Behavioural Support Ontario Central East

Change Ideas

Change Idea #1 Ensure the complete medication history and usage is obtained for all residents currently on 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	# of residents reviewed monthly # of plans of care reviewed that have supporting diagnosis # of reduction strategies implemented monthly # of families provided with best practice information on reducing antipsychotics monthly # of tour and admission packages provided with antipsychotic reduction information included monthly	Medication Review for all residents by July 2024	

Change Idea #2 Ensure families are provided information regarding antipsychotic medications prior to admission.

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 3. Involve BSO, pharmacy and physician in medication reviews.	# of families provided education. # of admissions. # of BSO referrals. # of Antipsychotics reduced.	Education to families will be provided by Sept 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	5.36	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 to complete wound rounds and assessments. 2. Input results into the weekly wound tracker. 3. Based on results of the assessments ensure proper dressing selection is in place. 4. Dedicated wound champion.	# of wound rounds and assessments completed. # of treatments with proper dressing selection in place. Dedicated wound champion is in place.	A new standardized approach to wound care led by a dedicated wound care champion will be in place by August 1, 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. 2. Audit weekly wound assessments for proper staging.	# of education sessions provided monthly for Registered staff on correct staging of pressure injuries # of audits conducted. # of correct staging of wounds.	100% of registered staff will have received education on identification and staging of pressure injuries by Sept 2024	

Measure - Dimension: Safe

Indicator #12	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents in daily physical restraints over the last 7 days	C	% / LTC home residents	Other / Oct - Dec 2023	0.00	0.00	Continue to exceed the corporate target of 2.5%.	Durham Medical, Acheiva

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. Involve physiotherapy to assess and provide recommendations.	# 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 referrals to physio.	Home will remain free of restraints in 2024.	