

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Would Recommend Home	C	% / Residents	In-house survey / January - September 2023	62.30	85.00	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 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.	

Change Idea #2 Increase satisfaction by residents who would recommend this home to others through better communication.

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 September 2024 during next resident Survey	

## Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
If I have a concern, my concerns are addressed in a timely manner	C	% / Residents	In-house survey / Jan-Sept 2023	38.30	50.00	Working towards the corporate target of 85%.	

## Change Ideas

Change Idea #1 Improvement in Communication between the residents and the interdisciplinary team.

Methods	Process measures	Target for process measure	Comments
<p>1. Re-educate Staff on how to respond to all complaints. 2. Re-educate staff on how to complete complaint forms. 3. Encourage participation in Townhall to ensure families feel they have a voice. 4. Inform families on communication resources with management when they have a concerns, complaints, suggestions or compliment. 5. Consistent communication with families on updates in the home</p>	<p># of education sessions to staff regarding complaints. # of townhall meetings. # of complaints or concerns. # of communications sent to families. # staff who received education. # of education sessions held.</p>	<p>By August 31st, 2024, there will be improvement when addressing resident's complaints.</p>	

## Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I feel my goals and wishes are considered and incorporated into the care plan whenever possible.	C	% / Residents	In-house survey / January-September 2023	42.90	50.00	Working towards the corporate target of 85%.	

## Change Ideas

Change Idea #1 Improving and enhancing the plan of Care for the residents through the “My Wishes” program

Methods	Process measures	Target for process measure	Comments
1. Program staff will re-educate the programs staff on the "My Wishes" program. 2. Ensure that the "My Wishes" assessments are documented in the resident's care plan.	# of staff re-educated on the "My Wishes" program # of the residents participating within the "My Wishes" program # of my wishes assessments completed # of care plans updated	"My Wishes" program will be in place by September 30th, 2024.	

Change Idea #2 All resident's goals and wishes will be incorporated into their care plan.

Methods	Process measures	Target for process measure	Comments
1. On Admission and annually, the resident's goals and wishes will be reviewed and incorporated into the care plan. 2. Updates to the resident's goals and wishes will be completed upon any significant change.	# of resident's goals and wishes that are being incorporated into the care plan on admission # of resident's goals and wishes that are being incorporated into the care plan annually # of the resident's goals and wishes will be completed upon any significant change.	By August 31st, 2024, all care plans will be reflective of the resident's goals and wishes.	

## Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Overall, I am satisfied with laundry, cleaning and maintenance services.	C	% / Residents	In-house survey / Jan - Sept 2023	44.20	50.00	Working towards the corporate target of 85%.	

## Change Ideas

Change Idea #1 Improving Itemizing and chain of custody of personal clothing for the residents.

Methods	Process measures	Target for process measure	Comments
<p>1. All admissions and their families will be notified of the new laundry labelling process by the Admission Coordinator.</p> <p>2. Ongoing Communication to existing residents and their families regarding the laundry and labelling process.</p> <p>3. Implementation of new sorting system on all spurs.</p> <p>4. Education of all staff on the sorting system</p>	<p># of admissions sent to residents</p> <p># of communications sent to residents</p> <p># of sorting systems in place on each spur</p> <p># of education sessions to staff</p> <p># audits reviewing staff compliance with sorting system</p>	<p>By August 31st, 2024, there will be improvement observed with the laundry and labelling process.</p>	

**Measure - Dimension: Patient-centred**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Would Recommend Home	C	% / Family	In-house survey / Jan - Sept 2023	57.80	85.00	Working towards the 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 rectified	Improvements to the home will be in place by September 2024.	

## Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Overall, I am satisfied with laundry and maintenance service.	C	% / Family	In-house survey / Jan - Sept 2023	38.10	50.00	Working towards the corporate target of 85%.	

## Change Ideas

Change Idea #1 Enhancing the home's cleaning process, when addressing Resident's Space by increased rounding by all managers.

Methods	Process measures	Target for process measure	Comments
<p>1. Managers will conduct daily rounding to ensure cleanliness of resident space.</p> <p>2. Housekeeping staff to perform weekly deep cleaning for resident rooms and commonly used areas.</p> <p>3. Environmental manager to attend family council quarterly to discuss areas of concerns and provide updates.</p>	<p># of daily rounding will be completed by all managers</p> <p># of deep cleanings of resident's rooms and common areas will be completed weekly</p> <p># of maintenance care tasks identified</p> <p># of maintenance task completed</p> <p># of family council meetings attended</p> <p># of concerns brought to family council</p> <p># of concerns rectified from family council concerns</p>	<p>By August 31st, 2024, there will be improvement of cleanliness of resident's rooms and common areas.</p>	

## Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The Resident has input into the recreation programs available.	C	% / Family	In-house survey / Jan-Sept 2023	41.20	50.00	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 choice.

Methods	Process measures	Target for process measure	Comments
1. Meet with residents monthly to determine the activity calendar. 2. Attend Family 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.	By August 31st, 2024, improvement in communication and input regarding recreational programs will be observed.	

**Measure - Dimension: Patient-centred**

Indicator #8	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 / Jan - Sept 2023	46.60	50.00	Working towards the corporate target of 85%.	

**Change Ideas**

Change Idea #1 Family's input on food and beverage options will be discussed monthly during family council meetings.

Methods	Process measures	Target for process measure	Comments
1. Monthly menu will be shared with the families during the family council meeting. 2. Home will provide opportunity to the families to review new menu changes, and to solicit feedback.	# of families who participated in the family council meetings. # of focus groups facilitated. # of changes made to the menu.	By August 31st, 2024, families will have an opportunity to provide input to food and beverage options.	



## 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	13.47	11.50	Continue to exceed corporate target of 15%	Achieva, BSO Nurse, Restorative Nurse

### Change Ideas

Change Idea #1 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 Wednesday 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 Wednesday falls meetings. # of residents on the falling leaf program. # of residents receiving new shoes as a result of the shoe clinic.	Program will be fully implemented by August 31, 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	3.84	3.00	Continue to exceed corporate target of 17.3%	Ontario Shores Centre For Mental Health Sciences, Scarborough Health Network, Medisystem Pharmacies, BSO

**Change Ideas**

Change Idea #1 Collaborating with BSO, physician and pharmacy consultant to minimize the number of residents using antipsychotic medication.

Methods	Process measures	Target for process measure	Comments
1. Discussion with the home and community coordinator regarding the resident history prior to admission. 2. Discuss the medication history with the interdisciplinary team. 3. Review rationale for prescribing antipsychotics and develop a plan for reduction. 4. Ensure antipsychotic tracker is current and up to date and identified residents have been reviewed.	# of discussions held with the home and community coordinator. # of medication reviews completed in collaboration with the nurse, pharmacy consultant and physician. # Number of Antipsychotic medications reduced on a monthly basis, in collaboration with BSO. # of residents identified on the antipsychotic tracker.	By August 31st, 2024, all newly admitted residents will have their medication reviewed.	

**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	% / Residents	Other / Oct-Dec 2023	3.99	2.00	Work towards the corporate target of 2.0%	3M, NLOT, ET Nurse, Medisystem Pharmacies

**Change Ideas**

Change Idea #1 Encouraging the healing of wounds through dietary interventions.

Methods	Process measures	Target for process measure	Comments
1. Referrals to Dietitian to ensure individuals are receiving a balanced diets with adequate protein and fluids to support skin health and healing. 2. Education to staff regarding proper nutrition and wounds care. 3. Dietitian will update and review care plan of all residents with wounds. 4. Wound tracker will be updated every week.	# of referrals to dietitian # of education sessions # of staff who attended education # of care plans reviewed and updated # of times the weekly wound tracker was completed	By August 31st, 2024, there will be more dietary interventions involved in the wound care and healing process.	

**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	% / Residents	Other / Oct-Dec 2023	0.00	0.00	Continue to maintain results and exceed corporate target of 2.5%.	Achieva

**Change Ideas**

Change Idea #1 Continue to educate residents and their families on the goals to continue to be a restraint free home and the alternatives on restraints.

Methods	Process measures	Target for process measure	Comments
1. Re-educate staff on restraint minimization and PASD. 2. Collaborating with physiotherapist to suggest and provide recommendations	# of staff to be re-educated on restraint minimization and PASD. # of assessments completed by Physiotherapist	By August 31st, 2024, re-education on restraint and PASD will be completed.	We currently have no restraints in our long-term care facility.