

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfaction with recreational and spiritual care activities	C	% / Residents	In-house survey / 2024	75.90	85.00	To reach Corporate goal of 85%	

Change Ideas

Change Idea #1 Explore community partnerships that exists pre COVID. To explore new religious denomination that are representative of the needs of our current resident population.

Methods	Process measures	Target for process measure	Comments
Programs to reach out to different religious denominations within the broader Brampton area based on data in Activity Pro.	# of successful responses to resume services # of different denomination provide programs on a monthly basis	85% response rate from call outs to denominations 90% of all religious denomination recorded in Activity pro to be represented in the home on an annual basis by December 2024.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the temperature of my food and beverages.	C	% / Residents	In-house survey / 2024	49.20	85.00	To reach Corporate goal of 85%	

Change Ideas

Change Idea #1 Explore different heating systems to keep food hot after leaving steam table.

Methods	Process measures	Target for process measure	Comments
1) Research, and get quotes on options .2) present to resident council and to management in terms of budget for feedback and recommendations	# Dining room audit completed per RHA per month # Plate temperature checks per month	85% score or higher by August 30, 2024.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with laundry, cleaning and maintenance services.	C	% / Residents	In-house survey / 2024	80.30	85.00	To reach Corporate goal of 85%	

Change Ideas

Change Idea #1 Re-education/staff training on use of microfiber cloths and resident room cleaning. Utilize daily housekeeping audits.

Methods	Process measures	Target for process measure	Comments
1) In person demo and review use of audit for daily housekeeping schedule. 2) Audit of regular cleaning routines and usage of microfiber cloths	# of housekeeping audits completed monthly # of staff attending in-service training	98% or higher score on all housekeeping audits by June 2024 completed 100% of all housekeeping staff be retrained on usage of microfiber cloths by March 2024	

Change Idea #2 Re-evaluation of deep cleaning schedule frequency and quality

Methods	Process measures	Target for process measure	Comments
1) retrain staff on deep cleaning methods 2) create an annual schedule for deep cleaning and post 3) auditing of deep cleaning after completed	% of staff who completed in person training annual schedule posted # of audits completed after deep cleaning	100% of all rooms to be deep cleaned annually Score of 98% on all deep cleaning audits completed by December 2024.	

Change Idea #3 Re-evaluation of painting required in home

Methods	Process measures	Target for process measure	Comments
Walk-a-bout through interior of building annually and thereafter bimonthly to review areas of need	# of walk-a-bout completed annually # of areas identified to need painting # of paint jobs completed	100% of scheduled walk-a-bout completed Documentation/logging info of areas required 95% of all areas identified to be painted by December 2024	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident has input into the recreation programs	C	% / Family	In-house survey / 2024	40.60	85.00	To reach Corporate goal of 85%	

Change Ideas

Change Idea #1 Ensure TV remotes in lounges are accessible to residents

Methods	Process measures	Target for process measure	Comments
Velcro to be placed on the remote and to the back of TV for its resting spot.	Daily checks on TV in lounges to see where the remote is at end of day. Monthly check list to be reviewed.	# of days where remote has been placed in its designated spot/# eligible days = 85% by June 2024	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfaction with variety of spiritual care	C	% / Family	In-house survey / 2024	44.40	85.00	To reach Corporate goal of 85%	

Change Ideas

Change Idea #1 Explore new community partnerships with other faiths and resume previously established partnerships from before COVID.

Methods	Process measures	Target for process measure	Comments
Programs to reach put to different religious groups within the broader Brampton area and based on information collected on residents in Activity Pro	# of successful responses to resume services # of different denominations providing programs on a monthly basis	Target of 85% response rate from pre-COVID established partnerships 98% of all religious denominations recorded in activity pro to be represented in the home on an annual basis by November 2024.	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Quality of cleaning within resident room	C	% / Family	In-house survey / 2024	45.70	85.00	To reach Corporate goal of 85%	

Change Ideas

Change Idea #1 Re-educate/training staff on use of microfibre cloths and resident room cleaning.

Methods	Process measures	Target for process measure	Comments
In person demo and review of microfibre cloth cleaning procedure. Utilization of daily housekeeping audits	# of housekeeping audits completed monthly # of staff attending in-service	98% or higher on all housekeeping audits completed for daily room cleaning by December 2024 100% of all housekeeping staff to be retrained on microfibre cloth procedure by March 2024	

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
# of residents that would recommend our home	C	% / Residents	In-house survey / 2024	83.30	85.00	To reach corporate goal of 85%	

Change Ideas

Change Idea #1 Create a welcome committee of existing residents to welcome new residents to the community to create a sense of ownership and pride of our home.

Methods	Process measures	Target for process measure	Comments
1)Form a resident led social committee. 2)Have residents create gift bags to welcome new residents. 3)Hold a bi-monthly social to welcome in the residents	Number of residents actively involved in welcoming committee Number of welcome packages created Number of socials per year	100% of residents capable of attending welcome social will attend !00% of all new residents will receive welcome packages 6 social event to beheld by Dec 2024	

Measure - Dimension: Patient-centred

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
# families that would recommend this home	C	% / Family	In-house survey / 2024	78.30	85.00	To reach Corporate goal of 85%	

Change Ideas

Change Idea #1 Continue to hold townhall every 3 months. Open CQI to all family members as we do not have a chair currently. Increase family education sessions.

Methods	Process measures	Target for process measure	Comments
Host a quarterly hybrid townhall. Host a monthly informative session for families on various topics. Track attendance records and agendas	# of townhalls per year # of informative sessions per year # of family attendee # of family attending CQI		Process for townhalls and information sessions will be in place and overall satisfaction results improved by next family survey Sept 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	12.57	12.00	To continue to improve results and be better than Extendicare target of 15%.	

Change Ideas

Change Idea #1 Enhance hourly rounds via audits and education as applicable.

Methods	Process measures	Target for process measure	Comments
Audits on hourly rounding for 4P's will be completed monthly. Will address timely and provide education to the staff regarding the need of hourly rounding as applicable by gap identification.	Number of audits being completed monthly. Number of in-services completed yearly.	Audits to be completed by March 31, 2025	

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	11.53	11.00	To continue to improve results and be better than Extencicare target of 17.3%	

Change Ideas

Change Idea #1 Medication review will be completed for residents currently prescribed antipsychotics who do not have a supporting diagnosis.

Methods	Process measures	Target for process measure	Comments
Quarterly med reviews for residents on anti-psychotics done by the pharmacist, nurse BSO lead and physician with priority focus on residents who are not meeting the exclusion criteria	Number of medication reviews completed for residents with antipsychotics who are not meeting the exclusion criteria.	100% of all residents with prescribed antipsychotics without diagnosis of psychosis will have a medication review completed by Dec 2024.	

Measure - Dimension: Safe

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents with restraints.	C	% / LTC home residents	POC/PCC Audits / Oct-Dec 2023	0.00	0.00	To continue to maintain results and be better than Extendicare target of 2.5%.	

Change Ideas

Change Idea #1 Continue to follow our least restraint policy and trial alternatives to restraint, if needed.

Methods	Process measures	Target for process measure	Comments
Discuss with current families/residents the risks associate with restraint use, provide information about alternative measures available to determine action plan in collaboration with family/resident.	# of alternatives have utilized in replacement of restraint where applicable % of restraints used in home	The annual restraint program evaluation will be completed by June 30, 2024.	

Change Idea #2 Work with home and community prior to resident admission to review current restraint and propose alternative solutions.

Methods	Process measures	Target for process measure	Comments
To set up a phone call with home care and community within 3 days of receipt of applicable application. Share Extendicare restraint policy. Home and community care personnel to inform applicant or POA of such.	# of phone call consults per applicable application. # of new applicable residents/POA who are informed prior to admission	100% of all noted applicants who have disclosed current restraints have been informed of policy and alternative have been discussed prior to move-in by Dec 2024.	

Measure - Dimension: Safe

Indicator #12	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents with worsened ulcers stages 2-4 .	C	% / LTC home residents	CIHI CCRS / Oct 2023-Dec 2023	4.55	2.00	Corporate target	

Change Ideas

Change Idea #1 Re-establish skin and wound committee meetings quarterly in a multidisciplinary approach.

Methods	Process measures	Target for process measure	Comments
Reviewing and approving Terms of reference. 2.Establish a standardized Agenda and meeting minutes.	Skin and wound committee meetings to be held 4x in the year Documentation of minutes and attendance at meetings.	3 Skin and Wound committee meeting to be held in 2024-2025. Minutes to be shared at CQI 3x in 2024-25.	