

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction – Would Recommend Home	C	% / LTC home residents	In-house survey / 2023 Survey	84.10	85.00	Corporate Target	

Change Ideas

Change Idea #1 Home to restructure the Interdisciplinary Team Conferences to have all disciplines attend all meetings.

Methods	Process measures	Target for process measure	Comments
<p>1) Administrator to have a meeting with all disciplines to discuss the changes to the current process for IDTCs. 2) Administrator to host meeting with leadership team to discuss the structure of IDTC meetings. This will include the timing for invites to be sent, meetings to be open on PCC, expectations of who attends, expectations of what needs to be written in assessment for each section. Expectation for no-shows. 3) Plan will be finalized, shared, and implemented by March 18th. Feedback will be welcomed for additional changes on an ongoing basis.</p>	<p>1) # of meetings where all disciplines attend. 2) # of accurately completed assessments prior to IDTCs.</p>	<p>Restructured IDTC meetings will begin March 2024.</p>	

Change Idea #2 Home to update family email list to increase communication to families and friends of residents about the happenings in the home.

Methods	Process measures	Target for process measure	Comments
1) Compare the current family email list to the current resident list to see where there are missing emails. 2) Call to current families where emails are missing to see if they are interested in being added to our email list. 3) Create admission information form for Social Worker to ask families for their email upon admission to the home. 4) Include memo to monthly newsletter to encourage family and friends of residents to reach out to Resident Program Manager if they wish to be added to the email list, and to follow the home on Facebook.	# of families and friends added to the email list.	Family and friends email list to be updated by May 2024.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction - I have input into the recreation programs available.	C	% / LTC home residents	In-house survey / 2023 Survey	34.10	85.00	Corporate Target	

Change Ideas

Change Idea #1 Complete an in-house 8 question survey to gain insight into resident recreation preferences.

Methods	Process measures	Target for process measure	Comments
1)Provide residents with a CPS of 3 or less an opportunity to complete the survey with a home volunteer. 2)Gather the data from the surveys and make changes to the programs available.	1)# of resident surveys completed 2)# of changes made to the program calendar.	1)Survey to be completed by March 31st, 2024. 2)New programs and program calendar implemented by June 1st, 2024.	

Change Idea #2 Complete program audits to ensure program plans and program delivery are implemented and carried out in a standardized method.

Methods	Process measures	Target for process measure	Comments
1)Annual Program Plan Audits will be expedited to be completed by recreation staff. 2)Weekly audits will be completed weekly by Program Manager to ensure compliance with program plan.	1)# of Program Plans that require updating. 2)# of follow up items from the weekly program audits required at Recreation Staff Meeting.	1)Annual Program Plan Audits will be completed by April 30th, 2024. 2)Follow-Up from Program Audits added to the Recreation Staff Meeting Agenda by February 2024.	

Change Idea #3 Resident Program Manager to add "Calendar Planning" to the monthly Food and Resident Council Meeting as a standing agenda item.

Methods	Process measures	Target for process measure	Comments
Rename the program on the calendar from "Food/Resident Council Meeting" to "Food/Resident Council & Calendar Planning Meeting".	# of calendar change suggestions brought at the Food/Resident Council & Calendar Planning Meeting.	Calendar Planning will be added as a standing agenda item and title change of meeting to take place for March 2024.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction- I am satisfied with the temperature of my food and beverages.	C	% / LTC home residents	In-house survey / 2023 Survey	46.80	85.00	Corporate Target	

Change Ideas

Change Idea #1 Main Kitchen Audit to be completed monthly to ensure equipment works properly in the kitchen and serveries.

Methods	Process measures	Target for process measure	Comments
Increase Main Kitchen Audit from Bi-Annually to Monthly.	# of equipment deficiencies found on monthly audits. # of corrective actions implemented to fix deficiencies	Increased audits will begin February 2024.	

Change Idea #2 Dining Room and Meal Service Audit to be completed weekly to ensure a standardized meal service.

Methods	Process measures	Target for process measure	Comments
Increase Dining Room and Meal Service Audit from Quarterly to Weekly.	# of deficiencies found through weekly audits. # of corrective actions implemented to fix deficiencies.	Increased audits will begin March 2024.	

Change Idea #3 Provide ongoing education to dietary and care staff based on the identified deficiencies and corrective actions.

Methods	Process measures	Target for process measure	Comments
Gather data from audit deficiencies identified, and provide education based on findings.	# of items requiring education. # of staff educated.	Education sessions begin April 2024.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction – Would Recommend Home	C	% / Family	In-house survey / 2023 Survey	82.80	85.00	Corporate Target	

Change Ideas

Change Idea #1 Home to restructure the Interdisciplinary Team Conferences to have all disciplines attend all meetings.

Methods	Process measures	Target for process measure	Comments
<p>1) Administrator to have a meeting with all disciplines to discuss the changes to the current process for IDTCs. 2) Administrator to host meeting with leadership team to discuss the structure of IDTC meetings. This will include timing for invites to be sent, meetings to be open on PCC, expectation of who attends, expectations of what needs to be written in assessment for each section. Expectation for no-shows. 3) Plan will be finalized, shared, and implemented by March 18th. Feedback will be welcomed for additional changes on an ongoing basis.</p>	<p># of meetings where all disciplines attend. # of accurately completed assessments prior to IDTCs.</p>	<p>Restructured IDTC meetings will begin March 2024.</p>	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction- The resident has input into the recreation programs available.	C	% / Family	In-house survey / 2023 Survey	41.90	85.00	Corporate Target	

Change Ideas

Change Idea #1 Present home specific action plans to improve resident satisfaction related to “I have input into the recreational programs available.” at Family Council.

Methods	Process measures	Target for process measure	Comments
Bring action plans to the Family Council Meeting to allow for discussion and input to the action item.	# of suggestions provided by family.	Family Council Meeting to take place in March 2024.	

Change Idea #2 Home to increase social media presence with a minimum of one post per month on home Facebook page.

Methods	Process measures	Target for process measure	Comments
1)Add a “Follow Us on Facebook” memo in Monthly Newsletter for each month of 2024. 2)Activity staff to capture photos at resident activities. 3)Resident Program Manager to create and post one post per month to engage with family and friends of the home.	# of posts per month. # of family and friends’ engagement on Facebook post.	Month in review photo post will begin in March 2024, showcasing February 2024 activities. This will be ongoing monthly to engage further with family and friends who may not be aware of the activities happening in the home.	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction- I have an opportunity to provide input on food and beverage options.	C	% / Family	In-house survey / 2023 Survey	45.60	85.00	Corporate Target	

Change Ideas

Change Idea #1 Food Service Manager will attend IDTC meetings to increase communication with families.

Methods	Process measures	Target for process measure	Comments
1)Administrator will communicate change of process to Food Service Manager by February 28, 2024 2)Food Service Manager will attend IDTCs with resident specific information to be shared, as well as ask if there are any meal preferences.	# of IDTC meetings that Food Service Manager attends. # of changes to resident's meal preference within their plan of care.	The Food Service Manager will attend will IDTCs for residents starting March 2024.	

Safety

Measure - Dimension: Safe

Indicator #7	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	17.90	15.00	Corporate Target	Achieva, Behavioural Supports Ontario

Change Ideas

Change Idea #1 Implement a weekly multidisciplinary falls meeting agenda and minutes template to better meet the requirements within the Program Evaluation.

Methods	Process measures	Target for process measure	Comments
1. Utilize a newly created falls meeting template for April 2024 meetings. 2. Discuss any required changes as a team at the first meeting in May 2024. Make required changes and utilize new template for remainder of May 2024 meetings. 3. Continue to change the team template to improve discussion at meetings moving forward through 2024.	# of weekly meeting utilizing the newest template. # of residents reviewed with injuries, environmental changes, medication changes and revision in care plans in the weekly meetings. This data will be reviewed at program evaluation in November.	The template will be implemented with revisions completed by June 2024.	

Change Idea #2 Implement identification and screening of frequent fallers at the weekly multidisciplinary falls meetings and share findings with the home areas through updated list.

Methods	Process measures	Target for process measure	Comments
1. Interdisciplinary team to discuss frequent fallers at the weekly falls meeting as a regular standing agenda item. 2. Fall quality lead will add newly identified residents to the unit list as needed. This list will be shared with the team on a falling leaf logo at the nursing station.	# of residents added to the frequently faller list in one month. # of residents removed from the frequent faller list in one month. # of falls for each frequent faller on the list in one month in comparison to the previous month.	Discussion of resident list at meetings, and updated lists to resident home areas will be implemented by April 2024.	

Measure - Dimension: Safe

Indicator #8	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	3.07	3.00	To continue to improve results and be better than Extendicare target of 17.3%	Medisystem Pharmacy, Behavioural Supports Ontario

Change Ideas

Change Idea #1 Medication reviews completed for all residents currently prescribed 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	All residents currently prescribed antipsychotics will have a medication review completed by July 2024	

Measure - Dimension: Safe

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents with worsened ulcers stages 2-4	C	% / LTC home residents	POC/PCC Audits / October-December 2023	1.80	1.50	To continue to improve results and be better than Extendicare target of 2%.	3M

Change Ideas

Change Idea #1 Implement weekly multidisciplinary Skin and Wound meetings with agenda and minutes template to better meet the requirements within the Program Evaluation.

Methods	Process measures	Target for process measure	Comments
1. Utilize a newly created skin and wound meeting template for April 2024 meetings. 2. Discuss any required changes as a team at the first meeting in May 2024. Make required changes and utilize new template for remainder of May 2024 meetings. 3. Continue to change the team template to improve discussion at meetings moving forward through 2024.	# of weekly meeting utilizing the newest template. # of residents reviewed with injuries, environmental changes, medication changes and revision in care plans in the weekly meetings. This data will be reviewed at program evaluation in June.	The template will be implemented with revisions completed by June 2024.	

Measure - Dimension: Safe

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents with restraints	C	% / LTC home residents	POC/PCC Audits / October-December 2023	0.00	0.00	To continue to improve results and be better than Extendicare target of 2.5%	Achieva

Change Ideas

Change Idea #1 The home will continue communication with key community stakeholders to ensure target continues to be met.

Methods	Process measures	Target for process measure	Comments
1)Work with community stakeholders to discuss the home's goals of being a restraint free home. 2)Review all resident applicant information to ensure they are not utilizing a restraint. If they are, begin discussion around removing the restraint prior to admission.3) Meet with families and residents where needed, to discuss the home goals of continuing to be a restraint free home and to discuss risks of restraints.	# residents utilizing a restraint in the home	The home will continue to meet the target for restraints within the home through 2024.	

Change Idea #2 Education and Re-educate staff on restraint policy and use of alternatives to restraints.

Methods	Process measures	Target for process measure	Comments
Education will be completed with all staff on restraint policy and alternatives to restraints	# of staff completed the mandatory restraint education.	100% of staff will be educated and re-educated on restraint policy and alternatives to restraints by August 2024.	