

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction – Would Recommend	C	% / LTC home residents	In-house survey / 2023	59.20	75.00	Corporate Target	

### Change Ideas

#### Change Idea #1 Focus on communication through Resident Newsletter

Methods	Process measures	Target for process measure	Comments
Develop Home and Resident Newsletter for distribution to residents for their review	All residents who are able to review the newsletter to be provided with a newsletter monthly	We are aiming to have 100% of residents to receive the news letter monthly by June 2024.	

#### Change Idea #2 Sharing of Resident Success Stories

Methods	Process measures	Target for process measure	Comments
Success stories including pictures to be entered into the Resident Newsletter	All Residents who would like to have a newsletter will have access to the new newsletter	We are aiming to ensure that 100% of Residents receive the home newsletter shared at the start of each month by June 30, 2024	

**Measure - Dimension: Patient-centred**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Residents are friendly with each other	C	% / LTC home residents	In-house survey / 2023	53.30	75.00	Corporate Target	

**Change Ideas****Change Idea #1** Resident rights reviewed at Resident Council

Methods	Process measures	Target for process measure	Comments
Minimum one resident right reviewed at each resident council meeting	Residents understand the resident right reviewed at the Resident Council	We are aiming to have Resident Council review one to two Resident Rights at each Resident Council Meeting by September 30, 2024. This will become a regular agenda item.	

**Change Idea #2** Regular review of resident profiles prior to room assignment on admission

Methods	Process measures	Target for process measure	Comments
Review of new resident profiles to support matching resident of like backgrounds on move into the home.	Reduction of behaviours that require residents to move to other rooms	We are aiming to reduce the overall number of room moves due to resident behaviours by December 31, 2024 by regular review of new resident profiles prior to admission to ensure compatibility with existing resident.	

## Change Idea #3 Supporting development of resident relationships

Methods	Process measures	Target for process measure	Comments
Programing where residents can meet new residents and begin to develop new relationships	New residents attending 2 program events in the first 6 weeks from admission	We are aiming to have 80% of new residents attend at least 2 programs in the first 6 weeks of admission by December 31, 2024 by auditing new resident participation in programing in Activity Pro	

**Measure - Dimension: Patient-centred**

Indicator #3	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	% / LTC home residents	In-house survey / 2023	53.50	75.00	Corporate Target	

**Change Ideas**

Change Idea #1 Residents are aware that their concerns reviewed with in 10days of the initial complaint

Methods	Process measures	Target for process measure	Comments
Audit of Client Services Report to confirm required response	Residents as satisfied with the response to the concern resolution with allotted timelines.	We are aiming to have 100% of resident concerns are addressed in a timely manner by June 30, 2024 by auditing the response times on the CSR documents.	

Change Idea #2 Review the Complaint process with Residents during Care Conferences.

Methods	Process measures	Target for process measure	Comments
Provide the residents with the complaint process of the home	Review the complaint process with Residents on admissions and annually.	We are aiming to have all residents have an understanding of the complaint process by September 30, 2024 by providing education through Resident Council meetings.	

## Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction – Would Recommend this home to others	C	% / Family	In-house survey / 2023	56.30	85.00	Corporate Target, maintain high rate of satisfaction	

### Change Ideas

#### Change Idea #1 Focus on communication opportunities

Methods	Process measures	Target for process measure	Comments
Emails sent monthly (minimum) to families with updates and newsletter	Confirmed Emails and mail outs 95% of the time to families monthly.		We are aiming to improved engagement of families to 75% from now to December 31, 2024 by ensuring families are receiving information through a number of communication channels.

#### Change Idea #2 Increased information from home to families

Methods	Process measures	Target for process measure	Comments
Newsletters mailed to families that do not have email through regular mail	New resident families to provide email addresses		We are aiming to ensure that 70% of families on email distribution by December 31, 2024 by ensuring new family members have provided their email addresses and current families members have an opportunity to provide their email addresses as well.

## Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Overall I am satisfied with Laundry, cleaning and maintenance	C	% / Family	In-house survey / 2023	43.80	85.00	Corporate Target	

## Change Ideas

### Change Idea #1 Improve satisfaction with laundry services

Methods	Process measures	Target for process measure	Comments
Review CSR concerns for trending. Management by WalkABOUTs to confirm areas are clean and tidy and laundry returned to the correct resident and closet	Laundry returning to the room in the correct closet 90% of the time. Areas remain neat and tidy	We are aiming to have 80% improved accuracy of laundry returning to the correct resident and rooms are tidy, by December 31, 2024 through auditing to validate the rooms and laundry processes	

### Change Idea #2 Audit room cleanliness each shift

Methods	Process measures	Target for process measure	Comments
Audits by front line and management staff to ensure cleanliness is maintained.	Increase satisfaction of residents with housekeeping services	we are aiming to increase to 80% of families satisfied with housekeeping services by providing audit results for Laundry services at Family Council and newsletter by December 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 laundry Services for personal clothing	C	% / Family	In-house survey / 2023	45.80	85.00	Corporate Target	

### Change Ideas

#### Change Idea #1 Audit rooms after laundry is put away for accuracy

Methods	Process measures	Target for process measure	Comments
Management by Walk About Audits and Laundry Audits to be utilized to confirm items have returned.	Resident clothing returned to the correct resident and their closet.	We are aiming to have 90% of resident clothing will be in the correct closet when laundry is returned to the rooms after laundry service completed by December 31, 2024 by regular auditing to ensure accuracy of staff process.	

#### Change Idea #2 Laundry to be returned to the new residents within 24 hours of admission to the home

Methods	Process measures	Target for process measure	Comments
Review of the turn around time by laundry to have all items returned to the resident	New resident laundry to be returned labelled and washed for all new admissions with in 24 hours of admission.	We are aiming to have 100% of new residents will have their laundry in their closets and dressers within 24hrs of admission by June 30, 2024 by ensuring extra staff are available on move in day to support laundry processes	

## 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	9.40	9.00	Corporate Target	

### Change Ideas

Change Idea #1 Implement Movies on Main Floor program at afternoon change of shift for residents who are high risk for falls

Methods	Process measures	Target for process measure	Comments
1. Review current high-risk residents for falls to identify their needs/preferences for activities 2. Implement program during afternoon change of shift to engage residents and prevent falls	10 residents reviewed for activity needs/preferences weekly, ensure 1 activity program occurs during change of shift in afternoon (weekly)		We are aiming to implement activity programming: Movies on Main Floor to be implemented by June 2024 to support the residents during shift change.



### Change Idea #2 Conduct environmental assessments of resident spaces to identify potential fall risk areas and address areas for improvement.

Methods	Process measures	Target for process measure	Comments
1. Staff to do environmental assessments for all residents at high risk for falls at minimum monthly 2. Address any identified deficiencies from completed assessments	10 environmental assessments completed monthly, 10 identified deficiencies from assessments that were corrected monthly	We are aiming to complete 100% Environmental risk assessments of resident spaces to identify fall risk to be completed by June 2024 by having the registered staff and environmental staff taking this task on jointly.	

### Change Idea #3 Ensure all Call bells are easily accessible to residents

Methods	Process measures	Target for process measure	Comments
Call bell Audits, Management by Walk About spot checks	10 resident rooms to be reviewed weekly for call bell placement	We are aiming to ensure 100% of residents have their call bells within reach by April 30, 2024 by regular audits and spot checks	

### Change Idea #4 Assessment of resident care plans to ensure that appropriate toileting routines and care plans are in place

Methods	Process measures	Target for process measure	Comments
Auditing of care plans for toileting routines	10 care plans to be audited monthly to ensure toileting routines are appropriate and care plans are accurate.	We are aiming to complete reviews on all resident care plan reviews by December 31, 2024 through quarterly audits of MDS and care plans.	

**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	25.15	17.00	Corporate Target	

**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	19 residents reviewed monthly, 5 plans of care reviewed that have supporting diagnosis, 2 reduction strategies implemented monthly		We are aiming that all residents currently prescribed antipsychotics will have a medication review completed by July 2024.

Change Idea #2 Provide educational material to families and/or residents on antipsychotics and the importance of minimizing use.

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	10 families provided with best practice information on reducing antipsychotics monthly, 100% of tour and admission packages provided with antipsychotic reduction information included monthly	We are aiming to have educational material provided to families and/or residents on antipsychotics and the importance of minimizing use by Sept 2024.	

Change Idea #3 Reduce the number of residents on antipsychotic Medications without diagnosis.

Methods	Process measures	Target for process measure	Comments
Reviewing care plan with Medical Director and Pharmacy to look for potential changes to medication or updating resident diagnosis	Engaging Pharmacy, Medical director and BSO Ontario for care plan reviews	We are aiming to reduce the number of residents on antipsychotic medications without diagnosis by December 31, 2024 through care plan reviews and external supports.	

Change Idea #4 Maintain current partnerships with external resources including BSO Ontario, St. Peters Geriatric Psychiatry.

Methods	Process measures	Target for process measure	Comments
Regular rounds meetings, provide education to families and residents on the external resources that support the home.	Regular Rounds meetings to be scheduled 4-6 weeks	We are aiming to have regular meetings in place by May 30, 2024 by setting the schedule with BSO and Baywoods Place.	

**Measure - Dimension: Safe**

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with worsened ulcers stages 2-4	C	% / LTC home residents	Other / 2023	0.65	0.60	Exceed current performance.	

**Change Ideas**

Change Idea #1 Review current bed systems/surfaces for residents with PURS score 3 or greater.

Methods	Process measures	Target for process measure	Comments
1) Develop list of residents with PURS score 3 or greater 2) Skin/wound team to review residents list to determine if surface meets their needs 3) Replace mattress/surface if required	57 residents with PURS score 3 or greater, 10 reviews completed of bed surfaces/mattresses monthly, 2 of bed surfaces /mattresses replaced monthly, if required	We are aiming to review the current bed systems/surfaces for residents with PURS score 3 or greater by August 2024.	

Change Idea #2 Improve Registered staff knowledge on identification and staging of pressure injuries

Methods	Process measures	Target for process measure	Comments
Provide education for Registered staff on correct staging of pressure injuries	1 education session provided monthly for Registered staff on correct staging of pressure injuries	We are aiming to have 100% of registered staff receive education on identification and staging of pressure injuries by Sept 2024.	

## Change Idea #3 Improve Personal Support worker staff knowledge to identify early warning signs of pressure ulcers

Methods	Process measures	Target for process measure	Comments
education session to be provided by Wound Care lead and 3 M	Through annual orientation and new hire orientation. 1 education session to be provided bimonthly for staff	We are aiming to have 100% of personal support worker staff to have received education by September 2024 by education provided at Annual Orientation and New Hire Orientation	

## Change Idea #4 Maintain and improve on this indicator

Methods	Process measures	Target for process measure	Comments
Monthly reviews of worsening pressure ulcers CIHI indicator	Review the number of residents with pressure ulcers	Maintain current level of this indicator by continuing with current practices in the home.	

## Measure - Dimension: Safe

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with restraints	C	% / LTC home residents	Other / 2023	0.00	0.00	Maintain current performance.	

## Change Ideas

## Change Idea #1 Re-educate staff on restraint policy and use of alternatives to restraints

Methods	Process measures	Target for process measure	Comments
Organize education sessions with all staff on restraint policy and alternatives to restraints	1 education sessions held monthly	We are aiming to maintain 0 residents using restraints within the home by December 31, 2024 by continuing with our current practice.	

## Change Idea #2 Provide staff with up to date alternatives to residents requiring restraints.

Methods	Process measures	Target for process measure	Comments
Meet with families/residents to discuss alternatives that could be trialed and determine action plan as required	1 meeting held with families/residents to discuss alternatives monthly, if required	We are aiming to maintain 0 residents using restraints within the home by December 31, 2024 by continuing with our current practice.	

## Change Idea #3 Continued education to be provided to families around risks for restraint usage.

Methods	Process measures	Target for process measure	Comments
Ongoing discussions and information shared at admission and annual care conferences.	Education materials to be provided in tour and admissions packages. Also have it available when needed as resident condition changes.	We are aiming to maintain 0 residents using restraints within the home by December 31, 2024 by continuing with our current practice.	

## Change Idea #4 Maintain current level of resident restraints in use

Methods	Process measures	Target for process measure	Comments
Monthly review of CIHI QI percent of restraint and review resident at risk reports	Maintain Current percentage of residents with restraints	We are aiming to maintain 0 residents in the home with restraints by December 31, 2024 by ensuring families and staff are making educated decision around this area.	