

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: In my care conferences, we discuss what's going well, what could be better and how we can improve things.	C	% / LTC home residents	In-house survey / 2024 annual survey	46.20	85.00	Corporate target	

Change Ideas

Change Idea #1 Improve communication with residents about the time, date and location of care conferences.

Methods	Process measures	Target for process measure	Comments
Provide invitation letters to residents for their annual care conference. Verbal reminders to residents the day before the conference.	# of residents and family attending annual care conferences.	Increase the # of residents and families who attend their care conferences by June 1.	

Change Idea #2 Improve information for residents and families about the purpose and need for care conferences.

Methods	Process measures	Target for process measure	Comments
Review the planning process and importance of care conferences at resident and family council meetings. Provide general information on care conferences in newsletters.	# of residents and family members with increased satisfaction levels related to their care conference.	Improved satisfaction of residents and families attending care conferences. Surveys reviewed and meetings adjusted based on feedback. June 1.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family experience: The resident enjoys eating meals in the dining room.	C	% / Family	In-house survey / 2024 annual family survey	63.90	85.00	Corporate target	

Change Ideas

Change Idea #1 Twice a year, when the new menus are released from support office, offer families and residents a taste tasting of new menu items.

Methods	Process measures	Target for process measure	Comments
Review feedback from taste testing and make changes accordingly.	# of families and residents provided an opportunity to taste test new menu items. # of families and residents at council meetings who indicated improved satisfaction of food and beverages served.	Increase the number of residents and family who are satisfied with the food and beverages served to the residents by May 15.	

Change Idea #2 Improve the dining experience for residents.

Methods	Process measures	Target for process measure	Comments
Improved dining experience for residents with the aim of creating a more pleasurable environment at mealtime.	# of surveyed residents who indicated their satisfaction had improved over current levels.	Increase over current levels the number of residents who indicated an improved pleasurable experience at mealtime by May 1.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: I am satisfied with the schedule of recreation programs.	C	% / LTC home residents	In-house survey / 2024 annual survey	64.30	85.00	Corporate target	

Change Ideas

Change Idea #1 Vary the time and schedule of events and recreation programs.

Methods	Process measures	Target for process measure	Comments
Implement new/other additional programs at various times during the day based on feedback from residents and families.	# of times programs are offered. # of various times programs are offered.	Increase the # of residents attending programs over the current participation rate by June 1.	

Change Idea #2 Provide opportunities for residents to give input/feedback on programs.

Methods	Process measures	Target for process measure	Comments
Review the next month's calendar with the residents before printing to implement, changes, ideas and suggestions.	# of opportunities provided to residents to give input/feedback.	Increase the # of times residents were provided an opportunity to participate in, and planning of, recreation programs by May 1.	

Safety

Measure - Dimension: Safe

Indicator #4	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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	25.00	15.00	Corporate target	Achieva, Behavioural Supports

Change Ideas

Change Idea #1 Safety Rounds to continue on days and evenings to target residents that are a high risk for falls.

Methods	Process measures	Target for process measure	Comments
1) Review current high risk residents for falls. 2) Review residents with Fall Safety Alarms (bed, wheelchair). 3) Review the Fall Safety Rounds Routines as needed.	1) # of falls will decrease. 2) # of falls with injuries will decrease.	1) Review fall safety rounds routines May 1. 2) Review fall safety meetings by May 1.	

Change Idea #2 Conduct a review of all residents and their risk for falls. Identify potential interventions that could be initiated that could assist with improvement.

Methods	Process measures	Target for process measure	Comments
1) Conduct audits of all residents, resident rooms, fall risk and interventions in place at the minimum of monthly. 2) Address any identified deficiencies from completed audits and review at falls meetings.	1) # of audits completed monthly as required. 2) # of identified deficiencies from audits that were corrected monthly.	Assess resident's environment and fall interventions to ensure they are fully implemented by June 1.	

Measure - Dimension: Safe

Indicator #5	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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	10.58	10.00	Home specific target. we are performing better than the corporate target of 17.3%.	Medisystem, Behavioural Suports

Change Ideas

Change Idea #1 Medication reviews to be completed on all residents that are currently prescribed antipsychotic medications.

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.	1) # of residents reviewed monthly. 2) # of care plans reviewed that have a supporting diagnosis. 3) # of reduction strategies implemented monthly.	All residents that are currently prescribed antipsychotics will have a medication review/ review of supporting diagnosis by July 1.	

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

Methods	Process measures	Target for process measure	Comments
1) Provide families with the 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.	1) # of families provided with best practice information on reducing antipsychotic monthly. 2) # of tour and admission packages provided with antipsychotic reduction information included monthly.	1) Educational material will be provided to families and/or residents on antipsychotics and important of minimizing use by September 1.	

Measure - Dimension: Safe

Indicator #6	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	POC/PCC Audits / Q4 2024	1.08	1.00	To continue to improve and remain below Corporate Target of 2%	Solventum/3M, Wounds Canada

Change Ideas

Change Idea #1 Review all of the residents' current bed system/ surface for the residents with PURs score of 3 or greater.

Methods	Process measures	Target for process measure	Comments
1) Develop a list for residents with PURs score of 3 or greater. 2) Skin and wound team to review resident list to determine if the surface meets the resident needs, replace mattress/ surface if required.	1) # of residents with PURs score of 3 or greater. 2) # of reviews completed of bed/surfaces/ mattress monthly. 3) # of bed surfaces/ mattress replaced monthly.	1) Complete review for residents with PURs scores of 3 or greater by September 1.	

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.	1) # of education sessions provided monthly for registered staff on correct staging of pressure injuries.	1) 100% of registered staff will have received education on identification and staging of pressure injuries by September 1.	