

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction - Would Recommend: Vary the time and schedule of events and recreation activities & Additional meal choice desired	C	% / LTC home residents	In-house survey / Calendar year and 2023	75.00	75.00	Corporate Target - Resident Satisfaction	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
Provide opportunities for residents to choose the timing and type of recreation events and activities	# of times residents were provided an opportunity to participate in the planning of recreation events and activities	Increased number of times residents were provided an opportunity to participate in the planning of recreation events and activities	

Change Idea #2 Additional meal choice desired

Methods	Process measures	Target for process measure	Comments
Offer additional resident meals choices	# of additional residents meal choices offered	By beginning July, increase over current the # of additional residents meal choices offered	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Home Specific Indicator: % of residents satisfied with the variety, timing and schedule of recreation services	C	% / LTC home residents	In-house survey / Calendar year and 2023	68.80	78.20	Corporate Target - Resident Satisfaction	

Change Ideas**Change Idea #1** Increase the variety and number of recreation program offerings

Methods	Process measures	Target for process measure	Comments
Develop new additional recreation outings, events and themed meals	# of outings, events and themed meals	Increase over current levels (2023) the number of outings, events and themed outings	

Change Idea #2 Increase opportunities for residents to choose their preferred programming

Methods	Process measures	Target for process measure	Comments
Survey residents on their preferred choice of programming, and survey residents on their level of satisfaction following events and outings	# of surveys completed by residents on their preferred choice of recreation activities and events # of surveys completed by residents on their level of satisfaction following recreation activities and events	Survey results are shared at each Resident's Council starting July 2024 Survey results are shared with families twice a year starting August	

Change Idea #3 Increase educational opportunities for recreation employees

Methods	Process measures	Target for process measure	Comments
Provide education for staff on best practices for recreation departments working in LTC settings in CK	# of education opportunities provided for recreation employees and volunteers	100% of recreation staff and recreation volunteers provided education on best practices for LTC recreation departments in LTC settings by end June 2024	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction – Would Recommend: Improved communication & Improved dining experience for residents	C	% / Family	In-house survey / Calendar year and 2023	100.00	85.00	Corporate Target - Family Satisfaction	

Change Ideas

Change Idea #1 Improve the communication with families on upcoming events and activities

Methods	Process measures	Target for process measure	Comments
Improve communication with residents and families on upcoming events and activities to increase resident involvement and volunteer participation	# of residents and volunteers who participated in events and activities # of individuals who attended Family Council or equivalent meetings and functions which would achieve the same outcome	Increase over current levels the number of residents and volunteers who participated in events and activities Initiate a Family Council or equivalent meetings and functions at least three times yearly	

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	By beginning September 2024, increase over current levels the number of residents who indicated improved pleasurable experience at mealtime	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Home Specific Indicator: Maintenance of the physical building and outdoor space is improving	C	% / Family	In-house survey / Calendar year and 2023	50.00	85.00	Corporate Target - Family Satisfaction	

Change Ideas

Change Idea #1 Improved maintenance of the physical building and outdoor space

Methods	Process measures	Target for process measure	Comments
Improve the physical environment to create a more welcoming and homely atmosphere	# of physical improvements initiated in the home	Increase over current the number of large-scale and small-scale projects improving the ambiance of the home	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Home Specific Indicator: I have an opportunity to provide input on food and beverage options	C	% / Family	In-house survey / Calendar year and 2023	50.00	85.00	Corporate Target - Family Satisfaction	

Change Ideas

Change Idea #1 Increase the number of opportunities for family members to have input on food and beverage options

Methods	Process measures	Target for process measure	Comments
Families and/or POA's attend food committee meetings or complete surveys to address their concerns and preferences related to resident dietary satisfaction	# of family members who attended committee meetings or completed surveys to address their concerns and preferences related to resident dietary satisfaction	Increase over current participation rate, the # of family members and/or POA's who attended committee meetings or completed surveys to address their concerns and preferences related to resident dietary satisfaction	

Safety

Measure - Dimension: Safe

Indicator #6	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	16.67	15.00	Corporate Target	

Change Ideas

Change Idea #1 Safety Rounds on Day & Evening Shift targeting 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 all residents with Fall Safety Alarms (bed, wheelchair etc.) 3) Implement Routines to complete these Safety Rounds	1) # of falls will decrease 2) # of falls with significant injuries will decrease.	Safety Rounds Routines for D/E shifts trial will be fully implemented by May 2024	

Change Idea #2 Conduct Screening of all Residents Related to Fall Safety and identify potential interventions that can address areas for improvement

Methods	Process measures	Target for process measure	Comments
1) Complete Audits of all residents including rooms, Fall Risk, and Interventions in place at minimum monthly 2) Address any identified deficiencies from completed audits & review at Clinical Program Meetings	1) # of Audits completed monthly and as required 2) # of identified deficiencies from audits that were corrected monthly	Audits/Assessments of Residents environment & fall interventions will full be implemented by April 2024	

Measure - Dimension: Safe

Indicator #7	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	15.69	17.30	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	1) # of residents reviewed monthly 2) # of plans of care reviewed that have supporting diagnosis 3) # of reduction strategies implemented monthly	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	1) # of families provided with best practice information on reducing antipsychotics monthly 2) # of tour and admission packages provided with antipsychotic reduction information included monthly	Educational material will be provided to families and/or residents on antipsychotics and important of minimizing use by Sept 2024	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with restraints	C	% / LTC home residents	CIHI CCRS / July 2023-September 2023 (Q3 2023/24)	0.00	2.50	Corporate Target	

Change Ideas**Change Idea #1** Review current Restraint Policy & Procedures with all Nursing Staff

Methods	Process measures	Target for process measure	Comments
Meetings with Nursing Staff to review the P&P to ensure the Home is following	# of Education Sessions provided	100% of Nursing Staff will be re-educated on restraint policy and alternatives to restraints by June 2024	

Change Idea #2 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 Departments (excluding Nursing above) on restraint policy and alternatives to restraints	# of education sessions held	100% of Staff will be re-educated on restraint policy and alternatives to restraints by September 2024	

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	CIHI CCRS / July 2023-September 2023 (Q2 2023/24)	3.30	2.00	Corporate Target	

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	1) # of residents with PURS score 3 or greater 2) # of reviews completed of bed surfaces/mattresses monthly 3) # of bed surfaces /mattresses replaced monthly	A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed 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	# of education sessions provided monthly for Registered staff on correct staging of pressure injuries	100% of registered staff will have received education on identification and staging of pressure injuries by Sept 2024	