

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of families who would positively respond to the statement "I would recommend this home to others" on the Annual Family Experience Survey.	C	% / Family	In-house survey / 2023-2024	84.60	85.00	Corporate Target	

Change Ideas

Change Idea #1 Ensure families are provided information on how to form a family council.

Methods	Process measures	Target for process measure	Comments
Information will be provided on how to form a family council in the new admission package and monthly in the family communication.	Audit new admission packages quarterly to ensure "How to form a Family Council" is included. Quarterly this information will be reviewed at Family Forum meetings.	100% of families will receive information on how to form a family council by May 2024.	

Change Idea #2 Ensure families receive invitations to attend Family Town Hall meetings.

Methods	Process measures	Target for process measure	Comments
Ensure families are informed of quarterly Family Town Hall meetings through posted memos, email and monthly communications.	Complete tracking to ensure families receive invitations to quarterly Family Town Hall meetings	100% of families receive notification of invitations to quarterly Family Town Hall meetings.	

Change Idea #3 Family members to be included in quarterly Quality Council meetings

Methods	Process measures	Target for process measure	Comments
Family members will be invited to attend in person or virtually, quarterly Quality Council meetings	Family members will be called to determine if they would be interested and available to attend a Quality Council meeting. If response is positive, an invite will be sent by email or Canada Post if there is no email	Family members will be in attendance at all Quality Council Meetings	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of families that would respond positively to the statement "I am satisfied with the variety of spiritual care services" on the family engagement survey.	C	% / Family	In-house survey / 2023-2024	44.40	85.00	Corporate Target	

Change Ideas

Change Idea #1 Provide family Education of "What is spirituality?"

Methods	Process measures	Target for process measure	Comments
Provide information "What is spirituality" meaning- What's the difference between religion and spirituality?	Complete tracking tool to ensure all families receive spirituality education and the online survey.	Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the timing and schedule of spiritual care services"	

Change Idea #2 Develop an online survey, with paper format if required, to families soliciting input about the home's spiritual services

Methods	Process measures	Target for process measure	Comments
Conduct an online survey soliciting their feedback and expectations on the home's spiritual services to determine where deficiencies lie	Evaluate results from the online survey to provide further opportunities for improvement.	Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the variety of spiritual care services".	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of families that would respond positively to the statement "There is a good choice of continence care products" on the family engagement survey.	C	% / Family	In-house survey / 2023-2024	44.40	85.00	Corporate Target	

Change Ideas

Change Idea #1 Provide education to families on the continence care products and program offered at home. Education will be provided through live presentation and written information.

Methods	Process measures	Target for process measure	Comments
Schedule education presentation to increase understanding of continence program and products available.	Two live sessions will be offered during family forum meetings May and November. Written material will be provided to all families through monthly communication newsletter.	Increase positive response to 85% satisfaction on the family engagement survey to the statement "There is a good choice of continence care products on the 2024 survey.	The Home will work with its continence care product provider to determine best education for families.

Change Idea #2 Provide continence care program and product information to admission package and provide during annual care conferences.

Methods	Process measures	Target for process measure	Comments
Continence Care poster or brochure will be provided to families as part of the admission package information and at annual care conference.	Audit admission package information material to ensure inclusion of continence care program poster/brochure.	100% of admission packages will include information regarding the continence care program by May 2024.	

Change Idea #3 POA will be provided with written information when resident has a change in continence and requires continence care products.

Methods	Process measures	Target for process measure	Comments
Staff will provide written material and have conversation with POA to explain rationale for product selected for family member.	Documented communication with POA regarding continence care product education.	100% of residents with a change in continence care product will have a documented note regarding education	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of families that would respond positively to the statement "I am satisfied with the timing and schedule of recreation programs" on the family engagement survey.	C	% / Family	In-house survey / 2023-2024	54.50	85.00	Corporate Target	

Change Ideas

Change Idea #1 Provide education to families at Family Town Hall. The recreation department will post what they can offer to residents and families.

Methods	Process measures	Target for process measure	Comments
Attend Family Town Hall and review the monthly activity calendar, staff contingent and deployment	ED and Recreation Manager will attend Family Town Hall in March and every quarter thereafter	Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the timing and schedule of recreation programs"	

Change Idea #2 2)Solicit families for input about their expectations on the timing and schedule of recreation programs through surveys

Methods	Process measures	Target for process measure	Comments
Solicit families about their expectations of the timing and schedule of recreation programs. Provide an online access to families or a paper copy to any families that do not have email or anyone else that requests it.	Evaluate results from online survey to provide further opportunities for improvement.	Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the timing and schedule of spiritual care services"	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of Residents who would respond to the statement "I would recommend this home to others" on the Annual Resident Experience Survey	C	% / Residents	In-house survey / 2023-2024	88.00	75.00	Corporate Target	

Change Ideas

Change Idea #1 Ensure all residents are given the opportunity to become involved in resident council meeting in the home monthly.

Methods	Process measures	Target for process measure	Comments
All residents are invited monthly to meetings	Meeting times will be posted, individual residents will be invited to meetings.	Resident positive response to the statement "I would recommend the home to others" will be maintained above 75% on the annual resident experience survey.	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of Residents who would respond to the statement "My care conference is a meaningful discussion that focuses on what's working well, what can be improved, and potential solutions." on the Annual Resident Experience Survey	C	% / Residents	In-house survey / 2023-2024	42.90	75.00	Corporate Target	

Change Ideas

Change Idea #1 At each care conference, ask the resident and document if there are any questions or concerns

Methods	Process measures	Target for process measure	Comments
Care Conference Lead will ask resident if they have any questions or concerns for the doctor or care team	All care conferences we will ask the resident and will document that the resident was asked if they had any concerns or questions about their care	100% of care conferences the resident will have the opportunity to ask questions or raise concerns about their care	

Change Idea #2 Develop an online survey, with paper format if required, to residents soliciting input about how to improve their care conference experience

Methods	Process measures	Target for process measure	Comments
Conduct an online survey soliciting their feedback and expectations on how to improve their care conference experience	Evaluate results from the online survey to provide further opportunities for improvement.	Increase positive response to 75% Satisfaction on 2024 Survey to the statement "My care conference is a meaningful discussion that focuses on what's working well, what can be improved, and potential solutions".	

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of Residents who would respond to the statement "I am satisfied with the quality of care from doctors" on the Annual Resident Experience Survey	C	% / Residents	In-house survey / 2023-2024	57.10	75.00	Corporate Target	

Change Ideas

Change Idea #1 Request invitation to Residents' Council to discuss: Resident expectations of MDs vs Resident experiences with MDs and the role of the NP

Methods	Process measures	Target for process measure	Comments
Discuss resident expectations of MDs vs Resident experiences with MDs and the role of the NP at the Residents' Council meeting.	DOC will attend Resident Council in March and again in July 2024	Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the quality of care from doctors"	

Change Idea #2 At each care conference, ask the resident and document if there are any questions or concerns for the physician while the physician and resident is present.

Methods	Process measures	Target for process measure	Comments
Care Conference Lead will ask resident if they have any questions or concerns for the doctor while the doctor and resident are present.	All care conferences we will ask the resident and will document that the resident was asked if they had any concerns or questions for the physician.	100% of care conferences the resident will have the opportunity to ask questions or raise concerns for the physician	

Change Idea #3 Care Conference Lead to follow-up with residents after a MD/NP visit for feedback weekly, tracked and discussed during monthly Quality Days

Methods	Process measures	Target for process measure	Comments
Care Conference Lead will seek feedback from 1 resident who had received a visit from the MD/NP that week. Concerns will be documented and followed up	An analysis of feedback will be completed to determine trends and actioned where appropriate	Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the quality of care from doctors"	

Measure - Dimension: Patient-centred

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of Residents who would respond to the statement "I have good choice of continence care products" on the Annual Resident Experience Survey	C	% / Residents	In-house survey / 2023 -2024	58.30	75.00	Corporate Target	

Change Ideas

Change Idea #1 Provide education to residents on the continence care products and program offered at home. Education will be provided through live presentation and written information.

Methods	Process measures	Target for process measure	Comments
Arrange education presentation to increase understanding of continence program and products available.	Presentation will be offered during resident council meeting at resident council members discretion.	Increase positive response to 75% satisfaction on the resident engagement survey to the statement "There is a good choice of continence care products" on the 2024 survey.	

Change Idea #2 Provide continence care program and product information to admission package.

Methods	Process measures	Target for process measure	Comments
Continence Care poster or brochure will be provided to residents as part of the admission package information.	Audit admission package information material to ensure inclusion of continence care program poster/brochure.	100% of admission packages will include information regarding the continence care program by May 2024.	

Change Idea #3 Resident, if capable, will be provided with written information with a change in continence and requirement of continence care product.

Methods	Process measures	Target for process measure	Comments
Staff will provide written material and have conversation with resident to explain rationale for product selected.	Documented communication with resident if capable regarding continence care product education.	100% of residents with a change in continence care product will have a documented note regarding education	

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	12.90	15.00	Corporate Target	

Change Ideas

Change Idea #1 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	# of environmental assessments completed monthly # of identified deficiencies from assessments that were corrected monthly	Environmental risk assessments of resident spaces to identify fall risk will be 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 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	28.57	17.30	Corporate target	

Change Ideas

Change Idea #1 Medication review and ensure diagnosis is correct 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 # of plans of care reviewed that have supporting diagnosis # 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	# of families provided with best practice information on reducing antipsychotics monthly # 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	

Change Idea #3 Ensure that for any responsive behaviour the first interventions are non-pharmacological.

Methods	Process measures	Target for process measure	Comments
When a responsive behaviour occurs, a referral will be sent to BSO. BSO to engage Recreation in the development of non-pharmacological interventions.	Percentage of residents with responsive behaviours that have non-pharmacological interventions	100% of residents with responsive behaviours will have non-pharmacological interventions	

Measure - Dimension: Safe

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents in daily physical restraints over the last 7 days	C	% / Residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	0.00	2.50	Corporate Target	

Change Ideas

Change Idea #1 Educate new residents and families on the restraint policy and use of alternatives to restraints upon admission

Methods	Process measures	Target for process measure	Comments
Deliver education to residents and family members at admission on the restraint policy and alternatives to restraints	% of new residents and family members who received the education upon admission	100% of new residents and family members will receive education on the restraint policy and alternatives to restraints upon admission	

Measure - Dimension: Safe

Indicator #12	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents with worsened ulcers stages 2-4	C	% / Residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	3.70	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	# of residents with PURS score 3 or greater # of reviews completed of bed surfaces/mattresses monthly # 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 identification and correct staging of pressure injuries	Percentage of registered staff who will have received education on the correct identification and staging of pressure injuries	100% of registered staff will have received education on identification and staging of pressure injuries by Sept 2024	

Change Idea #3 Improve PSW knowledge on identification and staging of pressure injuries

Methods	Process measures	Target for process measure	Comments
Provide education to PSW staff on identification and correct staging of pressure injuries	Percentage of PSW staff who will have received education on the correct identification and staging of pressure injuries	100% of PSW staff will have received education on identification and staging of pressure injuries by Sept. 2024	