

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	CB	CB		

Change Ideas

Change Idea #1

Methods	Process measures	Target for process measure	Comments
			We have included a custom indicator related to this theme

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	CB	CB		

Change Ideas

Change Idea #1

Methods	Process measures	Target for process measure	Comments
			We have included a custom indicator related to this theme

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction – Would Recommend	C	% / LTC home residents	In-house survey / 2024	90.90	75.00	Corporate target	

Change Ideas

Change Idea #1 1)Address concerns from residents timely 2)Engage residents when managers are completing management by walk about

Methods	Process measures	Target for process measure	Comments
Continue to follow Client Services Response policy. Continue to complete MBWAs.	Improved score on Resident Satisfaction Survey Improved score on Resident Satisfaction Survey	Quarterly review of all CSRs will demonstrate timely response for 100% of concerns by September 2024 Monthly MBWA review will show no trends related to concerns from residents by September 2024.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Temperature of Food and Beverages	C	% / LTC home residents	In-house survey / 2024	59.10	67.80	LTC average	

Change Ideas

Change Idea #1 1) Ensure steam tables are turned on and to the correct temperature and cold wells at temperature 2)Ensure beverages are served at the appropriate temperature each meal and snack time 3)FSS to complete rounds of tables with different meal services to monitor service is good and obtain feedback from the residents

Methods	Process measures	Target for process measure	Comments
Education of dietary staff re: operation of steam tables as related to current menu. Education of staff re: required beverage temperatures. FSS will add focus audit to MBWA accordingly.	Resident Satisfaction Survey score	Monthly audit of food temps will show all within range by September 2024. Monthly audit of beverage temps will show all within range by September 2024. Monthly MBWA review will show no trends related to food/beverage temps by September 2024.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Spiritual Care	C	% / LTC home residents	In-house survey / 2024	61.50	73.00	LTC average	

Change Ideas

Change Idea #1 1)Spiritual care to be offered every other Sunday, possibly by an outside clergy 2)Spiritual Care Coordinator to organize a spiritual program for self or recreation staff to provide on Sundays 3)Make available virtual church services on Sundays for the residents

Methods	Process measures	Target for process measure	Comments
Include on monthly recreation calendar Develop a program plan for recreation staff to use when necessary. RM to reach out to local churches to source.	Resident Satisfaction Survey score		Review spiritual care satisfaction and ask for input at Resident's Council monthly

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction – Would Recommend	C	% / Family	In-house survey / 2024	80.00	85.00	Corporate target	

Change Ideas

Change Idea #1 1)Managers have open door policy for families 2)All departments are represented at the resident care conferences

Methods	Process measures	Target for process measure	Comments
Communicate open door policy in Resident & Family Newsletter Attendance taken at all care conferences.	Family Satisfaction Survey score		Communication included in newsletter by September 2024. Care conference audits will show all departments represented 85% of the time by September 2024.

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Continence Care for Loved Ones	C	% / Family	In-house survey / 2024	57.60	66.10	LTC Average	

Change Ideas

Change Idea #1 1)Invite Prevail/Medline product provider to attend a Family Council meeting to provide an education session for families 2)Program lead or delegate to provide an in-service on the program at Fosterbrooke 3) Review resident continence at care conferences with families

Methods	Process measures	Target for process measure	Comments
In-services Care conference process will be enhanced to include continence	Family satisfaction survey score		Education will be completed by September 2024 Leadership team will be aware of enhanced care conference process by April 2024.

Measure - Dimension: Patient-centred

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Spiritual Care of a Loved One	C	% / Family	In-house survey / 2024	50.00	57.60	LTC average	

Change Ideas

Change Idea #1 1)Spiritual care to be offered every other Sunday, possibly by an outside clergy 2) Spiritual Care Coordinator to organize a spiritual program for self or recreation staff to provide on Sundays 3) Make available virtual church services on Sundays for the residents

Methods	Process measures	Target for process measure	Comments
Include on monthly recreation calendar Develop a program plan for recreation staff to use when necessary. RM to reach out to local churches to source.	Family satisfaction survey		Review spiritual care satisfaction and ask for input at Family Council annually.

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	13.17	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
Address any identified deficiencies from completed assessments	# of environmental assessments completed monthly	Environmental risk assessments of resident spaces to identify fall risk will be completed per policy 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	22.01	17.30	Corporate target	

Change Ideas

Change Idea #1 Medication reviews completed for all residents currently prescribed antipsychotics without diagnosis

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 reduction strategies implemented monthly	All residents currently prescribed antipsychotics without supporting diagnosis will have a medication review completed by July 2024	

Change Idea #2 Medication reviews completed for all residents currently prescribed antipsychotics without diagnosis

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 reduction strategies implemented monthly	All residents currently prescribed antipsychotics without supporting diagnosis will have a medication review completed by July 2024	

Measure - Dimension: Safe

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with restraints	C	% / LTC home residents	POC/PCC Audits / 2024	0.00	2.50	Corporate target	

Change Ideas

Change Idea #1 Review current restraints and determine plan for trialing alternatives to restraints

Methods	Process measures	Target for process measure	Comments
Review all residents currently utilizing restraints	# residents reviewed monthly	100% of restraints will be reviewed and plans implemented for trialing alternatives by Sept 2024	

Measure - Dimension: Safe

Indicator #12	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% if LTC residents with worsening ulcers stages 2 - 4	C	% / LTC home residents	POC/PCC Audits / 2024	1.40	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
Develop list of residents with PURS score 3 or greater Skin/wound team to review residents list to determine if surface meets their needs Replace mattress/surface if required	# 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	