

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 are prioritizing other areas of focus

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 are prioritizing other areas of focus

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Would recommend this home to others.	C	% / Residents	Other / Oct 2023 to Sept 2024	87.00	88.00	To ensure a high level of satisfaction and increased word of mouth referrals.	

Change Ideas

Change Idea #1 To maintain or increase the percentage of residents who state that they would recommend Garden City Manor to others.

Methods	Process measures	Target for process measure	Comments
In order to maintain or increase the level of resident satisfaction in this area, we will continue to provide excellent care by skilled and compassionate staff, as well as through improving the physical building itself through increased maintenance and upkeep with projects such as regular and timely repairs and painting.	This process will be measured by comparing the current score to the 2024 resident satisfaction score.	We are aiming to increase the percentage of residents who would recommend the home to others from now until December 31, 2024 by providing excellent care by skilled and compassionate staff and also by improving the physical environment of the home.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family would recommend this home to others.	C	% / Family	Other / Oct 2023 to Sept 2024	63.70	70.00	To ensure overall satisfaction.	

Change Ideas

Change Idea #1 To increase the percentage of family members who would recommend Garden City Manor to others.

Methods	Process measures	Target for process measure	Comments
To improve the physical environment, resulting in it being more attractive and welcoming to potential residents and family members. Repairs and maintenance of the home will be completed to make it more comfortable and more physically appealing. This will be accomplished through more timely repairs and maintenance, and projects such as painting of resident rooms and common areas.	This process will be measured by comparing the current score with the 2024 family satisfaction survey results.	We are aiming to increase the percentage of family who would recommend the home to others from now until December 31, 2024 by improving the physical environment of the home.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am updated regularly about any changes in my home.	C	% / Residents	Other / Oct 2022 to Sept 2023	75.60	76.00	To ensure most residents are satisfied	

Change Ideas

Change Idea #1 To improve the level of communication with residents in the home.

Methods	Process measures	Target for process measure	Comments
Changes that are occurring will continue to be shared at Resident Council, but will also be posted in the home, and shared by the recreation team during their regular interactions with residents.	This score will show an improvement on our next 3rd party resident satisfaction survey.		We are aiming to increase resident satisfaction with the communication about changes in the home from now until December 31, 2024 by communicating changes at the monthly resident council meetings and also by sharing important information at regularly scheduled recreation programs.

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the temperature of my food and beverages.	C	% / Residents	Other / Oct 2023 to Sept 2024	76.10	77.00	To ensure a good level of resident satisfaction.	

Change Ideas

Change Idea #1 To improve resident satisfaction with the temperature of their food and beverages.

Methods	Process measures	Target for process measure	Comments
Dietary staff continue to monitor for appropriate food and beverage temperature at point of service. If a resident expresses that their food is not warm enough, staff will warm their plate in the microwave to ensure a pleasurable dining experience.	The percentage of satisfaction on this topic will be increased on the 2024 resident satisfaction survey.	We are aiming to increase resident satisfaction of the temperature of foods and beverages from now until December 31, 2024 by providing education to residents and staff to ensure pleasurable dining.	

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have input into the recreation programs available.	C	% / Residents	Other / Oct 2022 to Sept 2023	76.20	77.00	To ensure a high level of resident satisfaction	

Change Ideas

Change Idea #1 Residents will feel more satisfied with the amount on input they have into the recreation programming, as demonstrated by an increase in the percentage score on the 2024 Resident satisfaction survey.

Methods	Process measures	Target for process measure	Comments
Residents continue to have input into recreation programs at the monthly Resident Council meetings, but they will also be encouraged to share ideas and feedback with recreation staff at any time.	This will be measured by comparing this current score to that on the 2024 resident satisfaction survey	We are aiming to increase resident satisfaction with their level of input into the recreation programs available from now until December 31, 2024 by encouraging residents to provide feedback at resident council meetings and by providing feedback to recreation staff at regularly scheduled programs.	

Measure - Dimension: Patient-centred

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The resident has input into the recreation programs available.	C	% / Family	Other / Oct 2022 to Sept 2023	42.10	55.00	To ensure a majority of family members are satisfied.	

Change Ideas

Change Idea #1 Families will have an increased level of satisfaction on the level of input that residents have into the recreation programming in the home.

Methods	Process measures	Target for process measure	Comments
Residents continue to have input into recreation programs at the monthly Resident Council meetings, but they will also be encouraged to share ideas and feedback with recreation staff at any time.	This will be measured on our 2024 family satisfaction survey	We are aiming to increase resident satisfaction with their level of input into the recreation programs available by encouraging their feedback at resident council meetings and also at regularly scheduled programs from now until December 31, 2024.	

Measure - Dimension: Patient-centred

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
There is good choice of continence care products.	C	% / Family	Other / Oct 2022 to Sept 2023	44.30	55.00	To ensure a majority of families are satisfied.	

Change Ideas

Change Idea #1 We will educate family members on the high level of satisfaction that residents have with the continence care products.

Methods	Process measures	Target for process measure	Comments
The three highest results on the resident satisfaction survey were all around their satisfaction with continence care products. We reviewed this resident satisfaction at the February Family Council meeting, and we encourage anyone with questions or concerns to speak with management.	Families will be confident that residents are pleased with the supply of continence care products, as demonstrated by rating this item higher on the 2024 family satisfaction survey	We are aiming to increase family satisfaction with the variety of continence care products offered from now until December 31, 2024 by providing education on what is currently available and the high level of resident satisfaction in this area.	

Measure - Dimension: Patient-centred

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of spiritual care services.	C	% / Family	Other / Oct 2022 to Sept 2023	44.80	55.00	To ensure that the majority of family members are satisfied	

Change Ideas

Change Idea #1 To improve the family level of satisfaction of the variety of spiritual care services available in the ome.

Methods	Process measures	Target for process measure	Comments
There continues to be a variety of spiritual services available in the home, as part of the monthly recreation calendar. Education will be provided to the Family Council as well as posted in the home which emphasizes that spiritual programming consists of more than traditional church services. The home will also work to replace the home Chaplain who left during Covid and has not yet been replaced. This will enhance spiritual care services available to residents.	The process will be measured by comparing this 2023 score with the 2024 score on the annual family satisfaction survey.	We are aiming to increase family satisfaction with the variety of spiritual care services offered from now until December 31, 2024 by providing education on what spiritual care services are.	

Safety

Measure - Dimension: Safe

Indicator #11	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	22.44	15.00	To maintain a low percentage in this category	

Change Ideas

Change Idea #1 To ensure residents are able to ambulate safely.

Methods	Process measures	Target for process measure	Comments
The number of falls will be reduced by ensuring residents are wearing appropriate non-slip footwear in order to ambulate safely.	This process will be measured monthly in the home through our monthly indicator review and quality meeting, as well as quarterly in the regional quality meetings, to ensure a reduction in the number of resident falls.	By ensuring use of appropriate footwear, the number of resident falls will be reduced by Dec 31, 2024.	

Change Idea #2 To reduce falls through timely staff intervention.

Methods	Process measures	Target for process measure	Comments
The number of falls will be reduced by ensuring staff are promptly answering call bells and bed alarms.	This process will be measured monthly in the home through our monthly indicator review and quality meeting, as well as quarterly in the regional quality meetings, to ensure a reduction in the number of resident falls.	By ensuring staff promptly answer call bells and bed alarms, the number of resident falls will be reduced by Dec 31, 2024.	

Change Idea #3 To reduce the number of resident falls due to residents attempting to toilet themselves.

Methods	Process measures	Target for process measure	Comments
The number of falls will be reduced through the use of scheduled toileting programs.	This process will be measured monthly in the home through our monthly indicator review and quality meeting, as well as quarterly in the regional quality meetings, to ensure a reduction in the number of resident falls.	By ensuring use of scheduled toileting programs, the number of resident falls will be reduced by Dec 31, 2024.	

Change Idea #4 To reduce the number of resident falls by ensuring that residents can easily call for staff assistance when needed.

Methods	Process measures	Target for process measure	Comments
The number of falls will be reduced by ensuring resident call bells are placed within their reach so they can call for assistance when needed.	This process will be measured monthly in the home through our monthly indicator review and quality meeting, as well as quarterly in the regional quality meetings, to ensure a reduction in the number of resident falls.	By ensuring resident call bells are within resident reach, the number of resident falls will be reduced by Dec 31, 2024.	

Measure - Dimension: Safe

Indicator #12	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	17.09	17.03	To maintain a low percentage in this area	

Change Ideas

Change Idea #1 To decrease the percentage of residents on antipsychotic medications for residents who do not have a medical diagnosis to support its use through medication reviews.

Methods	Process measures	Target for process measure	Comments
This reduction will be accomplished through medication reviews and adjustments by the home pharmacy and medical director.	This process will be measured monthly by reviewing the home indicators, as well as quarterly at the regional quality meetings.	The percentage of residents on antipsychotic medications without diagnosis will be reduced by Dec 31, 2024 through medication reviews.	

Change Idea #2 To decrease the percentage of residents on antipsychotic medications without a medical diagnosis to support its use through encouraging alternatives to medication for treatment and management.

Methods	Process measures	Target for process measure	Comments
This reduction will be accomplished through the use of non-pharmacological interventions for responsive behaviours, such as redirection and intervention.	This process will be measured monthly by reviewing the home indicators, as well as quarterly at the regional quality meetings.	The percentage of residents on antipsychotic medications without diagnosis will be reduced by Dec 31, 2024 through the use of non-pharmacological interventions.	

Change Idea #3 To decrease the percentage of residents on antipsychotic medications who do not have a medical diagnosis to support its use by ensuring residents have correct diagnoses.

Methods	Process measures	Target for process measure	Comments
This reduction will be accomplished through doctors' referrals for assessment and diagnosis by appropriate specialists, if a resident is suspected of having an undiagnosed issue.	This process will be measured monthly by reviewing the home indicators, as well as quarterly at the regional quality meetings.	By ensuring residents have appropriate diagnoses, we will decrease the percentage of residents on antipsychotic medications without a diagnosis by Dec 31, 2024.	

Change Idea #4 To decrease the percentage of residents on antipsychotic medications without a medical diagnosis to support its use by engaging external resources.

Methods	Process measures	Target for process measure	Comments
This reduction will be accomplished through engaging external resources such as Behavioral Supports Ontario and SMHO in order to provide best care for residents without anti-psychotic medications, where appropriate.	This process will be measured monthly by reviewing the home indicators, as well as quarterly at the regional quality meetings.	By engaging external resources, we will decrease the percentage of residents on antipsychotic medications without a diagnosis by Dec 31, 2024.	

Measure - Dimension: Safe

Indicator #13	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of Residents with worsening pressure ulcers at stage 2-4	C	% / Residents	CIHI CCRS / Q4 2023 with a rolling 4-quarter average	4.50	2.00	To maintain resident safety and comfort	

Change Ideas

Change Idea #1 To maintain the percentage of residents with worsening pressure ulcers under the set target of 6% through specialized nurse management of the wound care program.

Methods	Process measures	Target for process measure	Comments
Wound care in the home will be managed by a nurse who specializes in wound care, who also has a qualified back-up for when she is off to ensure that there are no gaps.	The process will be measured by tracking the monthly home indicator and quality meetings, as well as quarterly quality meetings.	To ensure the percentage of residents with worsening pressure ulcers stays under the target of 6%, a specialized wound care nurse with a qualified back up will manage the wound care program in the home by December 31, 2024.	

Change Idea #2 To maintain the percentage of residents with worsening pressure ulcers under the set target of 6% through frontline staff education.

Methods	Process measures	Target for process measure	Comments
Back to basics frontline education will be provided around skin and wound care and the appropriate and required follow up.	The process will be measured by tracking the monthly home indicator and quality meetings, as well as quarterly quality meetings.	To ensure the percentage of residents with worsening pressure ulcers stays under the target of 6%, education will be provided to front line staff on appropriate skin and wound care and the required follow up by Dec 31, 2024.	

Change Idea #3 To maintain the percentage of residents with worsening pressure ulcers under the set target of 6% through 3M education.

Methods	Process measures	Target for process measure	Comments
3M will be reengaged to provide wound care education to staff.	The process will be measured by tracking the monthly home indicator and quality meetings, as well as quarterly quality meetings.	To ensure the percentage of residents with worsening pressure ulcers stays under the target of 6%, 3M will be called in to provide education to staff by Dec 31, 2024.	

Change Idea #4 To maintain the percentage of residents with worsening pressure ulcers under the set target of 6% through management oversight of the skin and wound program.

Methods	Process measures	Target for process measure	Comments
A clinical member of the management team will hold the responsibility of overseeing the skin and wound care program in the home to ensure appropriate process and follow up.	The process will be measured by tracking the monthly home indicator and quality meetings, as well as quarterly quality meetings.	To ensure the percentage of residents with worsening pressure ulcers stays under the target of 6%, a clinical member of the management team will be responsible to oversee the program by Dec 31, 2024.	

Measure - Dimension: Safe

Indicator #14	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% Residents with daily Physical Restraints	C	% / Residents	CIHI CCRS / Q4 2024 with a rolling 4-quarter average	1.70	1.65	To maintain resident safety and comfort	

Change Ideas

Change Idea #1 To maintain the average percentage of residents with daily physical restraints under the Target 2.5% by educating residents and family members.

Methods	Process measures	Target for process measure	Comments
Education will be provided to residents and family members on the risks associated with restraints.	This process will be measured through the monthly indicators and the quarterly regional quality meetings.	To ensure the percentage of residents with daily physical restraints stays under the target of 2.5%, education will be provided to residents and families by Dec 31, 2024.	

Change Idea #2 To maintain the average percentage of residents with daily physical restraints under the Target 2.5% by educating residents and families when there is a significant change.

Methods	Process measures	Target for process measure	Comments
Education will be provided to residents and family members on the risks associated with restraints when there is a significant change in resident status.	This process will be measured through the monthly indicators and the quarterly regional quality meetings.	To ensure the percentage of residents with daily physical restraints stays under the target of 2.5%, education will be provided to residents and families when there is a significant change in resident status by Dec 31, 2024.	

Change Idea #3 To maintain the average percentage of residents with daily physical restraints under the Target 2.5% by encouraging alternatives.

Methods	Process measures	Target for process measure	Comments
Alternative interventions such as involving recreation or medication reviews will be discussed with residents and family members to encourage alternative ways to maintain resident safety without restraints.	This process will be measured through the monthly indicators and the quarterly regional quality meetings.	To ensure the percentage of residents with daily physical restraints stays under the target of 2.5%, alternative interventions will be discussed with residents and families by Dec 31, 2024.	

Change Idea #4 To maintain the average percentage of residents with daily physical restraints under the Target 2.5% by educating staff members.

Methods	Process measures	Target for process measure	Comments
Education will be provided to staff members on the risks associated with restraints.	This process will be measured through the monthly indicators and the quarterly regional quality meetings.	To ensure the percentage of residents with daily physical restraints stays under the target of 2.5%, education will be provided to staff members by Dec 31, 2024.	