

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Improve the quality of care from Physicians.	C	% / LTC home residents	In-house survey / 2024 -2025	55.90	60.00	Manageable target for improvement. We will strive to continue to improve to meet corporate target 85%	

Change Ideas

Change Idea #1 Increase communication to residents by Physicians.

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> - Notify Residents in advance when Physicians are on vacation or on a leave. - Enhance privacy for Residents during Physicians rounds for assessments/conversations. - Allow standing agenda on Residents Council to include residents input into Physician services. -include observations of residents on random MBWA's (manager walkabouts) by any Manager Discuss any concerns during weekly Leadership meetings that were brought during MBWA audit. 	# of communications to residents in advance of physician vacation or leave # of times discussion regarding physician services is held at Residents Council # of feedback received from Resident council and from MBWA's about physician services # of MBWA's that were completed weekly # of leadership meetings were feedback was discussed	Process for communicating physician vacation or leaves will be 100% in place by May 30, 2025 Physician services feedback will be added to standing agenda at resident council meetings by May 30, 2025 . Feedback will be reviewed at weekly leadership meeting and actioned starting May 30, 2025 with a 20% improvement seen in results by October 30, 2025.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Input into the Recreation programs available.	C	% / LTC home residents	In-house survey / 2024-2025	57.60	62.00	Manageable target for our home as we continue to strive to achieve corporate targets of 85%	

Change Ideas

Change Idea #1 Input into the Recreation programs available.

Methods	Process measures	Target for process measure	Comments
- Hold regularly scheduled resident monthly calendar program meetings. - Resident requested programs will be put in a different color on the calendar to identify. - Program attendance will be evaluated at new programs and discussed at Resident Council meeting.	- # of calendar planning meetings held monthly # of Resident choice programs added in different colour to calendar # of residents attending new programs # of times programs and results discussed at Residents Council meetings.	Resident monthly calendar program meetings will be held monthly starting May 2025 with at least 5 resident choice programs in calendar and implemented by December 2025. There will be at least 10% improvement in participation rates at new programs by December 2025. Resident council will review programs and feedback during monthly meetings beginning June 2025.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfied with scheduled religious and spiritual care programs.	C	% / LTC home residents	In-house survey / 2024 -2025	57.60	60.00	Manageable target for home while we continue to strive toward corporate target of 85%	

Change Ideas

Change Idea #1 Review current religious and spiritual programming offered and gather feedback from Resident council

Methods	Process measures	Target for process measure	Comments
- Meet with Resident council to discuss current program offering for religious and spiritual programs in the home. - Gather feedback /suggestions from resident's council members - Action feedback and implement or revise spiritual program based on resident input.	# of resident council meetings attended where spiritual and religious programs were discussed # of feedback or suggestions provided by residents # of changes implemented based on feedback	Home will meet with Resident council to discuss current program offerings for religious and spiritual programs by May 30, 2025. 100% of feedback obtained will be reviewed by Program manager and actioned on by July 30, 2025. There will be a 10% improvement in overall satisfaction of scheduled religious and spiritual programs by September 30, 2025.	

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	17.87	15.00	Corporate target	Achieva, Behavioural Supports Ontario

Change Ideas

Change Idea #1 Re implement Post fall huddles

Methods	Process measures	Target for process measure	Comments
1) Review policy on post fall huddles with staff 2) Falls lead in home to attend and /or review post fall huddles documentation and provide further education as needed 3) audit post fall documentation to ensure huddles are being completed correctly and interdisciplinary staff are attending.	1) # of staff who reviewed policy for post fall huddles 2) # of post fall huddles that were completed as per policy on a monthly basis 3) # of reviews of post fall documentation completed 4) # of interdisciplinary staff who are attending post fall huddles	1) Staff education on policy for post fall huddles will be completed with 100 % participation by May 30,2025 2) By September 30,2025 100 % of post fall huddles will be completed as per policy with 50% improvement in interdisciplinary attendance.	

Change Idea #2 Engage Physiotherapist for assessment of need for mobility devices for residents who are unsteady when walking.

Methods	Process measures	Target for process measure	Comments
1) Review residents who are at increased risk for falls due to unsteady gait. 2) Communicate to Registered staff to involve physio for assessment upon admission, when change in status 3) Falls lead to do audits of new admissions and residents with change of status to see if physio referral was completed 4) Discuss results at registered staff meetings and in Leadership meetings	1) # of residents reviewed for unsteady gait 2) # of communications given for registered staff regarding referrals to physio 3) # of assessed residents who required mobility devices 4) # of random audits completed by Falls lead monthly for new admissions and change of status 5) # of times results were discussed at Registered staff meetings and at Leadership meetings monthly	1) 100% of new admissions and residents with change of status who are at risk for unsteady gait will have had a physio assessment completed by June 30, 2025. 2) 100% of registered staff will have had communicated to them regarding physio referrals by May 2025 3) Falls lead will begin random audits for physio referrals by June 2025 4) There will be 50% improvement in compliance for physio referrals by September 2025.	

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	18.79	17.30	Corporate target	Medisystem, Behavioural Supports Ontario

Change Ideas

Change Idea #1 Collaborate with the physician to ensure all residents using anti-psychotic medications have a medical diagnosis and rationale identified.

Methods	Process measures	Target for process measure	Comments
1) complete medication review for residents prescribed antipsychotic medications 2) Review diagnosis and rationale for antipsychotic medication. 3) consider alternatives as appropriate	1) # of medication reviews completed monthly 2) # of diagnosis that were appropriate for antipsychotic medication use 3) # of alternatives implemented	1) 75% of all residents will have medication and diagnosis review completed to validate usage by June 30, 2025 2.) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by September 2025.	

Change Idea #2 Education for Registered Staff on antipsychotics

Methods	Process measures	Target for process measure	Comments
1) Pharmacy consultant or Nurse Practitioner to provide education session for registered staff on antipsychotic medications including usage, side effects, alternatives etc.	# of registered staff who attended training session on antipsychotic medications.	75% of registered staff will have attended training on antipsychotic medications by November 1, 2025	

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	Other / October - December 2024	2.23	2.00	corporate target	Solventum/3M, Wounds Canada

Change Ideas

Change Idea #1 Ensure Resident is using a therapeutic surface that is appropriate for their needs.

Methods	Process measures	Target for process measure	Comments
1) Review bed surfaces in home for residents with PURS scores 3 or greater 2) Replace surfaces as needed 3) Keep inventory list of therapeutic surfaces in home	# of residents with PURS scores 3 or greater # of therapeutic surfaces in home by resident Discuss quarterly at PAC meeting	Review of bed surfaces for 100% of residents with PURS score 3 or greater will be completed by July 30, 2025 25% of bed surfaces that require replacing will be completed by December 30, 2025 Quarterly at PAC meeting a review of inventory list and residents with PURS score 3 or more will be reviewed and actioned beginning June 2025.	