

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the temperature of my food and beverages. 2023 - 47.2% No data for 2022	C	% / Residents	Other / January to December	47.20	67.80	corporate target	

Change Ideas

Change Idea #1 - Ensure steam cart is plugged in at each meal, - temperature sheets to be maintained and documented, - Conduct random food audits temperature and quality audits 3x/ week. - Communicate with Residents in D/R about meal service. - Resident choice meal once a month to be discussed at Resident Council/ and food committee meetings. - New menu coming out from Extencicare Monthly food council meetings.

Methods	Process measures	Target for process measure	Comments
FSM will conduct random checks on steam carts to ensure they are plugged in and assess audit results and gaps.	Obtain feedback from Residents during meal service and in Food Council meetings to determine if they are satisfied with outcomes.	Each meal will be within the desired temperature range by April 1st, 2024.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
resident has input into the recreation programs available. 35.3% for 2023 no data for 2022	C	% / Family	Other / January to December	35.30	47.20	corporate target.	

Change Ideas

Change Idea #1 - Send out survey questions every six months to Families for input. - Promote enrollment in activity pro. - Continue to discuss family input in care conferences. - ED will share monthly emails with Families with updates within the home and activity and food calendars

Methods	Process measures	Target for process measure	Comments
Progress will be tracked via feedback from Family Council meetings and resident care conferences.	Family members who visit regularly and who are highly involved in their loved one's care will be asked during their visits if they are satisfied with outcomes.	Track progress and feedback at each Family Council meeting.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family satisfaction Would recommend - 85.7	C	% / LTC home residents	In house data collection / January to December	85.70	85.00	corporate target	

Change Ideas

Change Idea #1 I am satisfied with the variety of spiritual care services. 52.6%

Methods	Process measures	Target for process measure	Comments
- Program Manager to reach out to local Churches to invite Ministers to the home.	Measured with ongoing feedback with Families during Council meetings and care conferences.	Increase target results by July 2024.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident satisfaction would recommend. 88.9 %	C	% / LTC home residents	In-house survey / January to December	88.90	75.00	Corporate target	

Change Ideas

Change Idea #1 I have input into recreation programs available. 48.3%

Methods	Process measures	Target for process measure	Comments
- continue with the calendar planning program - Offer more exercise programs	Meet with Residents to determine who would like to participate in what kind of programs. Obtain feedback from Residents during Resident council meetings and care conferences.	Increase variety of recreation programs and resident participation levels by July 2024.	

Safety

Measure - Dimension: Safe

Indicator #5	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	14.29	15.00	Corporate Target	

Change Ideas

Change Idea #1 The home will host falls parties to assist in engaging staff in falls prevention. Information such as falls trends, location and time of falls will be shared with Staff via routine huddles. Charting buddies will be implemented for Residents at high risk for falls this will allow for PSWs to provide additional supervision while completing their documentation.

Methods	Process measures	Target for process measure	Comments
We will review our Residents who are at high risk for falls to identify their individual needs and establish recreation preferences.	# of Residents reviewed for activity needs/ preferences weekly # of activity programs that occur during change of shift in early afternoon weekly. # of environmental assessments completed monthly # of identified deficiencies from assessments that were corrected monthly.	Specific activity program at afternoon change of shift will be implemented by July 2024.	

Measure - Dimension: Safe

Indicator #6	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	16.48	17.03	Corporate Target	

Change Ideas

Change Idea #1 Medication reviews completed for all residents currently prescribed antipsychotics.

Methods	Process measures	Target for process measure	Comments
- review all residents who are currently prescribed antipsychotics - review care plans for diagnoses supporting the use of antipsychotics, if no dx, the team will implement reduction strategies if possible.	# of residents reviewed monthly # of care plans reviewed that have supporting diagnoses # of reduction strategies implemented monthly.	Residents who are currently prescribed antipsychotics will have a medication review completed by July. 2024.	

Measure - Dimension: Safe

Indicator #7	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, CIHI NACRS / Quarterly review	1.60	2.00	Corporate Target	

Change Ideas

Change Idea #1 Conduct a review of therapeutic surfaces e.g. beds for Residents who have a PURS score of 3 or greater. Enhance Registered Staff knowledge on early identification of wounds and staging of pressure injuries. Education for PSW's related to importance of turning and repositioning.

Methods	Process measures	Target for process measure	Comments
Determine which Residents who have a PURS score of 3 or greater. Replace therapeutic surfaces as needed.	- Determine number of Residents with PURS score of 3 or greater. - # of monthly reviews completed on bed surfaces. - # of bed surfaces requiring replacing monthly. - # of monthly education sessions for Registered Staff related to staging of pressure ulcers.	Review of current bed surfaces for residents with a PURS score of 3 or greater by August. 2024.	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
percentage of residents with restraints.	C	% / LTC home residents	CIHI CCRS, CIHI NACRS / Quarterly review	0.00	2.50	Corporate Target	

Change Ideas

Change Idea #1 Maintain least restraint usage home through ongoing communication.

Methods	Process measures	Target for process measure	Comments
- meet with families/residents requesting restraints to discuss alternatives that can be trialed and determine action plans in collaboration with resident and families.	# of meetings held with families/residents to discuss alternatives monthly.	least restraint utilization.	