

Experience

Measure - Dimension: Patient-centred

| Indicator #1 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|------------------------|------------------------|---------------------|--------|----------------------|------------------------|
| Resident Satisfaction - Would recommend. | C | % / LTC home residents | In-house survey / 2023 | 63.90 | 75.00 | Corporate target | |

Change Ideas

Change Idea #1 Encourage resident participation in resident council.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---------------------------------------|----------|
| Invite various residents to resident council meetings | Increased resident participation in council meetings. | Target for process measure June 2024. | |

Change Idea #2 Get ideas from resident what they would like to see changed and determine if those ideas are feasible.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---------------------------------------|----------|
| Take the time and effort to ask residents individually what they would like to do or change during individual care conferences. | Increased participation of residents during care conferences. | Target for process measure June 2024. | |

Measure - Dimension: Patient-centred

| Indicator #2 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|------------------------|---------------------|--------|----------------------|------------------------|
| Resident Satisfaction: I am updated regularly about any changes in my home. | C | % / LTC home residents | In-house survey / 2023 | 50.00 | 75.00 | Corporate target | |

Change Ideas

Change Idea #1 Increase information available to residents and families.

| Methods | Process measures | Target for process measure | Comments |
|---|---|--|----------|
| Monthly newsletter including information from all managers. Read to residents as a program and encourage questions. | Newsletter distributed on a monthly basis. Monthly discussion of newsletter items part of monthly programs for residents. | Process measure will be implemented by April 2024. | |

Change Idea #2 Increase communication through posted information.

| Methods | Process measures | Target for process measure | Comments |
|--|---|---|----------|
| Develop information boards by first floor elevators to share quality indicators, post important memo's, notices. | Information boards are updated and current information is posted. | Target for process measure is April 2024. | |

Change Idea #3 Update residents and families with any changes occurring within the home.

| Methods | Process measures | Target for process measure | Comments |
|--|---|--------------------------------------|----------|
| Invite residents and families to quarterly quality meetings for information sharing and input. | Increased resident and family participation in quality meetings | Target for process measure Dec 2024. | |

Measure - Dimension: Patient-centred

| Indicator #3 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|------------------------|------------------------|---------------------|--------|----------------------|------------------------|
| Resident Satisfaction: My care conference is a meaningful discussion that focusses on what's working well, what can be improved and potential solutions. | C | % / LTC home residents | In-house survey / 2023 | 51.50 | 75.00 | Corporate Target | |

Change Ideas

Change Idea #1 Increase resident and family participation in care conferences.

| Methods | Process measures | Target for process measure | Comments |
|--|--|---------------------------------------|----------|
| Invite and bring resident to care conference along with family in person or virtual. | Increased participation of residents and families. | Target for process measure: June 2024 | |

Change Idea #2 Increase ability to participate in care conferences.

| Methods | Process measures | Target for process measure | Comments |
|---|--|--------------------------------------|----------|
| Move care conference to the resident's room if they are not able to get out of bed and schedule care conferences for an hour to give the opportunity for questions. | Increased participation from residents and families in care conferences. | Target for process measure June 2024 | |

Measure - Dimension: Patient-centred

| Indicator #4 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|------------------------|------------------------|---------------------|--------|----------------------|------------------------|
| Resident Satisfaction: Communication from home leadership is clear and timely. | C | % / LTC home residents | In-house survey / 2023 | 52.80 | 75.00 | Corporate target | |

Change Ideas

Change Idea #1 Ensure all information sent to residents and families is clear and sent in a timely manner.

| Methods | Process measures | Target for process measure | Comments |
|--|--|---------------------------------------|----------|
| Replace elevator boards with improved and nicer bulletin boards. | Ensure posted information is up to date and clear during manager walk-about. | Target for process measure June 2024. | |

Change Idea #2 Increase information to residents and families through activity boards.

| Methods | Process measures | Target for process measure | Comments |
|--|---|--------------------------------------|----------|
| Enhance information on activity boards to ensure they are not empty and are always up to date. | Activity boards will be full of information and up to date during manager walkabouts. | Target for process measure May 2024. | |

Measure - Dimension: Patient-centred

| Indicator #5 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---------------------------------------|------|------------------------|------------------------|---------------------|--------|----------------------|------------------------|
| Family Satisfaction - Would Recommend | C | % / LTC home residents | In-house survey / 2023 | 69.60 | 85.00 | Corporate Target. | |

Change Ideas

Change Idea #1 Encourage family participation to develop a Family Council.

| Methods | Process measures | Target for process measure | Comments |
|---|--|--------------------------------------|----------|
| Invite family member to express and interest in forming a Family Council in newsletters and postings. | Family Council is created and becomes an active council. | Target for process measure Oct 2024. | |

Change Idea #2 Get ideas from families what they would like to see changed and determine if those ideas are feasible.

| Methods | Process measures | Target for process measure | Comments |
|---|--|---------------------------------------|----------|
| Take the time and effort to ask families individually what they would like to see changed during care conferences or any discussions. | Increased participation and comments from families re: change ideas. | Target for process measure Dec. 2024. | |

Measure - Dimension: Patient-centred

| Indicator #6 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|------------------------|---------------------|--------|----------------------|------------------------|
| Family Satisfaction: Overall, I am satisfied with the meal, beverages and dining service. | C | % / LTC home residents | In-house survey / 2023 | 52.70 | 85.00 | Corporate target. | |

Change Ideas

Change Idea #1 FSM is aware of food change requests of residents at all times.

| Methods | Process measures | Target for process measure | Comments |
|---|---|--------------------------------------|----------|
| FSM to be in attendance for the Resident food council committee on a monthly basis and follow up with them every month with previously identified issues. | Fewer meal related concerns from residents and families documented during Residents Food Council. | Target for process measure Oct 2024. | |

Change Idea #2 Receive feedback from residents regarding new menu items to determine if they are in agreement with adding them to the main menu rotation.

| Methods | Process measures | Target for process measure | Comments |
|--|--|---------------------------------------|----------|
| Complete a food-tasting session with the food council or other residents to provide feedback for menu changes. | Feedback obtained from residents 2x/year and menu items adopted or removed from main menu. | Target for process measure June 2024. | |

Change Idea #3 Get feedback regularly from residents and families.

| Methods | Process measures | Target for process measure | Comments |
|--|--|--------------------------------------|----------|
| Discuss meal and beverage service with each resident and/or family annual care conferences. Develop individualized action for each resident as required. | Feedback obtained from residents and families with documented dietary interventions as per resident preferences. | Target for process measure Dec. 2024 | |

Change Idea #4 Improve physical dining layout for second and third floors.

| Methods | Process measures | Target for process measure | Comments |
|---|---|--------------------------------------|----------|
| Review and bring down half the residents to the main dining room for all meals. Rearrange the dining room tables on second and third floors for remaining residents, and remove dining room tables in the main lounge of second and third floors. | Dining room seating is completed for all residents, and no dining room tables remain in second and third floor lounges. | Target for process measure May 2024. | |

Measure - Dimension: Patient-centred

| Indicator #7 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|------------------------|---------------------|--------|----------------------|------------------------|
| Family Satisfaction: The resident enjoys eating meals in the dining room. | C | % / LTC home residents | In-house survey / 2023 | 56.40 | 85.00 | Corporate target | |

Change Ideas

Change Idea #1 Improve dining room aesthetics.

| Methods | Process measures | Target for process measure | Comments |
|--|--|---------------------------------------|----------|
| Replace old dining room tables and chairs. | Resident verbally express satisfaction re: changes during Resident Council and individually. | Target for process measure March 2024 | |

Change Idea #2 Bring 2nd and 3rd floor residents down to main dining room.

| Methods | Process measures | Target for process measure | Comments |
|---|---|--------------------------------------|----------|
| Review what residents from 2nd and 3rd floors are able to come to main dining room for all meals. | Half of residents on second and third floors come down for meals to main dining room. | Target for process measure May 2024. | |

Measure - Dimension: Patient-centred

| Indicator #8 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|------------------------|---------------------|--------|----------------------|------------------------|
| Family Satisfaction: The resident has input into the recreation programs available. | C | % / LTC home residents | In-house survey / 2023 | 56.60 | 85.00 | Corporate target. | |

Change Ideas

Change Idea #1 Increase resident participation in recreation calendar development.

| Methods | Process measures | Target for process measure | Comments |
|---|---|-------------------------------------|----------|
| Review calendar at next resident council meeting and ask what kinds of programs they would like to have, not have and what they would like more of. | Increased "resident choice" programs on the calendar. | Target for process measure May 2024 | |

Change Idea #2 Give feedback to resident's council re: program changes.

| Methods | Process measures | Target for process measure | Comments |
|--|--|--------------------------------------|----------|
| During each resident council meeting, discuss added activities on the calendar and ask for feedback. | Residents actively give feedback and those are documented in the Resident Council minutes. | Target for Process measure June 2024 | |

Change Idea #3 Discuss recreation and activities individually with resident and families for regular feedback.

| Methods | Process measures | Target for process measure | Comments |
|---|---|--------------------------------------|----------|
| Review activities and resident's input at care conference to determine residents' preferences and what they would like to see changed, if anything. | Increased resident participation in activities/month. | Target for process measure Dec. 2024 | |

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 | 11.37 | 15.00 | Corporate target | |

Change Ideas

Change Idea #1 Implement specific activity program at afternoon change of shift for residents who are high risk for falls.

| Methods | Process measures | Target for process measure | Comments |
|--|---|--|----------|
| Review current high-risk residents for falls to identify their needs/preferences for activities. Implement program during afternoon change of shift to engage residents and prevent falls. | # of residents reviewed for activity needs/preferences weekly. # of activity programs that occur during change of shift in afternoon weekly | Target for process measure for programs at afternoon shift June 2024 | |

Change Idea #2 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 |
|--|--|---|----------|
| Staff to do environmental assessments for all residents at high risk for falls at minimum monthly. Address any identified deficiencies from completed assessments. | # of environmental assessments completed monthly. # of identified deficiencies from assessments that were corrected monthly. | Target for environmental risk assessments to 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 | 11.03 | 17.30 | 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 plan of care for supporting diagnosis. 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 |
|--|--|--|----------|
| Provide families with best practice information on reducing antipsychotics such as - Family Fact sheet from the Canadian Geriatric Society, Pharmacy etc. 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 importance of minimizing use by Sept 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 | Other / 2023 | 0.00 | 2.50 | Corporate target | |

Change Ideas

Change Idea #1 Re-educated staff on restraint policy and use of alternatives to restraints.

| Methods | Process measures | Target for process measure | Comments |
|--|---------------------------------------|---|----------|
| Organize education sessions with all staff on restraint policy and alternatives to restraints. | # of education sessions held monthly. | 100% of staff will be re-educated on restraint policy and alternatives to restraints by Sept 2024 | |

Change Idea #2 Maintain a restraint free home.

| Methods | Process measures | Target for process measure | Comments |
|--|----------------------------------|--------------------------------------|----------|
| Discuss restraint free approach during all tours. Ensure all external health partners are aware of restraint free philosophy of the home. Encourage staff to seek alternatives before discussing possibility of introducing a restraint. | Home will remain restraint free. | Target for process measure Dec. 2024 | |

Measure - Dimension: Safe

| Indicator #12 | 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 | Other / 2023 | 0.90 | 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 residents with PURS score of 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 correct staging of pressure injuries. | # of education sessions provided monthly for Registered staff on correct staging of pressure injuries. | 100% of registered staff will have received education on identification and staging of pressure injuries by Sept. 2024 | |