

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of family responding positively to " I have an opportunity to provide input to food and beverages options"	C	% / LTC home residents	In-house survey / 2023	72.90	85.00	Corporate target	

### Change Ideas

Change Idea #1 Sharing the Residents Food Committee minutes to the families.

Methods	Process measures	Target for process measure	Comments
Food Service Managers will be invited to attend the Family council meeting and to share the minutes of the meeting and the feedback from the food committee council regarding food and beverages options by April 20, 2024.	Increase percentage on the survey by 10%.		Ongoing feedback from the residents on the satisfaction with the food and beverages staff provided.

Change Idea #2 Engaged and invite resident to participate in the food tasting panel and get their feedback.

Methods	Process measures	Target for process measure	Comments
Food Service Manager will reach out to the supplier for new beverages product to taste and availability of new food product.	Increase percentage on the survey results and increase satisfaction to food and beverages served.		Ongoing feedback from the resident and the food committee of the food and beverages served.

## Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of resident responding positively to " I am satisfied with the food and beverages served."	C	% / LTC home residents	In-house survey / 2023	61.10	75.00	Corporate target	

## Change Ideas

Change Idea #1 Engage in regular discussion with residents on their satisfaction with food and beverages served.

Methods	Process measures	Target for process measure	Comments
Managers will be present in dining room to actively ask resident about their meal. Focus will be on the key questions from the survey that need improvement. Process will ensure that all meals are monitored within the week. Rotation of residents to ensure broad input.	Increase scores on survey, discussion will occur each day on at least one meal.	Ongoing feedback from the residents about the staff service being provided.	

## Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents positively responding to "My care conference is a meaningful discussion that focuses on what's working well, what can be improved and potential solutions"	C	% / LTC home residents	In-house survey / 2023	61.80	75.00	Corporate target	

## Change Ideas

Change Idea #1 Interpreter will be present during the care conference and physicians will use simple layman's terms when communicating to the residents.

Methods	Process measures	Target for process measure	Comments
Staff and the Physicians will involve the residents in the discussion and get their feedback related to their care.	Increase participation and involvement of the resident in their care.	Increase satisfaction survey result related to survey questions meaningful care conference.	

Change Idea #2 Improve residents' engagement.

Methods	Process measures	Target for process measure	Comments
Continue to invite and encourage residents to attend the schedule annual care conference.	keep track of the residents that is attending the care conference.	Improve residents' involvement in their care planning and communication from the interdisciplinary team.	

**Measure - Dimension: Patient-centred**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction - Would recommend by 10%.	C	% / LTC home residents	In-house survey / 2023	91.10	85.00	Corporate target	

**Change Ideas**

Change Idea #1 Continue to collaborate with the family and continue with the open door policy.

Methods	Process measures	Target for process measure	Comments
ED will continue to involve family council with any upcoming innovation and project in the home through the Family Council.	Increase survey result would recommend by 2%.	Ongoing feedback from the family	

**Measure - Dimension: Patient-centred**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of family responding positively to "The resident has input into the recreation programs available"	C	% / LTC home residents	In-house survey / 2023	79.75	85.00	Corporate target	

**Change Ideas**

Change Idea #1 Engage in regular discussions with the family about the resident choice program in the home.

Methods	Process measures	Target for process measure	Comments
Recreation Manager will share the information about Kennedy Lodge resident choice program to the family through calendar activities and activity pro.	Increase percentage on the survey by 10%	Ongoing feedback from the family.	

Change Idea #2 Improve collaboration with the family to encourage them to access the activity pro portal.

Methods	Process measures	Target for process measure	Comments
Recreation Manager to provide educational materials on how to access activity pro portal.	# of specific activities that were chosen by the residents.	Increased number of family accessing the activity pro portal.	

**Measure - Dimension: Patient-centred**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to " Staff take time to chat with me"	C	% / LTC home residents	In-house survey / 2023	56.80	75.00	Corporate target	

**Change Ideas**

Change Idea #1 Staff to engage residents in meaningful conversations.

Methods	Process measures	Target for process measure	Comments
Provide further education on the Person-centered care approach, Heart approach and Customer service training by June 30, 2024.	Increase percentage on the survey by 20%		All active staff will complete the re-education and training by June 30, 2024

Change Idea #2 Engage in regular discussion with residents during the resident's council meeting and or care conferences to gauge if the staff are taking time to converse with them.

Methods	Process measures	Target for process measure	Comments
Recreation Manager will have this as a standing agenda item for the council. Leadership team will ask residents feedback during their management by walk about.	Increase staff and residents' engagement and increase survey results.		Ongoing feedback from the residents on how the staff interact with them.

**Measure - Dimension: Patient-centred**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Residents' satisfaction - Would recommend by 10%	C	% / LTC home residents	In-house survey / 2023	80.20	75.00	Corporate target	

**Change Ideas**

Change Idea #1 Increase collaboration with resident council.

Methods	Process measures	Target for process measure	Comments
Daily touch base with the resident during MBWA- management by walk about.	Number of Managers collaborated with the resident council.	To increase satisfaction survey result would recommend by 25% on next survey.	

## Safety

### Measure - Dimension: Safe

Indicator #8	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	11.58	15.00	Corporate Set target	

### Change Ideas

Change Idea #1 Review care plan for all high-risk fallers.

Methods	Process measures	Target for process measure	Comments
Streamline interventions and conduct audits to ensure that appropriate interventions are in place and being utilized.	Outcome of the audits to be reviewed and re-audited for compliance.	To remain below CIHI benchmark monthly.	

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
1. Staff to do environmental assessments for all residents at high risk for falls at minimum monthly 2. Address any identified deficiencies from completed assessments	# of environmental assessments completed monthly # of identified deficiencies from assessments that were corrected monthly	Environmental risk assessments of resident spaces to identify fall risk will be completed by June 2024	



**Measure - Dimension: Safe**

Indicator #9	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	14.81	17.30	Corporate target	

**Change Ideas**

Change Idea #1 Residents on antipsychotics medications without diagnosis will be reviewed and audited. Diagnosis will be updated to reflect CiHI definition.

Methods	Process measures	Target for process measure	Comments
Audits and use of the CMAI assessment tools	Will continue with monthly CMAI for those residents on antipsychotics medication without diagnosis.	Will further decrease the number of residents without diagnosis by September 30, 2024	

Change Idea #2 To reduce the number of residents on anti- psychotic medication as per LTC Fixing the Long-Term care act

Methods	Process measures	Target for process measure	Comments
Continue with weekly BSO rounds to evaluate the effects of de-prescribing anti psychotics medication. Continue to liaison with our External partner.	Audits and monthly CMAI - Cohen Mansfield agitation index, GDS - Geriatric depression score and implementation of PIECES assessment.	Reduce the number of residents on anti-psychotics medication without diagnosis by 5% on the next quarter.	

**Measure - Dimension: Safe**

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents with Worsened Pressure ulcers stage 2 -4 ulcers.	C	% / LTC home residents	In house data collection / 2023	1.00	2.00	Corporate target	

**Change Ideas**

Change Idea #1 Continue to complete worsening wound checklist and re-evaluate treatment plan for worsening wounds.

Methods	Process measures	Target for process measure	Comments
weekly wound assessment and monthly wound care audits	Continue with monthly skin and wound care audits	To maintain below benchmark.	Continual monitoring of the change idea.

Change Idea #2 Review current bed systems/surfaces for residents with PURS score 3 or greater.

Methods	Process measures	Target for process measure	Comments
1. Develop list of residents with PURS score 3 or greater 2. Skin/wound team to review residents list to determine if surface meets their needs 3. Replace mattress/surface if required	# of residents with PURS score 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	Will continue to monitor the change idea.

**Measure - Dimension: Safe**

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents with daily physical restraints.	C	% / LTC home residents	In house data collection / 2023	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
1. Review all residents currently utilizing restraints 2. Meet with families/residents to discuss alternatives that could be trialed and determine action plan in collaboration with family/resident.	# of residents reviewed monthly # of meetings held with families/residents to discuss alternatives monthly	No restraints in the home	Continual monitoring of change idea.