

## Experience

### Measure - Dimension: Patient-centred

| Indicator #2                                 | Type | Unit / Population | Source / Period        | Current Performance | Target | Target Justification                                              | External Collaborators |
|----------------------------------------------|------|-------------------|------------------------|---------------------|--------|-------------------------------------------------------------------|------------------------|
| Resident would recommend this home to others | C    | % / Residents     | In-house survey / 2023 | 89.50               | 90.00  | Maintain high rate of resident satisfaction as compared with 2023 |                        |

### Change Ideas

Change Idea #1 Education on what spiritual care services are Increase doctor involvement in quality meetings and care conferences

| Methods                                                                                                                                                                           | Process measures                                                                                                                                                          | Target for process measure                                                                                                                                                                                                                                 | Comments |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Number of residents who are satisfied with spiritual care services offered reviewed annually<br>Number of residents satisfied with quality of care from doctors reviewed annually | Number of residents who are satisfied with spiritual care services offered will increase<br>Number of residents satisfied with quality of care from doctors will increase | We are aiming to increase the percentage of residents who would recommend this home from now until December 31, 2024 by increasing satisfaction with the spiritual care services provided and satisfaction with the quality of care offered by the doctors |          |

**Measure - Dimension: Patient-centred**

| Indicator #3                                                  | Type | Unit / Population | Source / Period        | Current Performance | Target | Target Justification                                                     | External Collaborators |
|---------------------------------------------------------------|------|-------------------|------------------------|---------------------|--------|--------------------------------------------------------------------------|------------------------|
| Resident satisfaction with variety of spiritual care services | C    | % / Residents     | In-house survey / 2023 | 73.30               | 75.00  | Improvement over 2023 and above long-term care division overall for 2023 |                        |

**Change Ideas**

Change Idea #1 Education to residents as to what spiritual care services are.

| Methods                                                                                                                   | Process measures                                                                     | Target for process measure                                                                                                                                                                       | Comments |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Recreation manager created template and is providing it to residents to educate as to what spiritual care activities are. | Number of residents satisfied with variety of spiritual care services will increase. | We are aiming to increase resident satisfaction with the variety of spiritual care services offered from now until December 31, 2024 by providing education on what spiritual care services are. |          |

**Measure - Dimension: Patient-centred**

| Indicator #4                                                    | Type | Unit / Population | Source / Period        | Current Performance | Target | Target Justification                                                     | External Collaborators |
|-----------------------------------------------------------------|------|-------------------|------------------------|---------------------|--------|--------------------------------------------------------------------------|------------------------|
| Resident satisfaction with the quality of care from the doctors | C    | % / Residents     | In-house survey / 2023 | 66.70               | 70.00  | Improvement over 2023 and above long-term care division overall for 2023 |                        |

**Change Ideas**

Change Idea #1 Involve MD in care conferences and quality meetings.

| Methods                                                                                          | Process measures                                                                 | Target for process measure | Comments                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Discussions with the MD to schedule care conferences and quality meetings to enhance attendance. | Percent of satisfaction with the quality of care from the doctors will increase. |                            | We are aiming to increase the percent of resident satisfaction with the quality of care from doctors from now until December 31, 2024 by arranging greater involvement of MD in care conferences and quality meetings. |

**Measure - Dimension: Patient-centred**

| Indicator #5                               | Type | Unit / Population | Source / Period        | Current Performance | Target | Target Justification                                          | External Collaborators |
|--------------------------------------------|------|-------------------|------------------------|---------------------|--------|---------------------------------------------------------------|------------------------|
| Family would recommend this home to others | C    | % / Family        | In-house survey / 2023 | 90.50               | 91.00  | Maintain high rate of family satisfaction as compared to 2023 |                        |

**Change Ideas**

Change Idea #1 Increase the percentage of satisfaction with continence care product choices and spiritual care services.

| Methods                                                                                                                                                                           | Process measures                                                                                                                                                          | Target for process measure                                                                                                                                                                                                                          | Comments |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Number of families satisfied with the continence products choices in the home reviewed annually. Number of families satisfied with the spiritual care services reviewed annually. | Number of families satisfied with the continence products choices in the home will increase. Number of families satisfied with the spiritual care services will increase. | We are aiming to increase the percentage of families who would recommend this home from now until December 31, 2024 by increasing satisfaction with the continence care product choices and satisfaction with the spiritual care services provided. |          |

**Measure - Dimension: Patient-centred**

| Indicator #6                                                    | Type | Unit / Population | Source / Period        | Current Performance | Target | Target Justification                                                     | External Collaborators |
|-----------------------------------------------------------------|------|-------------------|------------------------|---------------------|--------|--------------------------------------------------------------------------|------------------------|
| Family satisfaction with the variety of spiritual care services | C    | % / Family        | In-house survey / 2023 | 64.70               | 70.00  | Improvement over 2023 and above long-term care division overall for 2023 |                        |

**Change Ideas**

Change Idea #1 Education to families regarding what spiritual care services are.

| Methods                                                                                                               | Process measures                                                                    | Target for process measure | Comments                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Recreation manager created template and is providing to families to educate as to what spiritual care activities are. | Number of families satisfied with variety of spiritual care services will increase. |                            | 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. |

**Measure - Dimension: Patient-centred**

| Indicator #7                                                             | Type | Unit / Population | Source / Period        | Current Performance | Target | Target Justification                                                     | External Collaborators |
|--------------------------------------------------------------------------|------|-------------------|------------------------|---------------------|--------|--------------------------------------------------------------------------|------------------------|
| Family satisfaction with the choice of continence care products provided | C    | % / Family        | In-house survey / 2023 | 62.50               | 65.00  | Improvement over 2023 and above long-term care division overall for 2023 |                        |

**Change Ideas**

Change Idea #1 Education to be provided to the families regarding continence care products and choice.

| Methods                                                                                          | Process measures                                                                        | Target for process measure | Comments                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Arrange education with 3M to provide education to families and the use of educational resources. | Percent of satisfaction with choice of continence care products provided will increase. |                            | We are aiming to increase the satisfaction of families with the choice of continence care products from now until December 31, 2024 by providing education to families. |

## Safety

### Measure - Dimension: Effective

| Indicator #1                         | Type | Unit / Population | Source / Period       | Current Performance | Target | Target Justification         | External Collaborators |
|--------------------------------------|------|-------------------|-----------------------|---------------------|--------|------------------------------|------------------------|
| Percent of residents with restraints | C    | % / Residents     | CIHI CCRS / 2023-2024 | 0.00                | 0.00   | Maintain current performance |                        |

### Change Ideas

#### Change Idea #1 Ongoing education to families on admission and ongoing

| Methods                                                                                                                             | Process measures                                             | Target for process measure                                                                                                                                        | Comments |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Education to be provided during admission process, at care conferences, and situational care conferences as identified need arises. | Monitor monthly QI CIHI percent of residents with restraints | We are aiming to maintain current percentages from now until December 31, 2024 by providing ongoing education to families and/or residents as need is identified. |          |

#### Change Idea #2 Offer alternative interventions such as recreation, medication review, and staff engagement to keep residents engaged.

| Methods                                                      | Process measures                                                       | Target for process measure                                                                                                                                                               | Comments |
|--------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Review CIHI QI percent of residents with a restraint monthly | Number of residents with a restraint will remain at current percentage | We are aiming to maintain current percentages from now until December 31, 2024 by providing recreational activities, staff engagement for keeping residents engaged, medication reviews. |          |

## Change Idea #3 Re-evaluation of restraints as situations change

| Methods                                                                                                   | Process measures                                             | Target for process measure                                                                                                                                                       | Comments |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Monthly review of CIHI QI percent of residents with a restraint Review resident at risk at morning report | Maintain the current percentage of residents with restraints | We are aiming to maintain current percentages from now until December 31, 2024 by evaluating the restraint quality indicator and reviewing high risk residents at morning report |          |

## Change Idea #4 Education to staff on risks associated with restraints

| Methods                                                | Process measures                                         | Target for process measure                                                                                                                         | Comments |
|--------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Monthly review of percent of residents with restraints | Maintain current percentage of residents with restraints | We are aiming to maintain current percentages from now until December 31, 2024 by providing education to staff on risks associated with restraints |          |

## 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 | 16.94               | 15.00  | Improvement from 2023 and to meet Extencicare benchmark |                        |

## Change Ideas



## Change Idea #1 Recreation providing programs during break times.

| Methods                                                                                                                                                                                                                                                                                                      | Process measures                                                   | Target for process measure                                                                                                                                                                        | Comments                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Review monthly falls that occurred the prior month and identify frequent fallers and frequent times at which falls occur. ED/DOC completes monthly review. Falls lead conducts root cause analysis as need is identified. Weekly audits completed by falls lead. Risk management review completed by ED/DOC. | Numbers of residents who have fallen during break times for staff. | We are aiming to reduce the number of residents who fall during break times by 20% from now to December 31, 2024 by increasing the provision of recreational activities during staff break times. | Identifying pain and other factors (such as pressure) that may be leading to falls. Determining the root cause for each individual resident and gearing interventions towards the root cause. For example, Dycem used to reduce risk of resident sliding out of chair. |

## Change Idea #2 Programs to be provided on both floors and transfer residents between floors.

| Methods                                                                                                                                                                                                                                                                                                      | Process measures                                                                 | Target for process measure                                                                                                                                                                | Comments                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Review monthly falls that occurred the prior month and identify frequent fallers and frequent times at which falls occur. ED/DOC completes monthly review. Falls lead conducts root cause analysis as need is identified. Weekly audits completed by falls lead. Risk management review completed by ED/DOC. | Number of programs between floors will be evenly distributed between the floors. | We are aiming to reduce the number of falls on second floor by 25% from now until December 31, 2024 by ensuring a more equalized distribution of programs between first and second floor. | Recreation team partners with external members for music, dog therapy, and other programs to be offered within the home. |

## Change Idea #3 Education for staff surrounding restorative care to help improve resident independence

| Methods                                                                                                                                                                  | Process measures                                                  | Target for process measure                                                                                                                                                                                     | Comments                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Staff educator tracks staff on the education tracker who have completed education and arranging education for those staff who have not been trained in restorative care. | Number of staff who have completed restorative care will increase | We are aiming to increase the number of staff who have received restorative care education from now to December 31, 2024 by arranging more education opportunities with Achieva for all staff within the home. | Through additional training more staff will participate in restorative care programs to help improve resident independence and ability to ambulate with reduced risk. More staff will be able to assist in identifying who is appropriate for the program. |

Change Idea #4 Interdisciplinary fall rounds meetings will occur weekly with staff on the floor.

| Methods                                                                                                                                                                                           | Process measures                                                          | Target for process measure                                                                                                                                                                          | Comments                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Falls lead will continue to review falls weekly and identify and follow up with each fall. Falls lead will hold weekly meetings on the floor and discuss with staff the follow up from each fall. | Number of falls meetings occurring monthly will be four to five per month | We are aiming to increase staff involvement in falls meetings by 20%, from now to December 31, 2024 by ensuring weekly meetings are occurring and staff from alternate departments are represented. | Staff from various departments will participate in weekly meetings and provide insights and feedback. |

### 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 | 10.39               | 10.00  | Maintain performance from 2023 |                        |

### Change Ideas

### Change Idea #1 Utilizing external resources to assist in strategies for nonpharmacological interventions.

| Methods                                                                                                                                           | Process measures                                                    | Target for process measure                                                                                                                                        | Comments |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Responsive behaviour lead holds weekly meetings with BSO on site Responsive behaviour lead holds monthly meetings and education sessions with PRC | Monitor antipsychotic indicator monthly<br>Monitor DST tool monthly | We are aiming to reduce the number of residents receiving antipsychotics from now to December 31, 2024 through regular routine involvement of external resources. |          |

### Change Idea #2 Responsive behaviour lead conducting biweekly rounds with MD

| Methods                                                                                                                                                                       | Process measures                                                                                 | Target for process measure                                                                                                                                                   | Comments |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Monthly reports received from pharmacy for residents receiving antipsychotics Monthly quality indicators reviewed for residents triggering antipsychotics without a diagnosis | Monitor antipsychotic QI monthly<br>Monitor DST tools as part of antipsychotic reduction program | We are aiming to reduce the number of residents receiving antipsychotics from now until December 31, 2024 through the responsive behaviour lead meeting biweekly with the MD |          |

### Change Idea #3 Staff to receive education on responsive behaviours and education geared towards individual resident responsive behaviours

| Methods                                                                                                                                                               | Process measures                                                                                               | Target for process measure                                                                                                                                               | Comments |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| PRC visits home monthly and provides identified education needs within the home Education opportunities provided from external providers are utilized within the home | Increased number of staff receiving external education<br>Increased number of in house education opportunities | We are aiming to reduce the number of residents receiving antipsychotics from now until December 31, 2024 through providing additional education opportunities for staff |          |

## Change Idea #4 New antipsychotic reduction program implemented within the home

| Methods                   | Process measures                                                                                                                                                                                                                                         | Target for process measure                                                                                                                                                                                     | Comments |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| DST tool reviewed monthly | Number of residents receiving antipsychotics without a diagnosis as part of DST tool<br>Number of residents receiving antipsychotics with a diagnosis as part of DST tool<br>CIHI QI percent of residents receiving an antipsychotic without a diagnosis | We are aiming to reduce the percent of residents receiving antipsychotics without a diagnosis from now until December 31, 2024 through monthly updates and review of antipsychotic reduction program DST tool. |          |

## Measure - Dimension: Safe

| Indicator #10                                                       | Type | Unit / Population | Source / Period       | Current Performance | Target | Target Justification                                         | External Collaborators |
|---------------------------------------------------------------------|------|-------------------|-----------------------|---------------------|--------|--------------------------------------------------------------|------------------------|
| Percentage of residents with worsening pressure ulcers at stage 2-4 | C    | % / Residents     | CIHI CCRS / 2023-2024 | 2.86                | 2.00   | Maintain percentage of worsened pressure ulcers below target |                        |

## Change Ideas

## Change Idea #1 3M to provide wound care education to staff

| Methods                                                    | Process measures                                           | Target for process measure                                                                                                                                            | Comments |
|------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Monthly review of worsening pressure ulcers CIHI indicator | Number of staff educated on wound care by 3M will increase | We are aiming to reduce the number of worsening pressure ulcers from now until December 31, 2024 by increasing the number of staff who have received education by 3M. |          |

## Change Idea #2 Education on wound staging to frontline staff

| Methods                                                                                                              | Process measures                                                                       | Target for process measure                                                                                                                                                    | Comments |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Monthly review of worsening pressure ulcers from CIHI QI's Utilize NP to provide education to staff on wound staging | Number of staff who have received wound staging to frontline staff will have increased | We are aiming to reduce the number of residents with worsening pressure ulcers from now until December 31, 2024 by increasing education for frontline staff on wound staging. |          |

## Change Idea #3 SALT training focus on resident transfers to reduce potential skin tears

| Methods                                                                                                                                                                                                                                                                     | Process measures                                                                                                                                                                                                                                    | Target for process measure                                                                                                                                                                       | Comments |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Review RMM trends for care and treatment focus Cushion audits for proper inflation Pulling POC for treatment compliance (turning and repositioning) Review CI analysis surround improper SALT transfers Monitor UDA to ensure assessments are being done in a timely manner | Number of worsened pressure ulcers reviewed monthly Number of RMM trends for care and treatment reviewed monthly Number of cushion audits for proper inflation reviewed monthly Number of CI's surrounding improper SALT transfers reviewed monthly | We are aiming to reduce the number of residents with worsened pressure ulcers from now until December 31, 2024 by focusing on SALT training for staff to reduce the risk of potential skin tears |          |

## Change Idea #4 Review residents at risk at morning report

| Methods                                                                                                                      | Process measures                                                              | Target for process measure                                                                                                                                       | Comments |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Review monthly CIHI QI of residents with worsened pressure ulcers Review residents at risk during weekdays at morning report | Number of residents identified at risk at morning report on weekdays reviewed | We are aiming to reduce the number of residents with worsened pressure ulcers from now until December 31, 2024 by reviewing residents at risk at morning report. |          |