

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who would positively respond to the statement "I would recommend this home" on the Annual Resident Satisfaction Survey.	C	% / LTC home residents	In-house survey / 2023-2024	100.00	75.00	Corporate Target	

Change Ideas

Change Idea #1 Ensure that residents are given the opportunity to become involved in the running of Oak Terrace through participation in Resident Council

Methods	Process measures	Target for process measure	Comments
Every Resident is invited monthly to our Residents' Council meeting	1.Ensure all residents receive a calendar supplied to them monthly. 2.Reminder will be announced day of Resident's council meeting	Remain above 75% Satisfaction on 2024 Survey to the statement "I would recommend this home"	

Change Idea #2 Ensure residents are well informed with changes are updates that are occurring in the home

Methods	Process measures	Target for process measure	Comments
1. Information will be provided by Recreation manager 2. Request invitation for Executive Director or Director of Care to attend Residents council and answer any questions residents may have	Provide minutes to can be shared among all residents that cannot attend Residents Council	Remain above 75% Satisfaction on 2024 Survey to the statement "I would recommend this home"	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of families who would positively respond to the statement "I would recommend this home" on the Annual Family Satisfaction Survey.	C	% / Family	In-house survey / 2023-2024	83.30	85.00	Corporate Target	

Change Ideas

Change Idea #1 Ensure all families receive invitations to attend quarterly Family Forum meetings

Methods	Process measures	Target for process measure	Comments
All families are invited quarterly to attend Family Forum and they receive a copy of the Resident's Program Calendar	Complete tracking to ensure all families receive invitations to Family Forum	100% of our families will receive notification or an invitation to quarterly Family Forum meetings	

Change Idea #2 Ensure that families are given the opportunity to become involved in the running of Oak Terrace through participation in Quality Council

Methods	Process measures	Target for process measure	Comments
Family members will be invited to attend in person or virtually, quarterly Quality Council meetings	Family members will be called to determine if they would be interested and available to attend a Quality Council meeting. If response is positive, an invite will be sent by email.	Remain above 75% Satisfaction on 2024 Survey to the statement "I would recommend this home"	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who would positively respond to the statement "I am satisfied with the quality of care from doctors"	C	% / LTC home residents	In-house survey / 2023-2024	50.00	65.50	Corporate Target	

Change Ideas

Change Idea #1 Ensure residents are well informed regarding the role of medical directors in the home

Methods	Process measures	Target for process measure	Comments
1)Request invitation to Resident Council with MD to discuss: • Resident expectations of MDs vs Resident experiences with MDs 2)Request invitation to Resident Council to introduce NP to residents and her role in the home 3)Include letter from MD in admission packages explaining role in the home 4)Ensure residents are kept up to date with changes to their medications/orders by Charge Nurse or designate	1)Have one on one conversations with residents to see if they have seen an improvement with the quality of care from the doctors 2)Create paper survey to be disbursed and filled in anonymously at residents' council to see if they have seen improvement with the quality of care from doctors	Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the quality of care from doctors"	

Change Idea #2 Ensure there is effective communication between physician and residents when changes are made to medications or treatments

Methods	Process measures	Target for process measure	Comments
1. Charge nurse or designate will advise residents on changes made 2. Will create communication book that Charge nurse will keep track for residents that would like to speak with Physician during Weekly Rounds	1)Have one on one conversations with residents to see if they have seen an improvement with the quality of care from the doctors 2)Create paper survey to be disbursed and filled in anonymously at residents' council to see if they have seen improvement with the quality of care from doctors	Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the quality of care from doctors"	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who would positively respond to the statement "I am satisfied with the temperature of my food and beverages"	C	% / LTC home residents	In-house survey / 2023-2024	82.10	67.80	Corporate Target	

Change Ideas**Change Idea #1** Reviewing process of meal delivery and service

Methods	Process measures	Target for process measure	Comments
Review processes to review that they are working effectively. This would include how food is produced, delivered to floor and served at each meal time/floor (process, equipment, staffing practices)	audit on weekly basis-between all meals	Increase 5% positive response on 2024 Survey to the statement "I am satisfied with the temperature of my food and beverages"	

Change Idea #2 Ensure residents have input at Food Committee meetings

Methods	Process measures	Target for process measure	Comments
1. Dietary Manager will head Food Committee meetings to gain insight regarding food delivery	1.audit on weekly basis-between all meals 2.Surveys at Food Committee meetings	Increase 5% positive response on 2024 Survey to the statement "I am satisfied with the temperature of my food and beverages"	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of families who would positively respond to the statement "I am satisfied with the quality of care from doctors"	C	% / Family	In-house survey / 2023-2024	63.60	71.80	Corporate Target	

Change Ideas

Change Idea #1 Ensure families are educated regarding the role of Physician, Physician Assistant and Nurse Practitioner at Oak Terrace

Methods	Process measures	Target for process measure	Comments
1)Request Physician and Nurse Practitioner to attend our Family Forums to explain their roles and answer any questions 2 times/year 2)Provide Family Forum meeting minutes in family newsletter following meeting 3)Include letter from Physician in Admission package educating on the role in the home 4)Ensure Charge Nurse or delegate is contacting families when changes are made to medications, treatment plans or care plan changes	1)Audit to ensure there has been family contact with changes 2)Do anonymous survey with families that attend Family Forum regarding "I am satisfied with the quality of care from doctors"	Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the quality of care from doctors"	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of families who would positively respond to the statement "I am satisfied with the quality of cleaning services throughout the home"	C	% / Family	In-house survey / 2023 -2024	66.70	75.80	Corporate Target	

Change Ideas

Change Idea #1 Improve room cleanliness of resident areas- dining rooms, front entrance, stairwells, flooring etc.

Methods	Process measures	Target for process measure	Comments
1. Housekeeping job duties revamped 2. Re-create deep cleaning schedule 2. Audits on housekeeping and laundry	1. Get feedback from families at Family forum 2. Give anonymous paper surveys to see if services have improved 3. Provide audit numbers to families at Family Forum and Quality Council	Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the quality of cleaning services throughout the home"	

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1. Housekeeping job duties revamped 2. Re-create deep cleaning schedule 2. Audits on housekeeping and laundry	1. Get feedback from families at Family forum 2. Give anonymous paper surveys to see if services have improved 3. Provide audit numbers to families at Family Forum and Quality Council	Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the quality of cleaning services throughout the home"	

Safety

Measure - Dimension: Safe

Indicator #7	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	20.83	13.00	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
1. Review current high-risk residents for falls to identify their needs/preferences for activities 2. 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	Specific activity program at afternoon change of shift will be implemented by June 2024	

Change Idea #2 Increase clinical staff coverage during high falls risk time

Methods	Process measures	Target for process measure	Comments
1. Review current high-risk residents for falls to identify their needs for toileting after meals 2. Review break for clinical staff to ensure appropriate coverage on the floor to supervise	# of high risk falls residents reviewed # of staff on break during high risk fall periods reviewed	Decrease in #falls	

Change Idea #3 Increase attention to front line staff regarding increased falls rate

Methods	Process measures	Target for process measure	Comments
Campaign to bring attention to front line staff about falls rate and QIP to reduce falls by 5% over the next year. Will use posted falls rate for all units comparing falls rate over time (quarter by quarter) with posters on staff boards. 2. Report on falls rate at monthly staff meetings	Staff meeting minutes and updated posters/campaign will be evidence of methods in place	Reduce falls by 5% by end of 2024	

Measure - Dimension: Safe

Indicator #8	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	X	18.00	Corporate target	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
1) Review all residents who are currently prescribed antipsychotics 2) Review plan of care for supporting diagnosis 3) 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
1) Provide families with best practice information on reducing antipsychotics such as – Family Fact sheet from Canadian Geriatric Society, Pharmacy etc. 2) 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	Educational material will be provided to families and/or residents on antipsychotics and important of minimizing use by Sept 2024	

Measure - Dimension: Safe

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents in daily physical restraints over the last 7 days	C	% / Residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	1.40	4.00	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	# residents reviewed monthly # of meetings held with families/residents to discuss alternatives monthly # of action plans in place for reduction of restraints in collaboration with family/resident monthly	100% of restraints will be reviewed and plans implemented for trialing alternatives by	

Change Idea #2 Re-educate 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	

Measure - Dimension: Safe

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents with worsened ulcers stages 2-4	C	% / Residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	6.10	2.00	Corporate target	

Change Ideas

Change Idea #1 Increase care staff knowledge as it relates to preventative and management of skin integrity.

Methods	Process measures	Target for process measure	Comments
Education to be provided in variety of ways to increase both PSW and Registered Staff knowledge. Staff Educator/Wound care champion will complete wound rounds and provide one-to-one education on wound care; Staff educator/Wound Care Champion will provide hands on instruction on skin care, wound care and transfer techniques to avoid injury.	# of newly acquired pressure injuries will be monitored monthly. % of residents with worsening pressure injuries will be monitored monthly.	% of worsened pressure injuries will decrease to target of 2%.	

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. Create list for residents at risk 2. Discuss with team regarding need to change bed surface	# of newly acquired pressure injuries will be monitored monthly. % of residents with worsening pressure injuries will be monitored monthly.	A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by August 2024	