

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from dietitian(s)	C	% / LTC home residents	Other / 2023	42.90	69.20	Corporate Target	

Change Ideas

Change Idea #1 Booking care conferences on days dietician is in for residents who are high risk, dietary manager to attend all other conferences.

Methods	Process measures	Target for process measure	Comments
Manager oversee the care conference schedule, audit how many and whom were in attendance	In order to measure the idea is working, the number of conferences dietary manager attends will be audited	High risk resident's will have the Dietician attend their care conference by the end of March	

Change Idea #2 Request feedback from resident's council related to concerns they want addressed.

Methods	Process measures	Target for process measure	Comments
The recreation manager will collect the concerns and bring those and any suggestions to leadership for improvement plans.	The recreation manager will track the number of concerns and the outcome of implementations.	The number of resident concerns brought to resident council will decrease to 10% by end of May	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident satisfaction - would recommend.	C	% / LTC home residents	In-house survey / 2023	84.60	75.00	Corporate Target	

Change Ideas

Change Idea #1 My care conference is a meaningful discussion that focuses on what's working well, what can be improved, and potential solutions.

Methods	Process measures	Target for process measure	Comments
Revamp of care conference schedules and notification to families. Discuss admission care conference date on day of admission.	Schedules will be implemented and communicated. Target percentages will improve in this section.	80 percent of care conferences will have family and residents in attendance in the next quarter, 100% of care conferences will be scheduled and communicated	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family satisfaction - would recommend.	C	% / LTC home residents	In house data collection / 2023	88.90	85.00	Corporate target	

Change Ideas

Change Idea #1 The resident has input into the recreation programs available.

Methods	Process measures	Target for process measure	Comments
Recreation activities calendar to be presented and discussed at Resident Council for suggestions and feedback.	Number of implemented suggestions would be measured as a comparison	Target percentages would increase on survey results in the next fiscal year	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents with worsened ulcers stage 2-4	C	% / LTC home residents	POC/PCC Audits / Q3 audits	0.00	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
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	

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	16.35	15.00	Corporate Target	

Change Ideas**Change Idea #1 Re- Establish the Falls Team**

Methods	Process measures	Target for process measure	Comments
Meet regularly throughout 2024. Falls team to continue to act as resource to front line staff.	Set monthly meetings and record minutes each month. Continued education to front line and new staff.	Increased in attendance for meetings and education targets are met.	

Change Idea #2 Determining root cause of resident falls

Methods	Process measures	Target for process measure	Comments
Falls team to evaluate and audit falls as they occur and look into what preceded the falls, new medications, new location etc.	Number of audits completed monthly	Trend analysis to identify fall risk will be completed by June 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	9.23	17.30	Corporate target	

Change Ideas

Change Idea #1 Medication reviews completed for all residents currently prescribed antipsychotics as indicated with monitoring program.

Methods	Process measures	Target for process measure	Comments
Review all residents who are currently prescribed antipsychotics.	Number of residents reviewed monthly.		All residents currently prescribed antipsychotics will have a medication review completed within the next quarter

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with restraints	C	% / LTC home residents	CIHI CHRP public reporting website / 4 rolling quarters	2.30	2.50	Corporate target	

Change Ideas

Change Idea #1 Review current restraints and determine plan to try alternatives

Methods	Process measures	Target for process measure	Comments
Review all residents currently utilizing restraints Meet with families/residents to discuss alternatives that could be trialed and determine action plan in	# residents reviewed monthly # of meetings held with families/residents to discuss alternatives monthly	100% of restraints will be reviewed and plans implemented for trialing alternatives by Sept 2024	