

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 all residents are given the opportunity to become involved in Resident Council meetings in the home monthly

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|----------|
| Every resident is invited monthly to the Residents' Council meeting and receive a monthly Program Calendar | Ensure all residents that are invited to attend resident council are tracked monthly | 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 residents who would positively respond to the statement "I have friends in the home" on the Annual Resident Satisfaction Survey. | C | % / LTC home residents | In-house survey / 2023-2024 | 73.30 | 75.00 | Corporate Target | |

Change Ideas

Change Idea #1 Provide a Welcome Tea for new residents and introduce residents who have similar interest/hobbies -Creating Bonds

| Methods | Process measures | Target for process measure | Comments |
|--|---|---|----------|
| Utilize Co-op Student to re-introduce Program Plan for Newcomers Tea- (Event). Through the admission process, introduce residents to other residents who have similar interest/hobbies creating Friendships within the home. Provide Friendly Visits weekly with various residents 4) Provide Friendship Circle monthly with residents | Gather feedback about new programs at Resident Council meetings. Gather resident satisfaction by conducting Activity Pro Program Survey | Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I have friends in the home" | |

Change Idea #2 Introduce "Friendly Visits" program weekly to our residents

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|----------|
| Utilize Co-op Student to create new Program Friendship Circle. Recruit volunteers to maintain program going forward | Gather feedback about new programs at Resident Council meetings. Gather resident satisfaction by conducting Activity Pro Program Survey | Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I have friends in the 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" on the Annual Resident Satisfaction Survey. | C | % / LTC home residents | In-house survey / 2023-2024 | 60.00 | 75.00 | Corporate Target | |

Change Ideas

Change Idea #1 Request invitation to Resident Council to discuss: • Resident expectations of MDs vs Resident experiences with MDs • Role of new NP

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|----------|
| Request invitation to Resident Council to discuss resident expectations of MDs vs Resident experiences with MDs Role of new NP | DOC will attend Resident Council in March and again in July 2024 | 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 DOC/ADOC/Charge Nurse to follow-up with residents after a MD/NP visit for feedback weekly, tracked and discussed during monthly Quality Days

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|----------|
| DOC, ADOC or Charge nurse will seek feedback from 1 resident who had received a visit from the MD/NP that week. Concerns will be documented and followed up | An analysis of feedback will be completed to determine trends and actioned where appropriate | Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the quality of care from doctors" | |

Change Idea #3 Implement the use of updated SBAR forms to better communicate concerns with MD/NP • Provide education to registered staff on SBAR use on a as needed basis

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|----------|
| SBAR tailored for use in LTC to be created with detailed instructions on the type of information to be included in each section | Will seek feedback from MD/NP to see if the information in the SBAR is providing improved communication and action any gaps identified | 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 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 | 69.20 | 85.00 | Corporate Target | |

Change Ideas

Change Idea #1 Ensure all families are provided information on how to form a Family Council

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| Provide information on how to form a Family Council in the new admission package and twice yearly in the Family Newsletter and at Family Forum | Audit new admission package to ensure "How to form a Family Council information" is included. Track which months "How to form a Family Council" information is included in the Newsletters and Family Forum meetings | 100% of families receive information on how to form a Family Council | |

Change Idea #2 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 #3 Family members to be included in quarterly Quality Council meetings

| 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 or Canada Post if there is no email | Family members will be in attendance at all Quality Council Meetings | |

Measure - Dimension: Patient-centred

| Indicator #5 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|-------------------|------------------------------|---------------------|--------|----------------------|------------------------|
| Percentage of family members who would positively respond to the statement "I am satisfied with the timing and schedule of spiritual care services" on the Annual Family Satisfaction Survey. | C | % / Family | In-house survey / 2023 -2024 | 50.00 | 75.00 | Corporate Target | |

Change Ideas

Change Idea #1 Provide family Education of "What is spirituality?"

| Methods | Process measures | Target for process measure | Comments |
|--|---|---|----------|
| Provide information "What is spirituality" meaning- What's the difference between religion and spirituality? | Complete tracking tool to ensure all families receive spirituality education and the online survey. | Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the timing and schedule of spiritual care services" | |

Change Idea #2 Develop an Online Survey, with paper format if required, for families soliciting input about what spirituality means to them and their expectations of spirituality timing and schedule of spiritual care services

| Methods | Process measures | Target for process measure | Comments |
|--|---|---|----------|
| Conduct an online Survey soliciting what spirituality means to them and their expectations of spirituality, timing, and schedule of spiritual care services. Provide paper copy to the 2 families that do not have email and anyone else that requests it. | Evaluate results from online survey to provide further opportunities for improvement. | Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the timing and schedule of spiritual care services" | |

Measure - Dimension: Patient-centred

| Indicator #6 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|-------------------|------------------------------|---------------------|--------|----------------------|------------------------|
| Percentage of family members who would positively respond to the statement "The resident has input into the Recreation Programs available: on the Annual Family Satisfaction Survey. | C | % / Family | In-house survey / 2023 -2024 | 50.00 | 75.00 | Corporate Target | |

Change Ideas

Change Idea #1 Share with families the results of "Suggested Programs for the future" agenda item from Resident Council. Additionally, share with families the results of monthly Pulse Survey's completed by residents about Recreation Programs.

| Methods | Process measures | Target for process measure | Comments |
|--|---|--|----------|
| Through the monthly Family Newsletter and quarterly Family Forum meetings, share the information we collect from residents to deliver programs the residents are interested in | Create a tracking tool to ensure all families receive the monthly newsletter and quarterly Family Forum invitations and minutes | Increase positive response to 75% Satisfaction on 2024 Survey to the statement "The resident has input into the Recreation Programs available" | |

Change Idea #2 Share with Families our Admission Initial Recreation Assessment, "All About Me", and how we use it to enhance person centered care and programming.

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| During the Admission Care Conference, share the completed "All About Me" assessment. Seek input unless information was collected from family earlier. Through quarterly Family Forum meetings, share how the information we collect from residents is used to deliver programs the residents are interested in | Create a tracking tool to ensure all families receive a quarterly Family Forum invitation and minutes. | Increase positive response to 75% Satisfaction on 2024 Survey to the statement "The resident has input into the Recreation Programs available" | |

Measure - Dimension: Patient-centred

| Indicator #7 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|-------------------|-----------------------------|---------------------|--------|----------------------|------------------------|
| Percentage of family members who would positively respond to the statement "Continence care products are available when the resident needs them" on the Annual Family Satisfaction Survey. | C | % / Family | In-house survey / 2023-2024 | 50.00 | 75.00 | Corporate Target | |

Change Ideas

Change Idea #1 Provide education by: Attending Family Council to discuss Understandings/beliefs around incontinence products and their use in LTC; including information quarterly in the monthly Family Newsletter on continence products and their use and include family education on incontinence products and their use in LTC with admission packages

| Methods | Process measures | Target for process measure | Comments |
|--|---|--|----------|
| Attend Family Forum meeting to discuss current understanding around incontinence products. Following meeting obtain education information from Prevail around and misunderstandings. Present education through the Newsletter and future Family Forum meetings | Three educational inserts will be placed in monthly Newsletters between April and December. Incontinence products will be discussed at Family Forum at least once between April and December. | Increase positive response to 75% Satisfaction on 2024 Survey to the statement "Continence care products are available when the resident needs them" | |

Change Idea #2 Implement use of Prevail signs posted in resident closets for easy referral by PSWs

| Methods | Process measures | Target for process measure | Comments |
|---|--|--|----------|
| Create cards for each resident that indicates which product they have been assigned for days/evenings/nights and post in the resident's closet for easy reference | Cards will be in use by March 31, 2024 | Increase positive response to 75% Satisfaction on 2024 Survey to the statement "Continence care products are available when the resident needs them" | |

Change Idea #3 Create PSW education on use of incontinence products

| Methods | Process measures | Target for process measure | Comments |
|--|---|--|----------|
| Working with Prevail specialists, create focused education for PSWs on how products are chosen for residents, how to effectively use products and how to determine if a different product is more appropriate for resident | Two separate education sessions will be held between April and December. The first education session will include a pre-knowledge test and the second session will include knowledge retention test | Increase positive response to 75% Satisfaction on 2024 Survey to the statement "Continence care products are available when the resident needs them" | |

Change Idea #4 Implement use of updated incontinence product change form

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| The updated product change form will be obtained from Prevail representatives and use will be implemented. These forms require more information for a change request | All product change requests will be required to be submitted using the updated forms to be processed | Increase positive response to 75% Satisfaction on 2024 Survey to the statement "Continence care products are available when the resident needs them" | |

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 | 16.17 | 13.00 | Corporate target | |

Change Ideas

Change Idea #1 Establish weekly Interdisciplinary meetings to review falls and interventions to reduce falls.

| Methods | Process measures | Target for process measure | Comments |
|--|---|---|----------|
| 1) Review current high-risk residents for falls to identify their needs/preferences for activities with aim to create individualized interventions 2) Review residents with 3 or more falls in a 3-month period to identify potential patterns and create individualized interventions | 1) Two residents reviewed for activity needs/preferences weekly 2) On each fall, run report to determine if resident meets criteria and if so, look for patterns and discuss in weekly falls meeting to determine potential personalized interventions" | Number of falls that high-risk residents have decreases | |

Change Idea #2 Create falls kit (bed pressure alarm, chair pressure alarms, motion detector alarm, clip alarm and selection of sizes of non skid socks, include location of falls mat storage) that is accessible to staff and provide education to staff

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|----------|
| DOC/ADOC to ensure falls kits are restocked and available for | Audits completed weekly to ensure there are kits available and all there are no missing items | Number of falls decrease from current performance of 16.17% | |

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 | X | 18.00 | Corporate Target | |

Change Ideas

Change Idea #1 Ensure all new residents admitted on antipsychotic medications without a diagnosis are reviewed by the Medical Director

| Methods | Process measures | Target for process measure | Comments |
|---|--|--|----------|
| Medical Director will be notified by Nursing team of any new admission on antipsychotic medications without a diagnosis | Monthly all new admissions on antipsychotic medications without a diagnosis will be reviewed by Medical Director | 100% of all new admissions on antipsychotic medications without a diagnosis will be reviewed by Medical Director | |

Change Idea #2 Ensure antipsychotics are prescribed appropriately

| Methods | Process measures | Target for process measure | Comments |
|---|---|--|----------|
| Participate in the redeveloped Appropriate and Safe Antipsychotic Prescribing program which includes being to use the Cohen Mansfield Agitation Inventory | Monthly, review residents that had annual RAI/MDS assessment and complete Cohen Mansfield Agitation Inventory when determined appropriate, begin plan to attempt reduction in Antipsychotic Prescribing | Identified residents will successfully have a reduction in antipsychotic prescribing | |

Measure - Dimension: Safe

| Indicator #10 | 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 | 0.00 | 4.00 | Corporate Target | |

Change Ideas

Change Idea #1 Educate staff on restraint policy and use of alternatives to restraints in Annual Mandatory Education

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|----------|
| Deliver education to all staff on restraint policy and alternatives to restraints | % of Staff to complete Annual Mandatory Education | 100% of staff will be educated on restraint policy and alternatives by May 2024 | |

Measure - Dimension: Safe

| Indicator #11 | 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 | 2.50 | 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 | 1) Monthly, review residents that had RAI/MDS assessment to determine residents with PURS score 3 or greater 2) Monthly review identified resident to determine if surface meets their needs 3) Monthly visually inspect bed surface/mattress of identified residents to determine if they need to be replaced | 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 Registered staff to receive education on how to appropriately use the PCC Skin and Wound Application

| Methods | Process measures | Target for process measure | Comments |
|----------------------------------|--|--|----------|
| Provide education with sign offs | Review entries in the APP to verify accuracy. Provide individualized education when required | Improved accuracy of information to ensure appropriate interventions are being used. This should reduce our indicator to the benchmark of 2% or better | |