

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents would recommend this home to others.	C	% / LTC home residents	Other / Surveys done in fall	73.00	75.00	Corporate target	

Change Ideas

Change Idea #1 Identify 3 areas of focus which the home is confident it can improve upon.

Methods	Process measures	Target for process measure	Comments
Action plan the 3 areas of identified focus.	Internal audits will assist in determining some of the focused areas. 2024 resident satisfaction survey will determine if the planned focus areas improved upon the indicator.	75%, corporate target	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family would recommend this home to others.	C	% / LTC home residents	Other / Surveys done in fall	73.00	85.00	Corporate target	

Change Ideas

Change Idea #1 Identify 3 areas of focus which the home is confident it can improve upon and would be beneficial to residents and family members.

Methods	Process measures	Target for process measure	Comments
Action plan the 3 identified areas of focus.	Internal audits will identify progress with some of the action items focused on. The 2024 survey will determine if the 3 areas focused on have improved this indicator.	85%, corporate target.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am updated regularly about any changes in my home.	C	% / LTC home residents	Other / Fall 2024.	51.00	62.00	LTC division average	

Change Ideas

Change Idea #1 Registered staff to update residents on changes in home (example - out of outbreak). DOC/ADOC to discuss at registered staff meeting(s). - Update residents with a monthly newsletter including a brief update from each department. - Information pamphlet provided to residents. - Create a resident/family quality information board posting items such as satisfaction surveys, survey action plans, QIP, quality indicators, initiatives, capital plans and more. - Regular updates at residents council meetings from department managers, if invited as per process.

Methods	Process measures	Target for process measure	Comments
Internal audits and discussion	2024 Resident satisfaction survey results specific to this question.	62%, LTC division average	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of maintenance of the physical building and outdoor space.	C	% / Family	Other / 2024 fall survey	54.00	71.00	LTC division average	

Change Ideas

Change Idea #1 - Focused audits of each room identifying any areas required for improvements with maintenance. - Ensure sustainability methods are adhered to with the homes MBWA audit and applicable logs/audits assessing all areas of the home on a identified cadence with higher risk rooms on a more frequent basis. - Environmental Services Manager to complete maintenance audits as per quality calendar and address any deficiencies. - Respond to any areas of concern raised from residents and family councils in a timely manner. - Complete focused maintenance projects identified at the home.

Methods	Process measures	Target for process measure	Comments
Some internal audits and communication methods will determine progression of this indicator.	2024 survey question will indicate progression of this specific indicator.	72%, corporate target	

Safety

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	11.64	15.00	Corporate target	

Change Ideas

Change Idea #1 Improve fall prevention program awareness with all departments.

Methods	Process measures	Target for process measure	Comments
Improve communication and identification of high-risk fallers engaging all departments.Re-implement falls teams meetings.	# of falls per unit decreased. # of staff involved in engagement activities. # of falls teams meetings	June 30th, 2024	

Change Idea #2 Improved fall prevention care planning.

Methods	Process measures	Target for process measure	Comments
Auditing of all high-risk fallers to determine if interventions are accurate and effective.	# of care plans audited # of care plan changes (interventions) completed.	June 30th, 2024	

Change Idea #3 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 #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	23.15	17.30	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 Consultation with internal and/or external resources to review any prescribing trends.

Methods	Process measures	Target for process measure	Comments
Review with internal/external partners with medical director, pharmacist, Director of Care and applicable nursing personnel.	# of consultations completed. # of changes with alternate prescribing.	By July 31st, 2024.	

Change Idea #3 Improve non-pharmacological approaches to responsive behaviours.

Methods	Process measures	Target for process measure	Comments
Re-education on non-pharmacological interventions with staff. Re-focus on referral system to BSO and Recreation department.	# of staff educated on non-pharmacological interventions available.	By July 31st, 2024.	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	C	Rate per 100 residents / LTC home residents	POC/PCC Audits / Calendar year	2.60	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	

Change Idea #2 Improve Registered staff knowledge on identification and staging of pressure injuries

Methods	Process measures	Target for process measure	Comments
Provide education for Registered staff on correct staging of pressure injuries and nutrition and hydration.	# of education sessions provided monthly for Registered staff on correct staging of pressure injuries and nutrition/hydration.	100% of registered staff will have received education on identification and staging of pressure injuries and nutrition/hydration by Sept 2024	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with restraints	C	Rate per 100 residents / LTC home residents	POC/PCC Audits / 2024 calendar	0.00	2.50	Corporate target	

Change Ideas

Change Idea #1 Continue with current methods as the home is restraint free.

Methods	Process measures	Target for process measure	Comments
Review any new restraints to ensure that all components of the policy were adhered to.	# of restraints reviewed.	# of restraints.	