

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfaction with the quality of care from the Physiotherapist	C	% / Residents	In-house survey / Q3 Resident Satisfaction Survey	45.50	75.80	LTC Division Overall 2023	

Change Ideas

Change Idea #1 Gain understanding from Residents utilizing PT Program what their concerns or areas of improvement regarding interactions with Physiotherapist

Methods	Process measures	Target for process measure	Comments
Care conferences, quarterly reviews	Review feedback with Quality Council	meet or exceed LTC Division overall	

Change Idea #2 Enhance relationship between Physiotherapist and resident

Methods	Process measures	Target for process measure	Comments
Follow up with Physiotherapist feedback received from residents. Strategize ways relationship can be strengthened.	Follow up with resident regarding satisfaction improvement	Meet or exceed LTC Division Overall Percentage	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfaction with food and beverages served.	C	% / Residents	In-house survey / Q3 Resident Satisfaction Survey	46.20	68.90	LTC Division Overall 2023	

Change Ideas

Change Idea #1 One to One check in with residents regarding satisfaction & feedback

Methods	Process measures	Target for process measure	Comments
Care Conferences, one to one visits	Review monthly with Quality Council	meet or exceed LTC Division overall	

Change Idea #2 Coordinate menu for opportunities to enhance food/beverage experience

Methods	Process measures	Target for process measure	Comments
Discussions with Food Services Manager and vendors for possible enhancement	Follow up with residents regarding satisfaction	Meet or exceed LTC Division Overall percentage	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Quality of Care from doctors	C	% / Residents	In-house survey / Q3 resident Satisfaction Survey	47.40	65.50	LTC Division Overall 2023	

Change Ideas**Change Idea #1** Strengthen rapport and confidence

Methods	Process measures	Target for process measure	Comments
Through care conferences and conversations with residents seek feedback for improvement.	feedback sessions with residents per month	Meet or exceed division overall percentage	

Change Idea #2 Enhance relationship between doctor and residents.

Methods	Process measures	Target for process measure	Comments
Review with doctor feedback received from residents to gain better understanding of their experience. Offer suggestions on improvement and offer care meeting as a platform for communication.	Follow up with residents to ascertain their feelings regarding patient/doctor relationship.	Meet or Exceed LTC Division Overall percentage	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfaction with quality of care from doctors	C	% / Family	In-house survey / Q3 Family Satisfaction Survey	50.00	71.80	LTC Division overall 2023	

Change Ideas**Change Idea #1** Gain understanding of concerns, feedback for improvement

Methods	Process measures	Target for process measure	Comments
Care conferences, family conversations with Nursing Managers	Review concerns and feedback with quality council and doctors	meet or exceed LTC Division Overall	

Change Idea #2 Enhance relationship between Doctor and family (POA)

Methods	Process measures	Target for process measure	Comments
Provide feedback to doctor from families to gain understanding of concerns/issues. Offer care meeting as an opportunity for communication.	Follow up with families through one to one meeting and care conferences.	Meet or exceed LTC Division Overall	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Care Conference is meaningful discussion that focuses on what's working well, what can be improved and potential solutions	C	% / Family	In-house survey / Q3 Family Satisfaction Survey	50.00	74.60	LTC Division Overall 2023	

Change Ideas**Change Idea #1** Improve Care Conference Experience

Methods	Process measures	Target for process measure	Comments
Meet with Care Conference Team rework Care Conference structure and narrative.	follow up with families following care conference for feedback	Meet or exceed LTC Division Overall	

Change Idea #2 Pop up Feedback Questionnaire asking for ideas on how to improve care conference experience

Methods	Process measures	Target for process measure	Comments
Questionnaire insert with return envelope Discuss responses with care conference team	Question on Pop up survey at Quarterly Family Event to include Care Conference Question	Meet or exceed LTC Overall percentage	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfaction with Dietitian	C	% / Family	In-house survey / Q3 Family Satisfaction Survey	66.70	73.10	LTC Division Overall 2023	

Change Ideas**Change Idea #1** Improve experience between family & dietitian

Methods	Process measures	Target for process measure	Comments
Care conference, follow up conversations with family	Review with Quality Council	Meet or exceed LTC Division Overall	

Change Idea #2 Improve experience between Dietitian and resident

Methods	Process measures	Target for process measure	Comments
Provide feedback to dietitian and offer care meeting as an avenue for communication.	Follow up with resident for feedback on experience with dietitian	Meet or exceed LTC Overall percentage	

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Would Recommend this home to others	C	% / Residents	In-house survey / Q3 Resident Satisfaction Survey	80.80	75.00	LTC Division Percentage Overall	

Change Ideas**Change Idea #1** Check In sessions with Residents for Feedback Opportunities

Methods	Process measures	Target for process measure	Comments
Care Conferences, One to One Interactions, Resident Council	Feedback to be brought to Quality Council for review and possible enhancement opportunities	Meet or exceed LTC Division Overall Percentage	

Change Idea #2 Enhancement of Engagement through Family Socials and Staff/Resident Events

Methods	Process measures	Target for process measure	Comments
Quarterly Family Socials, Staff Participation at Home events	Increase in Staff/Resident Participation and Engagement	Meet or exceed LTC Division overall	

Measure - Dimension: Patient-centred

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Would Recommend this Home to others	C	% / Family	In-house survey / Q3 Satisfaction Survey	83.30	85.00	LTC Division Overall Percentage	

Change Ideas**Change Idea #1** Check In sessions with Family for Feedback Opportunities

Methods	Process measures	Target for process measure	Comments
'Pulse Surveys' at Quarterly Family Social Events, Care Conferences	Compilation of Survey to be shared at Quality Council for possible enhancement opportunities. Feedback from Care Conferences to be shared at Leadership Team Meetings for follow up.	Meet or exceed LTC Division overall percentage	

Change Idea #2 Enhance Home Experience through Special Family Events

Methods	Process measures	Target for process measure	Comments
Quarterly Family Socials	Family Participation, Positive Response and Feedback from Event Pulse Surveys	Meet or exceed LTC Division Overall Percentage	

Safety

Measure - Dimension: Safe

Indicator #9	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	19.41	13.00	Division target benchmark	

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 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 #10	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	7.44	7.00	Currently meeting division benchmark	

Change Ideas

Change Idea #1 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 information included monthly	Educational material will be provided to families and/or residents on antipsychotics and important of minimizing use by Sept 2024	

Measure - Dimension: Safe

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Worsening Skin Stage 2-4 ulcer	C	% / Residents	CIHI CCRS / Q4 (2023)	2.30	2.00	Division target benchmark	

Change Ideas

Change Idea #1 Review Residents who currently are experiencing worsening skin issues.

Methods	Process measures	Target for process measure	Comments
Review current interventions to ascertain if any other interventions are needed.	Wound healing and improvement	Meet or exceed LTC Division percentage	

Change Idea #2 New Intervention Review

Methods	Process measures	Target for process measure	Comments
Contact vendors to explore new interventions and therapeutics	Strengthening of therapeutic interventions	Meet or exceed LTC Division percentage	

Measure - Dimension: Safe

Indicator #12	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Use of Restraints	C	% / Residents	CIHI CCRS / Q4 2023	0.00	0.00	Division target benchmark	

Change Ideas**Change Idea #1** Review of residents with PASD

Methods	Process measures	Target for process measure	Comments
Clinical lead to review current residents with PASD to insure there hasn't been a health status change that would change a PASD into a potential restraint.	Follow up with Quality Council	Maintain current percentage of 0%	

Change Idea #2 Resident & Family Restraint Teaching

Methods	Process measures	Target for process measure	Comments
Utilize one to one conversations and care conferences for restraint teaching	Increased awareness	Maintain current percentage of 0%	