

Experience

Measure - Dimension: Patient-centred

| Indicator #1 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|--|---------------------|--------|--|------------------------|
| Survey question: Would you recommend this home? | C | % / LTC home residents | In-house survey / September - October 2023 | 80.70 | 85.00 | Continue to improve towards corporate target (85%) | |

Change Ideas

Change Idea #1 To improve the overall resident experience in the Home

| Methods | Process measures | Target for process measure | Comments |
|--|---|--|----------|
| To successfully impletement the plans of action pertaining to the 3 lowest quality question results. | # of residents who would recommend our Home to others | To be determined by next satisfaction survey in October 2024 | |

Change Idea #2 To improve the physical aesthetic of the Home and grounds

| Methods | Process measures | Target for process measure | Comments |
|--|---|---|----------|
| 1) The Home will introduce the garden beautification project 2) The Home will improve the interior by repainting the common spaces of the resident care areas. | # of residents accessing outdoor garden # of resident care areas repainted | The Home's physical aesthetic will be improved by June 2024 | |

Measure - Dimension: Patient-centred

| Indicator #2 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|-------------------|--|---------------------|--------|--|------------------------|
| Survey question: I am satisfied with the quality of care from doctors | C | % / Family | In-house survey / September - October 2023 | 34.80 | 45.00 | Continue to improve towards corporate target (85%) | |

Change Ideas

Change Idea #1 Improve the working relationship between physicians, and families

| Methods | Process measures | Target for process measure | Comments |
|---|--|--|----------|
| 1) Physicians will provide list of expected physicians rounding dates for upcoming month 2) Physician rounding dates to be posted at nursing stations to advise residents and families of when to expect physician visits to occur. 3) Townhalls to be held for residents and family members to provide a forum to provide feedback on improving physician support. 4) Medical Director to meet yearly with family council, resident council, and leadership team within the Home to discuss feedback and ways to improve service | # of months physicians provided dates in advance # of days physician rounding occurred on pre-identified days, # of family members who attend "Improving Physician Support" meeting and # of suggestions provided from the "Improving Physician Support" meeting | Expected physicians rounding calendars will be in place by April 30th, 2024, and monthly thereafter. "Improving Physician Support" meeting with residents and families will be held by April 30th 2024 | |

Measure - Dimension: Patient-centred

| Indicator #3 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|------------------------|--|---------------------|--------|--|------------------------|
| Survey question: If I need help right away, I can get it (e.g. when I ring the call bell or ask for help, I don't have to wait long) | C | % / LTC home residents | In-house survey / September - October 2023 | 65.50 | 75.00 | Continue to improve towards corporate target (85%) | |

Change Ideas

Change Idea #1 To improve the overall call bell response times

| Methods | Process measures | Target for process measure | Comments |
|--|---|--|----------|
| 1) Nursing leadership to complete audits at randomized times on call bell response times. 2) DOC and nursing leadership to review data from audits to identify any trends or causative factors 3) Nurse Call system policy review to be added to staff communication email, and reviewed at monthly staff townhall. | # of audits completed and # of staff who attended monthly townhall to review nurse call system policy | Call bell response time audits will be completed by May 30th 2024. | |

Measure - Dimension: Patient-centred

| Indicator #4 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|--|---------------------|--------|--|------------------------|
| Survey Question: My care conference is a meaningful discussion that focuses on what's working well, what can be improved, and potential solutions | C | % / LTC home residents | In-house survey / September - October 2023 | 66.00 | 75.00 | Continue to improve towards corporate target (85%) | |

Change Ideas

Change Idea #1 To improve interdisciplinary care conference meetings and ensure they are meaningful, focused and resident centered.

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|----------|
| 1) Ask family members and residents after each care conference if they were satisfied with the meeting. 2) Schedule meetings to ensure for sufficient time for discussions, questions, and concerns. | # of residents who participated in care conferences and # of residents who were satisfied with care conference | To reach target performance goal by next resident satisfaction survey | |

Measure - Dimension: Patient-centred

| Indicator #5 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|-------------------|--|---------------------|--------|--|------------------------|
| Survey question: Would you recommend this home? | C | % / Family | In-house survey / September - October 2023 | 47.90 | 60.00 | Continue to improve towards corporate target (85%) | |

Change Ideas**Change Idea #1** To improve the overall family experience in the Home

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| To successfully implement the plans of action pertaining to the 3 lowest quality question results. | # of family members who would recommend our home to others | To be determined by next satisfaction survey in October 2024 | |

Change Idea #2 To improve communication with family members

| Methods | Process measures | Target for process measure | Comments |
|--|---|--|----------|
| The Home will create a newsletter to provide informative monthly newsletters to families | # of newsletters sent to family members | The Home will create informative monthly newsletter to families by April 30th 2024 | |

Change Idea #3 To provide educational sessions and opportunities for residents and families to attend

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|----------|
| The Home will host monthly educational sessions on a variety of topics related to long-term care | # of educational sessions held # of family members and residents who attended educational sessions | The Home will implement monthly educational sessions to residents and family members by April 30th 2024 | |

Measure - Dimension: Patient-centred

| Indicator #6 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|-------------------|--|---------------------|--------|--|------------------------|
| Survey question: The resident has input into the recreation programs available | C | % / Family | In-house survey / September - October 2023 | 19.40 | 30.00 | Continue to improve towards corporate target (85%) | |

Change Ideas

Change Idea #1 The Home will initiate recreation program planning meetings with residents

| Methods | Process measures | Target for process measure | Comments |
|---|--|--|----------|
| Program Manager to arrange for monthly recreation program planning meetings on each unit to provide opportunities for residents and family members to discuss activities and programs they wish to see occurring in the Home. | # of meetings held # of resident who attend program planning meetings, # of family members who attend the meetings | 100% of monthly recreation program planning meetings will be held by December 31st 2024. | |

Change Idea #2 The Home will create a Programs suggestions Box

| Methods | Process measures | Target for process measure | Comments |
|---|---|--|----------|
| Activity suggestion box to be placed in activity room on main floor for residents and family who wish to suggest activities | # of suggestions received and implemented monthly | Activity suggestion box will be implemented by April 30th 2024 | |

Measure - Dimension: Patient-centred

| Indicator #7 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|--|---------------------|--------|--|--|
| Survey question: I am satisfied with the quality of care from doctors | C | % / LTC home residents | In-house survey / September - October 2023 | 56.80 | 70.00 | Continue to improve towards corporate target (85%) | MediSystem Pharmacy, Resident Council, Family Council, Professional Advisory Committee |

Change Ideas

Change Idea #1 Improve the working relationship between physicians, and residents

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|----------|
| 1) Physician will take time to visit all residents during physician rounds 2) Home to create a physician appointment booking system to identify residents who may require additional time to speak with physician | # of residents seen by physician monthly # of residents seen by the physician through the appointment booking system. | Working relationship between physicians, and residents will have improved by December 2024. Physician appointment booking system will be in place by June 30th, 2024. | |

Measure - Dimension: Patient-centred

| Indicator #8 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|-------------------|--|---------------------|--------|--|------------------------|
| Survey question: I have an opportunity to provide input on food and beverage options | C | % / Family | In-house survey / September - October 2023 | 36.60 | 45.00 | Continue to improve towards corporate target (85%) | |

Change Ideas**Change Idea #1** Invite families to attend the Food Committee meetings

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|----------|
| Dietary Manager will post meeting dates and times in the home to notify residents and family members of the quarterly food committee meetings | # of family members who attended meeting and # of suggestions provided by family for food and beverage options # of suggestions implemented | Invite families to attend the food committee meetings by May 30th 2024. | |

Change Idea #2 Provide additional opportunities for families to have input on menu planning

| Methods | Process measures | Target for process measure | Comments |
|--|---|--|----------|
| Feedback to be sought out during annual care conference by attending family members. | # of family members who provide feedback on menu planning during care conferences | All feedback regarding menu planning will be reviewed during annual care conference by December 30th, 2024 | |

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 | 20.28 | 15.00 | To meet corporate target (15%) | Achieva |

Change Ideas

Change Idea #1 Implement specific activity programs during 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 and preferences for activities 2) Implement program during afternoon change of shift to engage residents and prevent falls | # of activity programs that occurred weekly during afternoon change of shift and # of falls that occurred during the program times. | Program during afternoon shift change will be implemented for residents at high risk of falls by June 2024 | |

Change Idea #2 Conduct environmental risk assessments of resident spaces to identify potential fall risk areas and address areas for improvement

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|----------|
| Environmental risk assessments of resident spaces to identify fall risk will be completed by staff and any identified deficiencies from completed assessments will be addressed. | # of environmental assessments completed monthly # of identified deficiencies from assessments that were corrected monthly | Environmental risk assessments will be completed and addressed 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 | 13.33 | 10.00 | Continue to maintain results better than corporate target (17.3%) | Medisystem Pharmacy, Behavioral Supports Ontario |

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

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|----------|
| 1) Conduct a medication review with all residents 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 be reviewed 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 Family Fact sheet from Canadian Geriatric Society, Pharmacy etc 2) Add information on reducing antipsychotics to the admission packages | # of families provided with best practice information on reducing antipsychotics monthly # of admission packages provided with antipsychotic reduction information monthly | Families will be provided educational materials with best practice information on reducing antipsychotics by Sept 2024 | |

Measure - Dimension: Safe

| Indicator #11 | 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 | % / LTC home residents | Other / October-December 2023 | 0.00 | 0.00 | Continue to maintain results better than corporate target (2.5%) | Achieva |

Change Ideas

Change Idea #1 Review restraint use with all application received through the NE LHIN. If a restraint is in use begin communication with the LHIN before admission to inform the potential resident and family on our least restraint policy and the homes use of alternatives to restraints.

| Methods | Process measures | Target for process measure | Comments |
|--|--|----------------------------|--|
| The Admission Coordinator to review each application received. To flag the restraint lead when restraint is identified and send information to indicate that our home is a least restraint home and will trial alternatives upon admission | # of application monthly where a restraint is in use. # of communication sent back to applicant and family through the NE LHIN to explain out least restraint policy | | Process for review of NE LHIN applications for restraint use and communication followed to inform/educate on our policy will be in place by July 2024. |

Measure - Dimension: Safe

| Indicator #12 | 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 | % / LTC home residents | Other / October-December 2023 | 1.79 | 1.00 | Continue to maintain results better than corporate target (2%) | 3M/Solventum, NSWOC |

Change Ideas**Change Idea #1** To decrease the risk of LTC Home acquired pressure injuries

| Methods | Process measures | Target for process measure | Comments |
|---|---|--|----------|
| 1) Develop list of residents with PURS score 3 or greater 2) Review the current bed systems / surfaces for those residents 3) Skin/wound team to review resident list to determine if surface meets their needs 4) Identify bed systems / surfaces that need to be replaced | # of residents with PURS score 3 or greater # of reviews completed of bed surfaces / mattresses # of bed surfaces mattresses replaced monthly | Residents with PURS score of 3 or greater will have bed surfaces and mattresses reviewed and identified for replacement by June 2024 | |

Change Idea #2 To 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 | # of registered staff who attended education sessions | Registered staff members will receive pressure injury education by December 31, 2024 | |