

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	CB	CB		

### Change Ideas

#### Change Idea #1

Methods	Process measures	Target for process measure	Comments
			Other

**Measure - Dimension: Patient-centred**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	CB	CB		

**Change Ideas**

## Change Idea #1

Methods	Process measures	Target for process measure	Comments
			Other

## Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Care Conferences – meaningful discussion that focuses on what’s working well, what can be improved and potential solutions.	C	% / Residents	Other / 2023	11.10	70.00	70% is an appropriate goal as this indicator slipped with the COVID restrictions and these no longer apply. Families and residents can gather to discuss at Care Conferences.	

## Change Ideas

Change Idea #1 • Care conferences will be held in person with the resident present • Multidisciplinary team will attend and contribute to the plan created at the conference • Feedback from the resident and family members will be built into the plan of care

Methods	Process measures	Target for process measure	Comments
We will ensure we hold multidisciplinary team meetings and conferencing which include the residents and POAs to best serve the needs of the residents.	The Resident Satisfaction Survey for 2024 will be used to validate improvement. Throughout the year we will monitor feedback at resident council meetings and trending of CSRs for satisfaction or areas requiring improvement.	We have set our target at 70% Resident Satisfaction for this Care Conference Indicator due to the importance of improvement in this area.	

## Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am updated regularly about changes in my home.	C	% / Residents	Other / 2023	31.30	70.00	The target of 70% is appropriate as communication will be the focus in 2024 with the "Getting Back to Basics" approach and full transparency.	

## Change Ideas

Change Idea #1 • Newsletter will include an update from the Executive director • The Newsletter will be reviewed at resident council monthly

Methods	Process measures	Target for process measure	Comments
Newsletter, informing residents of changes coming up. Reviewed at meetings with residents to ensure they all get the information.	Resident Satisfaction Survey 2024 Feedback from Resident Counsel. Throughout the year we will monitor feedback at resident council meetings and trending of CSRs for satisfaction or areas requiring improvement.	We have set our target at 70% Resident Satisfaction for this Update About Changes Indicator due to the importance of improvement in this area.	

## Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication from home leadership is clear and timely.	C	% / Residents	Other / 2023	42.10	70.00	This indicator has a target set at an appropriate level as this is concerning communication. The methods implemented this year will bring us to the target.	

## Change Ideas

Change Idea #1 • Newsletter will include an update from the Executive director • The Newsletter will be reviewed at resident council monthly • Upcoming events and changes will be shared in person or by memo to the residents to ensure they get the information before they occur

Methods	Process measures	Target for process measure	Comments
The team is dedicating themselves to increase communication with transparency through several methods when change is happening or there is news to share.	2024 Resident Satisfaction Survey and feedback from Resident's council. Throughout the year we will monitor feedback at resident council meetings and trending of CSRs for satisfaction or areas requiring improvement.	We have set our target at 70% Resident Satisfaction for this Leadership Communication Indicator due to the importance of improvement in this area.	

## Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident would recommend our home.	C	% / Residents	In-house survey / 2024	78.90	90.00	Targeted at higher than previous year.	

## Change Ideas

Change Idea #1 Increase communication and receive feedback to develop throughout the year.

Methods	Process measures	Target for process measure	Comments
-Newsletter to keep residents updated on changes and plans -ensure resident council meetings include this information and retrieve input from residents on change ideas	Follow up with residents on satisfaction regarding changes, concerns and plans throughout the year	We have set our target for 2024 at 90%. Resident satisfaction is at the forefront of all we do and we need to make improvements to increase our results.	

**Measure - Dimension: Patient-centred**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family would recommend the home.	C	% / Family	In-house survey / 2024	90.00	95.00	We always want to improve therefor the target is set higher than current performance.	

**Change Ideas**

## Change Idea #1 Family Council Involvement

Methods	Process measures	Target for process measure	Comments
Communication increased with the formation of an active Family Council - ensure Family council is updated on plans and changes -respond to concerns brought forward by family council and other family members within 10 days of receiving concerns	Receive feedback through communication with families and Council. Ensure satisfaction on all concerns brought forward.	We have set our target for 2024 at 95% as we believe with the formation of Family Council this is attainable.	

## 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	11.72	10.00	In such a small home each fall triggers over 3% therefor a 10% target is appropriate.	

### Change Ideas

Change Idea #1 Increase collaboration with a multidisciplinary approach to reduce the risk of reoccurrence of falls with individual residents.

Methods	Process measures	Target for process measure	Comments
-Monthly Falls meetings with a multidisciplinary team -Environmental audits and post fall huddles completed with root cause analysis -Meeting with Regional support to develop plans to change the outcome of this indicator.	Monthly review of indicator numbers will be conducted, and changes made to the action plan for each resident that triggers this indicator.	We have set our target at 10% for this Residents Who Fell in the 30 Days Indicator due to the importance of improvement in this area and mitigating risk to the residents.	



**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	8.57	6.00	We currently have 0% of residents on antipsychotics without diagnosis and believe with our current methods this is obtainable.	

**Change Ideas**

Change Idea #1 Continue to monitor and evaluate medications being prescribed and ensure they have a diagnosis when prescribing anti-psychotics.

Methods	Process measures	Target for process measure	Comments
When new medications are prescribed, we will continue to ensure they are being ordered due to a diagnosis.	Monthly indicator meetings and evaluation of our numbers will aid in the insurance of compliance with this indicator and ensure we are meeting or exceeding this target.	We have set our target at 0% for this Antipsychotics without Diagnosis Indicator due to the importance of improvement in this area and mitigating risk to the residents.	

**Measure - Dimension: Safe**

Indicator #10	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	% / Residents	Other / Monthly	2.30	2.00	This target is the corporate target, and our goal is to meet or exceed this target.	

**Change Ideas**

Change Idea #1 We will improve this indicator by addressing causes and issues before the ulcer worsens and implementing measures to aid in the healing of these wounds.

Methods	Process measures	Target for process measure	Comments
-monthly meetings -wound care specialized staff on day and evening shift -wound care training -therapeutic surfaces, repositioning -work with the dietitian to support skin integrity and maximize healing.	Monthly indicators will be evaluated with a multidisciplinary team to ensure we are meeting targets or moving towards meeting those set targets.	We have set our target at 2% for this Pressure Ulcer Indicator due to the importance of improvement in this area and mitigating risk to the residents' skin integrity.	

**Measure - Dimension: Safe**

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Residents with Restraints	C	% / Residents	In house data collection / 2024	0.51	0.00	We meet the target of 4% however we are aiming to have 0% restraints.	

**Change Ideas**

Change Idea #1 Ensuring residents and families are supported through our no restraint adherence program

Methods	Process measures	Target for process measure	Comments
Ensure POAs and Employees have the information required to understand the danger of restraints and alternate methods to mitigate risk.	We will continue to monitor our monthly indicators and make revisions as feasible to meet our target.	We have set the target for this indicator at 0% as restraint usage increases risk to residents and is not person centered.	