

Experience

Measure - Dimension: Patient-centred

Indicator #3	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	Question not asked with this verbiage on corporate-provided survey in the past several iterations - reviewing questions provided of a similar nature and measure on 2023/2024 surveys	

Change Ideas

Change Idea #1 Complete resident satisfaction surveys and encourage participation from all capable residents.

Methods	Process measures	Target for process measure	Comments
1. Engage recreation staff to promote the survey directly to capable residents prior to survey rollout. 2. Encourage completion of the survey with available dedicated staff for the duration of the available survey period	Increased participation in resident survey.	70% participation from qualified residents (prior participation 66%).	Question asked in resident survey 2023 was "If I need help I can get it right away (70%)" - similar questions to the one stated in this indicator have not been asked in this stated verbiage on multiple satisfaction surveys over the past several years.

Measure - Dimension: Patient-centred

Indicator #4	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	Question not asked with this verbiage on corporate-provided survey in the past several iterations - reviewing questions provided of a similar nature and measure on 2023/2024 surveys	

Change Ideas

Change Idea #1 Complete resident satisfaction surveys and encourage participation from all capable residents.

Methods	Process measures	Target for process measure	Comments
1. Engage recreation staff to promote the survey directly to capable residents prior to survey rollout. 2. Encourage completion of the survey with available dedicated staff for the duration of the available survey period	Increased participation in resident survey.	70% participation from qualified residents (prior participation 66%).	Question not asked on multiple consecutive resident surveys - will focus on the data from questions of similar application and nature regarding reporting, staff response and safety in the home.

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction – Residents Would Recommend this home to others	C	% / Patients	In-house survey / Survey Completed in Oct 2023	89.00	75.00	Coporate Target	

Change Ideas

Change Idea #1 The home will implement an action plan based on the areas that need improvement from the survey with an overall goal of driving up the results of the "Residents would recommend to others" question in our annual surveys

Methods	Process measures	Target for process measure	Comments
The home will track this change idea through our 2024 annual survey in October	2024 Resident Surveys	75% - Corporate Target.	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction I am satisfied with the quality of care from physio and occupational therapist.	C	% / Patients	In-house survey / Resident Survey Completed in October	56.00	75.00	improve target to meet overall resident would recommend target - 75%	

Change Ideas

Change Idea #1 - The home will have a new contracted physiotherapist in the home starting in January 2024. This physio therapist will be here 1 day per week and will participate in the MRCC Meetings weekly, Quality Committee Meetings quarterly and will be directly involved in resident assessment and physio treatment. - The home will offer to have the physiotherapist attend a Resident's Council Meeting if invited to discuss the different services available to the residents, answer resident questions and take resident - The home will post information related to physiotherapy services throughout the home for residents and families to review including contact information for inquiries.

Methods	Process measures	Target for process measure	Comments
DOC will monitor attendance and engagement at MRCC meetings ED will monitor attendance and engagement at Quality Committee meetings Residents Council will provide feedback from the PTs attendance at a residents council meeting. Admission packages audited to ensure Physiotherapy information is a part of this package. Audit completed to ensure physiotherapy information is posted near the front entrance of the home. Results of 2024 resident surveys will determine ultimate success of this action plan.	2024 Resident Surveys	75% performance on future resident and family survey.	

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Survey - I have input into the Recreation Programs Available—69%	C	% / Patients	In-house survey / Survey Completed in October	69.00	75.00	Increase performance to the overall satisfaction goal set by corporate of 75%	

Change Ideas

Change Idea #1 - The home will put out a survey to residents related specifically to the types of programs they would like to see offered in the home. The activity calendar will reflect programs that the residents would like based on this survey. - Residents Council will discuss programs as a standing agenda item at each of their monthly meetings and will be asked for input into what types of programs they would like to see on the calendar for upcoming month

Methods	Process measures	Target for process measure	Comments
Tracking Results from in house Recreation Survey Reviewing Results from the Recreation Survey with residents council and implementing ideas from the Recreation survey. Results from Annual Resident Satisfaction survey	Review of implementations with residents council to discuss whether or not they feel the implementations are well received. 2024 resident satisfaction survey will ultimately be the measure of success.	75% on Annual Satisfaction survey in 2024	

Measure - Dimension: Patient-centred

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Survey - I am satisfied with temperature of my food	C	% / Patients	In-house survey / Surveys Completed in October	70.00	75.00	achieve the standard set for overall resident satisfaction set out as a corporate target of 75%	

Change Ideas

Change Idea #1 - Pleasurable Dining audits will be completed monthly. During these audits we will ensure that food temperatures are taken and recorded right before meal service. - Education will be provided to all dietary staff around ensuring food is kept covered until such time it is being served. This will also be a standing review during dietary staff meetings - Corporate audit of dining rooms to take place in April of 2024.

Methods	Process measures	Target for process measure	Comments
Results from Corporate Audits and In house Audits Nutrition Manager to regularly review Food temp logs and ensure temps of food are being taken right before point of service.	Audit results and education/process changes if warranted based on these results The 2024 Resident Satisfaction Survey Results will ultimately determine whether or not this action plan has been successful	75% performance on future resident and family survey.	

Measure - Dimension: Patient-centred

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction My care conference is meaningful discussion that focuses on what is working well, what can be improved and potential solutions - 70%	C	% / Patients	In-house survey / Surveys completed in October	70.00	75.00	Increasing positive responses to the same level as the overall resident satisfaction target of 75% set by corporate office.	

Change Ideas

Change Idea #1 - A new schedule of care conferences will be created between DOC and Charge Nurse to ensure care conferences are carried out with residents present when they wish to be. - DOC will request to be invited by Residents Council and will discuss Resident Care Conferences. During this conversation will remind residents of their right to review their care plan and discuss what they feel is working well, what can be improved and potential solutions.

Methods	Process measures	Target for process measure	Comments
New schedule will be reviewed by MRCC and conferences will be at least quarterly for all residents - DOC will be tracking this. Residents Council will be asked for feedback from the DOCs visit at the residents council meeting and asked if they have any input into what they would like their care conferences to look like following this meeting.	Ultimately, the 2024 resident satisfaction survey will determine the success of this action plan.	75 target on annual action survey.	

Measure - Dimension: Patient-centred

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Survey - Families would recommend this home to others	C	% / Family	In-house survey / October	82.00	85.00	Corporate Target	

Change Ideas

Change Idea #1 The home will implement an action plan based on the areas that need improvement from the survey with an overall goal of driving up the results of the "Families would recommend to others" question in our annual surveys

Methods	Process measures	Target for process measure	Comments
The home will track this through the use of the 2024 family surveys	2024 Family Survey review and action planning.	85% performance on future family and resident survey.	

Measure - Dimension: Patient-centred

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Surveys - Quality of the physical building and outdoor spaces	C	% / Family	In-house survey / annual surveys	61.00	70.00	improving	

Change Ideas

Change Idea #1 1. The home will have a spring clean up completed including all gardens being weeded and prepped and courtyard cleaned up and prepped for spring use. 2. The home will utilize minor capital funding from the MOH for LTC Projects to ensure the physical building is upkeep. This will include building upkeep to HVAC/Plumbing, Electrical and general repairs and maintenance. 3. The home will be replacing one dining room floor in 2024 as a capital project 4. Maintenance Care (software used to track and action on maintenance needs in the home) will be reviewed daily during morning leadership meetings. This review will allow the home to ensure outstanding required maintenance are being actioned on in a timely manner

Methods	Process measures	Target for process measure	Comments
Codey ESM will monitor progress on spring clean up and regular property maintenance Maintenance Care will be reviewed with the leadership team daily Dylan, ED, and Codey, ESM will oversee capital flooring project for the LTC dining room through to ensuring this is complete. Minor capital opportunities will be reviewed and advised on by the corporate capital team	Ultimately the success of these action plans will be determined based on results from the 2024 family surveys	70% performance on future resident and family survey.	

Measure - Dimension: Patient-centred

Indicator #12	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Survey Laundry Services in the home are improving	C	% / Family	In-house survey / Annual Survey in October	55.00	70.00	Marked improvement to drive up overall Family Satisfaction Results	

Change Ideas

Change Idea #1 1. Laundry Job Routines will be updated in Q1 of 2024. Routines will be updated with input of the laundry staff as well as the ESM. 2. Complaint logs will be reviewed quarterly during Quality Committee Meetings. Any concerns of laundry will be discussed and reviewed for root cause and actioned to avoid trends or reoccurrence of laundry concerns. 3. A frequent routine has been developed amongst the service providers of our laundry machines and our chemicals to ensure that machines are up and running as designed and that chemicals are working properly within the machines 4. A new stain remover is being brought in to improve with stain removal during laundry services.

Methods	Process measures	Target for process measure	Comments
Job routines reviewed quarterly during staff meetings Quality committee to review complaints quarterly and look for any trends related to laundry. Monthly check of chemicals by contracted 3rd party company	The overall success of this action plan will be measured by 2024 Family Satisfaction Survey Results.	70% performance on future resident and family survey.	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with restraints	C	% / Patients	POC/PCC Audits / Annual Performance	9.00	17.30	Corporate Target	

Change Ideas

Change Idea #1 1) Review current restraints and determine plan for trialing alternatives to restraints 2) Re-educate staff on restraint policy and use of alternatives to restraints

Methods	Process measures	Target for process measure	Comments
collaboration with family/resident Organize education sessions with all staff on restraint policy and alternatives to restraints	# of action plans in place for reduction of restraints in collaboration with family/resident monthly # of education sessions held monthly	100% of staff will be re-educated on restraint policy and alternatives to restraints by Sept 2024	

Measure - Dimension: Effective

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with worsened ulcers stages 2-4	C	% / Patients	POC/PCC Audits / Annual Target	4.10	2.50	Corporate Target	

Change Ideas

Change Idea #1 Review current bed systems/surfaces for residents with PURS score 3 or greater. Improve Registered staff knowledge on identification and staging of pressure injuries

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) Provide education for Registered staff on correct staging of pressure injuries	# of residents with PURS score 3 or greater # of reviews completed of bed surfaces/mattresses monthly # of bed surfaces /mattresses replaced monthly # of education sessions provided monthly for Registered staff on correct staging of pressure injuries	A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by August 2024 100% of registered staff will have received education on identification and staging of pressure injuries by Sept 2024	

Measure - Dimension: Safe

Indicator #13	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	12.09	13.00	Corporate target	

Change Ideas

Change Idea #1 1. Review of location, time and space trends for residents each quarter utilizing physiotherapy report provided quarterly along with falls prevention team 2. Participation of physiotherapist in weekly multi-resident care conference meetings and quarterly Quality Improvement meetings 3. Re-education of nursing staff regarding organization's fall policies and care planning requirements 4. Updating of admission assessment assignment process to reduce gaps in admission careplanning for residents at risk of falls and fall related injuries

Methods	Process measures	Target for process measure	Comments
1/2 Process is in place to review falls monthly with the falls prevention team, however physiotherapist coverage has been variable. New physiotherapist is aware of requirements to provide the location/time/space analysis information quarterly and to review and present this at future Quality/PAC meetings 3. Signoff and meetings to be held in Q2 2024 to review falls risk screening and assessment and careplanning requirements 4. Review of documentation and auditing and follow-up post-education to commence in Q2 2024 to address any gaps in resident falls care planning	Number of residents with no quarterly falls risk assessment or updated falls risk screen at time of fall to reduce to 0 by end of year 2024.	To remain below target on total resident falls throughout 2024.	

Measure - Dimension: Safe

Indicator #14	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	9.78	18.00	Corporate target	

Change Ideas

Change Idea #1 1. Review of all residents receiving antipsychotic medications as required with the organization's Antipsychotic Deprescribing Program

Methods	Process measures	Target for process measure	Comments
1. Participation in the organization's Antipsychotic Deprescribing Policy including review, reassessment and adjustment of resident goals for all residents receiving antipsychotic therapies 2. Collaborative review of diagnoses and medications by BSO lead nurse, physician and RAI-C for any residents triggering this QI 2.	Number of residents receiving antipsychotics without a diagnosis will remain below target/BSO will report on residents requiring or suitable for medication adjustments and reductions or continuation of current therapies in monthly meetings Residents receiving antipsychotic medications will have appropriate diagnoses on their charts and/or progress notes and care plan additions to support continuing treatment in the absence of a related diagnosis.	Continue to remain below target by obtaining appropriate diagnoses and participate in the organization's Antipsychotic Deprescribing Program throughout 2024.	