

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who would positively respond to the statement "I would recommend this home" on the Annual Resident Satisfaction Survey.	C	% / LTC home residents	In-house survey / 2023-2024	77.80	75.00	Corporate Target	

Change Ideas

Change Idea #1 Ensure all residents are given the opportunity to become involved in Resident Council meetings in the home monthly

Methods	Process measures	Target for process measure	Comments
Every resident is invited monthly to the Residents' Council meeting and receive a monthly Program Calendar	Ensure all residents that are invited to attend resident council are tracked monthly	Remain above 75% Satisfaction on 2024 Survey to the statement "I would recommend this home"	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who would positively respond to the statement "I am satisfied with the quality of care from doctors" on the Annual Resident Satisfaction Survey.	C	% / LTC home residents	In-house survey / 2023-2024	53.70	75.00	Corporate Target	

Change Ideas

Change Idea #1 Implement the use of updated SBAR forms to better communicate concerns with MD/NP • Provide education to registered staff on SBAR use on a as needed basis

Methods	Process measures	Target for process measure	Comments
Will utilize quarterly PAC meeting to discuss what is going well vs what is not in respect to communication with residents and families. MD will continue to be included in Care Conference. NP to provide home with a calendare of dates for regular monthly visits to the home. Suggestion: invite MD's to family counsel 2 x in calendar to increase visibility.	Will audit and track amount of CC for the year vs attendance of MD/NP	Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the quality of care from doctors"	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of family members who would positively respond to the statement "I am satisfied with the variety of spiritual care services" on the Annual Resident Satisfaction Survey.	C	% / LTC home residents	In-house survey / 2023-2024	53.70	75.00	Corporate Target	

Change Ideas

Change Idea #1 Ensure Chaplain Position is filled or posted if not filled.

Methods	Process measures	Target for process measure	Comments
The home has struggled with spiritual programming due to vacant Chaplain role. This position has recently been filled and we will endeavor to keep the position filled.	Ensure the Chaplain position is filled for over 80% of the year.	Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the variety of spiritual care services"	

Change Idea #2 Re-establish outreach programming with local churches so they are able to provide spiritual support and services to our residents

Methods	Process measures	Target for process measure	Comments
Approach local churches and other organizations that offer spiritual services to have them attend the home to provide programming	Increase spiritual programming by 25% this year.	Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the variety of spiritual care services"	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of families who would positively respond to the statement "I would recommend this home" on the Annual Family Satisfaction Survey.	C	% / LTC home residents	In-house survey / 2023-2024	63.30	85.00	Corporate Target	

Change Ideas

Change Idea #1 Ensure all families are provided information on how to form a Family Council

Methods	Process measures	Target for process measure	Comments
Provide information on how to form a Family Council in the new admission package and twice yearly in the Family Newsletter and at Family Forum	Audit new admission package to ensure "How to form a Family Council" information is included. Track which months "How to form a Family Council" information is included in the Newsletters and Family Forum meetings	100% of families receive information on how to form a Family Council	

Change Idea #2 Ensure all families receive invitations to attend quarterly Family Forum meetings

Methods	Process measures	Target for process measure	Comments
All families are invited quarterly to attend Family Forum and they receive a copy of the Resident's Program Calendar	Complete tracking to ensure all families receive invitations to Family Forum	100% of our families will receive notification or an invitation to quarterly Family Forum meetings	

Change Idea #3 Family members to be included in quarterly Quality Council meetings

Methods	Process measures	Target for process measure	Comments
Family members will be invited to attend in person or virtually, quarterly Quality Council meetings	Family members will be called to determine if they would be interested and available to attend a Quality Council meeting. If response is positive, an invite will be sent by email or Canada Post if there is no email	Family members will be in attendance at all Quality Council Meetings	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of family members who would positively respond to the statement "The resident has input into the Recreation Programs available: on the Annual Family Satisfaction Survey.	C	% / LTC home residents	CIHI CCRS / 2023-2024	33.30	75.00	Corporate Target	

Change Ideas

Change Idea #1 Share with families the results of "Suggested Programs for the future" agenda item from Resident Council. Additionally, share with families the results of monthly Pulse Survey's completed by residents about Recreation Programs.

Methods	Process measures	Target for process measure	Comments
Through the monthly Family Newsletter and quarterly Family Forum meetings, share the information we collect from residents to deliver programs the residents are interested in	Create a tracking tool to ensure all families receive the monthly newsletter and quarterly Family Forum invitations and minutes	Increase positive response to 75% Satisfaction on 2024 Survey to the statement "The resident has input into the Recreation Programs available"	

Change Idea #2 Share with Families our Admission Initial Recreation Assessment, "All About Me", and how we use it to enhance person centered care and programming.

Methods	Process measures	Target for process measure	Comments
During the Admission Care Conference, share the completed "All About Me" assessment. Seek input unless information was collected from family earlier. Through quarterly Family Forum meetings, share how the information we collect from residents is used to deliver programs the residents are interested in	Create a tracking tool to ensure all families receive a quarterly Family Forum invitation and minutes.	Increase positive response to 75% Satisfaction on 2024 Survey to the statement "The resident has input into the Recreation Programs available"	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of family members who would positively respond to the statement "Continence care products are available when the resident needs them" on the Annual Family Satisfaction Survey.	C	% / LTC home residents	In-house survey / 2023-2024	33.30	75.00	Corporate Target	

Change Ideas

Change Idea #1 Provide education by: Attending Family Council to discuss Understandings/beliefs around incontinence products and their use in LTC; including information quarterly in the monthly Family Newsletter on continence products and their use and include family education on incontinence products and their use in LTC with admission packages

Methods	Process measures	Target for process measure	Comments
Continence Lead has been identified who will be responsible for ensuring appropriate continent products are in the facility at all time and will deliver accordingly 2 x week to the units. Continence Lead to attend the home 2 x yearly to ensure proper measurements of resident for appropriate products.	Will create an audit tracking to cross reference with resident product needs.	Increase positive response to 75% Satisfaction on 2024 Survey to the statement "Continence care products are available when the resident needs them"	

Change Idea #2 Implement use of Prevail signs posted in resident closets for easy referral by PSWs

Methods	Process measures	Target for process measure	Comments
Will develop a system for resident correct product size to be posted to ensure correct size product is being used.	Tracking tool to be created. Random monthly audits conducted to ensure process is working and efficient.	Increase positive response to 75% Satisfaction on 2024 Survey to the statement "Continence care products are available when the resident needs them"	

Change Idea #3 Implement use of updated incontinence product change form

Methods	Process measures	Target for process measure	Comments
Prevail representative to visit home 2 x yearly to re-educate and support use of product change form as well as re-measuring of resident to ensure proper product usage.	Continence lead to monitor the usage and efficiency of product change form by PSW	Increase positive response to 75% Satisfaction on 2024 Survey to the statement "Continence care products are available when the resident needs them"	

Safety

Measure - Dimension: Safe

Indicator #7	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	15.34	13.00	Corporate Target	

Change Ideas

Change Idea #1 Establish weekly Interdisciplinary meetings to review falls and interventions to reduce falls.

Methods	Process measures	Target for process measure	Comments
1) Review current high-risk residents for falls to identify their needs/preferences for activities with aim to create individualized interventions 2) Review residents with 3 or more falls in a 3-month period to identify potential patterns and create individualized interventions	1) Two residents reviewed for activity needs/preferences weekly 2) On each fall, run report to determine if resident meets criteria and if so, look for patterns and discuss in weekly falls meeting to determine potential personalized interventions"	Number of falls that high-risk residents have decreases	

Measure - Dimension: Safe

Indicator #8	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	15.86	18.00	Corporate Target	

Change Ideas**Change Idea #1** Ensure antipsychotics are prescribed appropriately

Methods	Process measures	Target for process measure	Comments
Participate in the redeveloped Appropriate and Safe Antipsychotic Prescribing program which includes being to use the Cohen Mansfield Agitation Inventory	Monthly, review residents that had annual RAI/MDS assessment and complete Cohen Mansfield Agitation Inventory when determined appropriate, begin plan to attempt reduction in Antipsychotic Prescribing	Identified residents will successfully have a reduction in antipsychotic prescribing	

Measure - Dimension: Safe

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents with worsened ulcers stages 2-4	C	% / Residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	3.70	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	1) Monthly, review residents that had RAI/MDS assessment to determine residents with PURS score 3 or greater 2) Monthly review identified resident to determine if surface meets their needs 3) Monthly visually inspect bed surface/mattress of identified residents to determine if they need to be replaced	A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by August 2024	

Measure - Dimension: Safe

Indicator #10	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	% / Residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	0.00	4.00	Corporate Target	

Change Ideas

Change Idea #1 Educate staff on restraint policy and use of alternatives to restraints in Annual Mandatory Education

Methods	Process measures	Target for process measure	Comments
Deliver education to all staff on restraint policy and alternatives to restraints	% of Staff to complete Annual Mandatory Education	100% of staff will be educated on restraint policy and alternatives by May 2024	