

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Communication	C	% / LTC home residents	In-house survey / 2023	75.00	75.00	Annual Resident Experience Survey	

### Change Ideas

#### Change Idea #1 Enhancing Communication

Methods	Process measures	Target for process measure	Comments
Regular communication at Residents' Council and ask if communication is satisfactory at each meeting and if not what are suggestions for improvement Post information in consistent location in large font	# of Residents' Council meetings and minutes # of locations information is posted	# of residents advising that communication is satisfactory	

#### Change Idea #2 All signage, calendars, maps, will reviewed if feasible to be in large print and accessible for residents

Methods	Process measures	Target for process measure	Comments
Audit the whole home to assess signage and accessibility. Implement new signage for information where possible Ask Resident Council for ideas for improvement for communication and information sharing	# of signs, calendars, maps updated to a larger format	100% of posted information will be reviewed for accessibility..	

**Measure - Dimension: Patient-centred**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction Would Recommend	C	% / Family	In-house survey / 2023	84.60	85.00	Corporate Target	

**Change Ideas**

Change Idea #1 The home will implement an action plan based on the areas that need improvement as identified in the satisfaction surveys with an overall goal of achieving improved results.

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

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Maintenance of physical building and grounds	C	% / Family	In-house survey / 2023	8.30	85.00	Annual Family Experience Survey results	

**Change Ideas**

**Change Idea #1** A physical plant audit will be conducted in May of the exterior and interior of the building. The home will use any available minor capital funding from the MOH for LTC projects.

Methods	Process measures	Target for process measure	Comments
Feedback from families and Residents' Council.	#suggestions # minor capital items identified	Minimum 75% satisfaction rate on the survey	

**Change Idea #2** Survey residents, staff and volunteers and any community resources to assess interest in gardening projects, outdoor space enhancements.

Methods	Process measures	Target for process measure	Comments
Create and issue survey in April to assess interest.	# responses # of new outdoor and gardening programs/initiatives	Improvement in satisfaction to minimum 75%	

**Measure - Dimension: Patient-centred**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Continence Care Products	C	% / Family	In-house survey / 2023	45.50	85.00	Annual Family Experience Survey results	

**Change Ideas****Change Idea #1** Continence care program review

Methods	Process measures	Target for process measure	Comments
Onsite quarterly visits by vendor to assess adherence with product usage to understand individual issues. Staff re-education Auditing of product usage, careplans and inventory	#continence assessments completed # audits completed	Minimum of 85% satisfaction rating on next survey 100% of residents using continence products will have the correct size and product	

**Change Idea #2** Regular and detailed reporting from vendor to the homes

Methods	Process measures	Target for process measure	Comments
The home will receive regular onsite visits and follow up reports	# site visits # reports	Minimum 85% satisfaction rating on next survey 100% completion of continence assessments	

## Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfaction with quality of care from social workers.	C	% / Family	In-house survey / 2023	33.30	85.00	Annual Family Experience survey results	

## Change Ideas

Change Idea #1 Explore the use and types of external Social Services support available in Bruce County and communicate this information.

Methods	Process measures	Target for process measure	Comments
1. Contact the local LHIN, HCSS to get information about social services in the area available for residents and families. 2. Source written pamphlets and information about resources available and display in the home. 3. Create a resource list for reference should the need arise. 4. Explore roles and funding available from the MOLTC.	# of local providers # brochures Available funding dollars for Social Work and other AHP roles	Improvement in the response rating on the annual FSS to a minimum of 85% Increased satisfaction and access to Social Work	

**Measure - Dimension: Patient-centred**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Continence Care and Products	C	% / Residents	In-house survey / 2023	45.50	75.00	Annual Resident Experience Survey	

**Change Ideas**

## Change Idea #1 Continence Program Review

Methods	Process measures	Target for process measure	Comments
Onsite quarterly visits by vendor to assess adherence with product usage to understand individual issues. Staff re-education Auditing of product usage, careplans and inventory	#continence assessments # audits completed	Minimum of 85% satisfaction rating on next survey 100% of residents using continence products will have the correct size and product	

**Measure - Dimension: Patient-centred**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Quality and Temperature of Food/Beverages	C	% / LTC home residents	In-house survey / 2023	35.70	75.00	Annual Resident Experience Results	

**Change Ideas**

Change Idea #1 All food and beverages will be prepared in accordance with recipes and maintained at required temperatures at all stages from purchasing to meal/snack service.

Methods	Process measures	Target for process measure	Comments
<p>1. Functional MealSuite ELO tablet in the LTC dining room. 2. Retraining for all cooks and dietary staff to use the MS APP and all functions including production, meal service and temperature logging. Retrain on temperature logging and requirements. 3. Daily audit by Nutrition Manager by running MS Utilization reports. 4. Daily audit by Nutrition Manager of all required temperatures being documented. 5. Review of meal and snack service and re education for nursing staff regarding meal service and tray service processes. 6. Consistent supervision of nursing staff in the dining rooms and at snack delivery times. 7. Retraining of all staff on pleasurable dining and protected mealtimes policy. 8. Reimplementation and reinforcement of dietary policies and processes including Substitution Logs, Tray requisition forms, advanced prep and pull sheets. 9. Obtain quote to replace ice machine to ensure sufficient production of ice to meet demands. 10. NM to audit daily during meal rounds that all cold foods are kept cold and on ice as required during meal and snack service. 11. NM to assess capacity of current hot steamtables to ensure all pans fit as based on each daily menu. If sufficient capacity create steamtable layout maps for each meal for staff reference. If insufficient capacity, obtain quote for larger steamtables.</p>	<p>Number of temperature records daily, weekly and monthly Number of reports being used as evidenced by the MS Utilization Reports Number of concerns/compliments at Residents' Council and Food Committee</p>	<p>100% of all food and beverage items will have recorded temperatures. 100% of all staff will understand and follow correct meal and tray service practices. 100% of required CQI audits related to quality and food temperatures will be completed by the nutrition manager and the Director of Care as outlined in the Quality Activities Calendar.</p>	

**Measure - Dimension: Patient-centred**

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction-Residents would recommend this home to others.	C	% / LTC home residents	In-house survey / 2023	85.70	75.00	Annual Resident Experience Survey	

**Change Ideas**

Change Idea #1 Maintain or exceed current satisfaction rating in the 2024 survey.

Methods	Process measures	Target for process measure	Comments
Review progress on QI initiatives at CQI committee, Residents' Council and staff meetings.	2024 Experience Surveys	75% Corporate Target	



## 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	15.60	15.00	Corporate Target	

### Change Ideas

Change Idea #1 #1) Implement specific activity program for residents who are high risk for falls 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. 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 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 residents reviewed for activity needs/preferences weekly # of activity programs that occur during change of shift in afternoon weekly # of environmental assessments completed monthly # of identified deficiencies from assessments that were corrected monthly	Specific activity program at afternoon change of shift will be implemented by June 2024 Environmental risk assessments of resident spaces to identify fall risk will be completed	

**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	34.95	17.30	Corporate Target	

**Change Ideas**

Change Idea #1 1) Medication reviews completed for all residents currently prescribed antipsychotics 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) 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 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 residents reviewed monthly # of plans of care reviewed that have supporting diagnosis # of reduction strategies implemented monthly # of families provided with best practice information on reducing antipsychotics monthly # of tour and admission packages provided with antipsychotic reduction information included monthly	All residents currently prescribed antipsychotics will have a medication review completed by July 2024 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
% of LTC residents with restraints	C	% / Residents	CIHI CCRS / Q3	0.00	2.50	Corporate Target	

**Change Ideas**

Change Idea #1 Review current restraints if any, and determine plan for trialing alternatives to restraints Re-educate staff on restraint policy and use of alternatives to restraints Implement brochure re use of bedrails for resident and family information

Methods	Process measures	Target for process measure	Comments
Review all residents currently utilizing restraints if any Meet with families/residents to discuss alternatives that could be trialed and determine action plan in collaboration with family/resident Organize education sessions with all staff on restraint policy and alternatives to restraints	# residents reviewed monthly # of meetings held with families/residents to discuss alternatives monthly # of action plans in place for reduction of restraints in collaboration with family/resident monthly # of education sessions held monthly	100% of restraints used if any, will be reviewed and plans implemented for trialing alternatives by Sept 2024 100% of staff will be re-educated on restraint policy and alternatives to restraints by Sept 2024	

**Measure - Dimension: Safe**

Indicator #12	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with worsened ulcers stages 2-4	C	% / Residents	POC/PCC Audits / 2024	7.40	2.00	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
Develop list of residents with PURS score 3 or greater Review residents list to determine if surface meets their needs Replace mattress/surface if required 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 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	