

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience-Would Recommend.	C	% / LTC home residents	In-house survey / 2024	93.10	75.00	Corporate Set Target	

### Change Ideas

Change Idea #1 Maintain Resident satisfaction with services in the home.

Methods	Process measures	Target for process measure	Comments
Solicit feedback from Residents' Council	On-going communication-respond and follow-up in a timely manner with any questions or concerns		Metrics in Engagement Survey. Qualitative comments in survey. Number of Client Service Response Form and Residents' Council Concerns Form.

**Measure - Dimension: Patient-centred**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Experience: Would Recommend	C	% / Family	In-house survey / 2024	100.00	85.00	Corporate Set Target	

**Change Ideas**

Change Idea #1 Maintain Family Satisfaction with Services in the home.

Methods	Process measures	Target for process measure	Comments
Solicit feedback from Family Council.	On-going communication -respond and follow -up with any questions and concerns in a timely manner.	Metrics in Experience Survey. Qualitative comments in survey. Number of Client Service Response Forms & Family Council Concerns Forms	

## Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of food and beverage options.	C	% / Residents	In-house survey / 2024	79.50	85.00	Home's set target	

## Change Ideas

### Change Idea #1 Offer a variety of food and beverage

Methods	Process measures	Target for process measure	Comments
Nutrition Manager to continue collaborating with Recreation Manager to plan theme day/special breakfasts, lunches and dinners for the residents. Pizza Day, McDonald's Breakfast, KFC, for the residents on monthly basis as per residents' feedback and suggestions.	Review menu at the monthly Food Committee Meetings resident to communicate, items they don't like on the menu at Food Committee meeting so that it can be replaced with an item they like.	Metrics in Engagement Survey.	Qualitative comments in survey. Number of meetings attended/hosted.

**Measure - Dimension: Patient-centred**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of spiritual care services.	C	% / Residents	In-house survey / 2024	85.70	90.00	Home's set target	

**Change Ideas**

Change Idea #1 Provide more spiritual programs.

Methods	Process measures	Target for process measure	Comments
Resume in-house spiritual programs with local community churches (Bible Study, Non-denominational Worship Service, Community Church Choirs, Rosary programs)	Recreation Manager ensure spiritual programs are offer monthly in the Recreation Calendars (Roman Catholic Mass, Non-denominational Worship Services, Bible Study, Community Choirs, & Rosary Programs)	Metrics in Engagement Survey.	Qualitative comments in survey. Number of Spiritual Programs offered each month in Activity Pro.

**Measure - Dimension: Patient-centred**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of laundry services for my personal clothing.	C	% / Residents	In-house survey / 2024	86.40	90.00	Home's set Target	

**Change Ideas**

Change Idea #1 Improve laundry services for personal clothing.

Methods	Process measures	Target for process measure	Comments
Environmental Services manager to ensure staff are replace in the laundry. Hire New Laundry Staff	Daily review of laundry room. Cross train all housekeeping staff to do laundry. Monthly environmental team meetings to discuss issues related to laundry.	aily review of laundry room. Cross train all housekeeping staff to do laundry. Monthly environmental team meetings to discuss issues related to laundry.	

**Measure - Dimension: Patient-centred**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of laundry service for linens	C	% / Family	In-house survey / 2024	70.70	85.00	Home's set Target	

**Change Ideas**

Change Idea #1 Improve laundry services for linens.

Methods	Process measures	Target for process measure	Comments
Environmental Services manager to ensure staff are replace in the laundry. Hire New Laundry Staff	Daily review of laundry room. Cross train all housekeeping staff to do laundry. Monthly environmental team meetings to discuss issues related to laundry.		Metrics in Experience Survey. Qualitative comments in survey. Number of meetings attended/hosted.

## Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of cleaning within the resident's room.	C	% / Family	In-house survey / 2024	71.40	85.00	Home's set Target	

## Change Ideas

Change Idea #1 Ensure resident's room are cleaned.

Methods	Process measures	Target for process measure	Comments
Staff to be reminded to call Housekeeping whenever there is a significant cleanliness issue that requires an immediate response. Utilize Maintenance Care App	Environmental Services manager to audit each floor daily, monthly audit by Marquise Monthly environmental team meetings to discuss issues and related standards.		Metrics in Experience Survey. Audit Results. Qualitative comments in survey.

**Measure - Dimension: Patient-centred**

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with cleaning services throughout the home.	C	% / Family	In-house survey / 2024	71.40	85.00	Home's set target	

**Change Ideas**

## Change Idea #1 Ensure Cleanliness of the Home

Methods	Process measures	Target for process measure	Comments
Staff to be reminded to call Housekeeping whenever there is a significant cleanliness issue that requires an immediate response. Utilize Maintenance Care App	Environmental Services manager to audit each floor daily, monthly audit by Marquise Monthly environmental team meetings to discuss issues and related standards		Metrics in Experience Survey. Audit Results. Qualitative comments in survey.



## 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	12.32	15.00	Corporate Set Target	

**Change Ideas****Change Idea #1** Conduct assessment of high-risk fallers

Methods	Process measures	Target for process measure	Comments
1. Review current high-risk residents for falls by ensuring assessments for fall and injury prevention is in place 2. Meaningful recreation and leisure interventions to keep resident engaged.	Review risk management, Falls Huddles with allow interdisciplinary approach to develop root cause, develop a work towards change.	Quality lab which allows for collaboration and hearing successes of other teams Continuous quality improvement audits that determine gaps and support prompt action planning	

**Change Idea #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. 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 environmental assessments completed monthly # of identified deficiencies from assessments that were corrected monthly	Environmental risk assessments of resident spaces to identify fall risk will be completed 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	18.77	17.30	Corporate Set Target	

**Change Ideas**

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

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	# of residents reviewed monthly # of plans of care reviewed that have supporting diagnosis # of reduction strategies implemented monthly	All residents currently prescribed antipsychotics will have a medication review completed by July 2024	

## Change Idea #2 Implementation of Extencicare Antipsychotic Reduction Tool

Methods	Process measures	Target for process measure	Comments
1.Engage Behavioral support leads to work with team to support behaviour management.2. DementiAbility Methods is a person-centered approach where residents maintain strengths and purposefully engage in ADLs and leisure activities.	1.Interdisciplinary assessment, behaviours huddles and rounds to allow staff to understand reason behind beahviour.2. Quality labs with interdisciplinary approach to develop root cause, develop and work towards change, while collaborating and hearing successes of other teams.	Review the number of residents of antipsychotics medication without a diagnosis quarterly. Continuous Quality Improvement Audits that determine gaps and support prompt action planning.	

**Measure - Dimension: Safe**

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with worsened ulcers stages 2-4	C	% / LTC home residents	Other / 2023	2.34	2.50	Corporate Set 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	# of residents with PURS score 3 or greater # of reviews completed of bed surfaces/mattresses monthly # of bed surfaces /mattresses replaced monthly. Utilizing wound care app to ensure accurate assessment and treatment plan.	A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by Sept 2024	

Change Idea #2 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 education sessions provided quarterly for Registered staff on correct staging of pressure injuries	100% of registered staff will have received education on identification and staging of pressure injuries by Sept 2024	

**Measure - Dimension: Safe**

Indicator #12	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with restraints	C	% / LTC home residents	Other / 2023	0.00	2.50	Corporate Set Target	

**Change Ideas****Change Idea #1** Maintain Zero Restraints in the home.

Methods	Process measures	Target for process measure	Comments
1)Review all new admission for utilizing restraints. 2)If restrains is requested meet with families/residents to discuss alternatives that could be trialed and determine action plan in collaboration with family/resident and interdisciplinary team	Residents reviewed quarterly and upon admission. Meetings held with families/residents to discuss alternatives during interdisciplinary care conferences. Audits in place for maintenance of zero restraints quarterly (CIHI)	Home will remain restraint free.	

**Change Idea #2** Educate staff on restraint policy and use of alternatives to restraints.

Methods	Process measures	Target for process measure	Comments
1)Organize education sessions with all staff on restraint policy and alternatives to restraints	Education sessions held annually.	100% of staff will be re-educated on restraint policy and alternatives to restraints by April 2024	