

Experience

Measure - Dimension: Patient-centred

Indicator #1	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
			We are prioritizing other areas of focus

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
1. Resident Satisfaction - Would recommend this home to others	C	Rate / LTC home residents	In-house survey / 2023	86.20	75.00	Corporate Target	

Change Ideas

Change Idea #1 Change ideas are included in the lowest scoring resident indicators. In addition, leadership will be looking at communication with residents. Goal to provide clear and timely information regarding changes. As this score is relatively high at 86.2%, look at the strengths of the home and celebrate successes with staff. Provide residents with an opportunity to say thank you to staff.

Methods	Process measures	Target for process measure	Comments
Leadership meeting to brainstorm ideas. Meet with residents and staff to brainstorm ideas and determine gaps. When talking to residents using the terminology in the survey. Add this to management by walk about x 2 weeks.	2024 annual survey	88%. This is above target, but the Arbour Heights team is compassionate about improving services for residents.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
2. Resident Satisfaction - I am satisfied with the quality of care from doctors	C	Rate / LTC home residents	In-house survey / 2023	56.60	65.50	LTC Division Average	

Change Ideas

Change Idea #1 Follow up with residents to determine how the home can improve the quality of care from doctors. Schedule a meeting with the medical director and attending physicians to discuss concerns. Involve registered staff in fact finding as they would likely be able to provide valuable insight related to resident concerns.

Methods	Process measures	Target for process measure	Comments
Survey staff, meetings with doctors and residents.	2024 annual feedback survey.	66% as it is the division average.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
3. Resident Satisfaction - I have a good choice of continence care products.	C	Rate / LTC home residents	In-house survey / 2023	58.50	71.70	LTC Division average	

Change Ideas

Change Idea #1 Meet with continence care committee to obtain feedback. Survey the residents that completed the survey, with more specific questions, in order to determine next steps.

Methods	Process measures	Target for process measure	Comments
Family and resident meetings and survey. Communicate our request for more information on eblast and newsletter. Continence care team will attend resident and family council meetings and will discuss products used in the home and provide education on proper fitting and available products.	2024 Annual Satisfaction Survey.	72% as this is the division average.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
4. Family Satisfaction - I would recommend this home to others.	C	Rate / Family	In-house survey / 2023	75.50	85.00	Corporate Target	

Change Ideas

Change Idea #1 The homes focus for families will be education and communication this year. Change ideas include; Canvassing for more families to provide their email address in order to better communicate. Re-implement leadership and family meet and greets, or collaboration club. Offer education to families again. Reinitiate the "questions" form. This allowed for people to ask questions without having to find the right person, office or extension.

Methods	Process measures	Target for process measure	Comments
The leadership team will continue to meet weekly to determine progress on the change ideas. The Resident Services Coordinator will seek feedback from families for topics they would like to receive education on.	Touchpoint meetings at leadership to report follow-up, successes and challenges. Outcomes will be measured by the annual feedback survey.	Target is 75%. the home's current performance is 75.5%. With implementation of the	

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Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
6. Family Satisfaction - The resident has input into the recreation programs available.	C	Rate / Family	In-house survey / 2023	33.30	47.20	LTC Division Average	

Change Ideas

Change Idea #1 As residents are more satisfied than families in this dimension. The home feels that this may be a communication issue. Change ideas; Include / invite families to recreation planning meetings. This might help families see their loved ones have opportunities to provide input into the programs. Family council agenda - add as a topic for the Recreation Manager to communicate process and seek input for improved outcomes on this indicator. Eblast to be sent out reminding families of program planning meetings that occur on each home area. Family program planning meeting.

Methods	Process measures	Target for process measure	Comments
Communication will go out on e-blast, newsletters by the recreation team. Invite families to attend their own program planning meeting. This will help us in improving this indicator. Most responsible person: Recreation Manager.	Family rating on the 2024 survey.	48% as this is the organizations average score.	

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
5. Family Satisfaction - I am satisfied with the variety and timing of the spiritual care services.	C	Rate / Family	In-house survey / 2023	44.80	59.40	LTC Division Average	

Change Ideas

Change Idea #1 As residents are more satisfied than families in this dimension. The home feels that this may be a communication issue. The home will better communicate scheduling of all multidenominational services. The April newsletter will have a listing of all services available in the home. In addition, the home will make note of this on the family e-blast. The facilitator of the family council will put it on the agenda for discussion.

Methods	Process measures	Target for process measure	Comments
Communication will go out on e-blast, newsletters and the home will post services in the main lobby. Services are always posted on the home areas. The home will put together a short survey requesting more information on perceived gaps. This will help us in improving this indicator.	Family rating on the 2024 survey.	60% for next year. This is the organizational average.	

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	17.10	15.00	Corporate Target	

Change Ideas

Change Idea #1 1.Recreation staff to review and develop action plan for residents who fell in the past 3 months, and are also indicated at risk for social isolation.

Methods	Process measures	Target for process measure	Comments
1.On a monthly basis, the Quality Lead will determine residents that have fallen in the past (rolling) quarter. 2. Index of Social Engagement (ISE) score will be determined for each of the residents above. 3. The resulting list of residents will be given to the recreation team to determine possible action plans. Action plans will be unique depending on resident needs and preferences. Action plans will be communicated to the care team on the resident's home area.	Implement program during afternoon change of shift to engage residents and prevent falls # of individualized program plans completed. # of monthly reviews of the plan, evaluate effectiveness # of plans reviewed at falls committee meetings	Specific individualized programs will be implemented by June 2024	

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
Staff to do environmental assessments for all residents at high risk for falls during admission, quarterly and as needed.	Address any identified deficiencies from completed assessments # of environmental assessments completed on admission and quarterly # of identified deficiencies from assessments that were corrected	Environmental risk assessments of resident spaces to identify fall risk will be completed by June 2024	

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	35.59	17.30	Corporate 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 during observation (7 day) period. 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 Provide educational material to families and/or residents on antipsychotics and the importance of minimizing use.

Methods	Process measures	Target for process measure	Comments
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 packages	# of residents reviewed monthly # of tour and admission packages provided with antipsychotic reduction information included monthly	Educational material will be provided to families and/or residents on antipsychotics and important of minimizing use by Sept 2024	

Change Idea #3 #3) Provide Gentle Persuasive Approach to Dementia Care to all staff of the home, to increase knowledge of non-pharmacological interventions to reduce responsive behaviours.

Methods	Process measures	Target for process measure	Comments
This education is an interactive, in class, 8-hour program, led by certified facilitator's who are employed by Extencare/Arbour Heights.	Look at indicator monthly to see if the indicator trends downwards.	Education to be provided once monthly throughout the year.	

Measure - Dimension: Safe

Indicator #10	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	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	3.10	2.00	Corporate	

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	A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by August 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 monthly 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 #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents using restraints	C	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	3.80	2.00	Corporate Target	

Change Ideas

Change Idea #1 1) Review current restraints and determine plan for trialing alternatives to restraints

Methods	Process measures	Target for process measure	Comments
1) Review all residents currently utilizing restraints 2) Meet with families/residents to discuss alternatives that could be trialed and determine action plan in collaboration with family/resident	# residents reviewed monthly # of monthly action plans in place for reduction of restraints in collaboration with family/resident	100% of restraints will be reviewed and plans implemented for trialing alternatives by Sept 2024	

Change Idea #2 Re-educate staff on restraint policy and use of alternatives to restraints Educate families on restraints on admission, and ongoing as needed.

Methods	Process measures	Target for process measure	Comments
Organize education sessions with all staff on restraint policy and alternatives to restraints	# of education sessions held monthly	100% of staff will be re-educated on restraint policy and alternatives to restraints by Sept 2024	