

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction- Would recommend.	C	% / LTC home residents	In-house survey / 2023	88.10	75.00	Corporate Target	

### Change Ideas

Change Idea #1 Foster a positive customer experience through customer centric culture.

Methods	Process measures	Target for process measure	Comments
Address resident concern at point of concern. Follow up or update resident (touch base) in a timely manner.	# of participants in next year survey.	By next survey, there will be a 5% increase in resident survey result recommending Bayridges.	

Change Idea #2 Obtained on the spot feedback.

Methods	Process measures	Target for process measure	Comments
Proactively reach out to resident and give assurance that concern is addressed. Utilized MBWA audit to obtain resident feedback.	# of positive feedback in MBWA	Resident satisfaction for 2024 has increase by 5%	

## Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident: My care conference is a meaningful discussion that focuses on what is working well, what can be improved and potential solution.	C	% / LTC home residents	In-house survey / 2023	29.60	75.00	Corporate Target	

## Change Ideas

Change Idea #1 Resident will participate in their scheduled care conference.

Methods	Process measures	Target for process measure	Comments
Registered staff will proactively invite the resident to scheduled care conference.	# of resident participate scheduled monthly by RSC.	80 % of resident invited to care conference are able to attend.	

Change Idea #2 Utilized interdisciplinary approach in resident care conferences.

Methods	Process measures	Target for process measure	Comments
Each member of the interdisciplinary team will provide update regarding resident progress. Resident will be provided opportunity to ask question during care conference.	# of interdisciplinary team member present during the care conference.	100% of the interdisciplinary care conference section are competed including resident goal, question, concerns and explanation are documented in the interdisciplinary care conference (PCC) Interdisciplinary care team will document on their designated section resident's question/concern and will be documented.	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident: Communication from home leadership is clear and timely	C	% / LTC home residents	In-house survey / 2023	32.20	75.00	Corporate Target	

**Change Ideas****Change Idea #1** Re-establish newsletter for residents.

Methods	Process measures	Target for process measure	Comments
Reactivation manager will send out newsletter as schedule via email and post mail.	# of resident receiving newsletter monthly.	By the end of the 2nd quarter of 2024, all residents are receiving all their newsletter as scheduled.	

**Change Idea #2** Reinforce OPEN DOOR policy.

Methods	Process measures	Target for process measure	Comments
Staff will use HEART APPROACH when dealing with residents and family. CSR will be completed as specified by policy and procedure. Complete CSR tracker to identify the trend of concern.	# of manager who can identify Heart approach. # of CSR form filed each month.	By the end of 2rd quarter, CSR complaint is decrease by 40 % and 50 % by end of the year.	

**Measure - Dimension: Patient-centred**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident: I am updated regularly about any changes in my home.	C	% / LTC home residents	In-house survey / 2023	32.20	75.00	Corporate Target	

**Change Ideas**

Change Idea #1 Utilized memo outlining update within the home will be send to the resident council president.

Methods	Process measures	Target for process measure	Comments
Council assistant will collect memo to send to the resident council. Update memo will be posted in the resident and family council board.	# of memo sent out to resident council.	Resident council president received regular monthly update.	

Change Idea #2 Improve communication process for emergency update.

Methods	Process measures	Target for process measure	Comments
Managers to call family for immediate updates, i.e. Phone. Use HEART APPROACH.	# CSR of communication concern from resident.	100% of CSR submitted will have satisfactory outcome.	

## Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction- Would recommend.	C	% / LTC home residents	In-house survey / 2023	84.30	85.00	Corporate Target.	

## Change Ideas

Change Idea #1 Improved care outcomes for resident.

Methods	Process measures	Target for process measure	Comments
Review indicator to identify areas for improvement. Audit and deep dive to root causes and intervention. Participate in Quality lab in collaboration with sister home.	# of indicator above benchmark # of audit completed as schedule.	100% of indicators will be below corporate target at the end of 2024.	

Change Idea #2 Restructure home recreational activities to reflect resident preference.

Methods	Process measures	Target for process measure	Comments
Review family survey to identify 3 area of opportunities. Care action plan to address these areas in a timely manner. Recreation manager to share the action plan with Family council and obtained feedback. Recreation manager to share the updated calendar as a result of feedback.	% of annual survey outcome	5% increase in family satisfaction-would recommend annual survey outcome.	

## Change Idea #3 Open door policy

Methods	Process measures	Target for process measure	Comments
Use HEART APPROACH when communicating with family. Personalized phones follow up as needed. Utilized special care conferences.	# of survey for communication to family.	75% corporate target is meet.	

**Measure - Dimension: Patient-centred**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family: I am satisfied with the timing and scheduling of spiritual care services	C	% / LTC home residents	In-house survey / 2023	35.70	75.00	Corporate Target	

**Change Ideas**

Change Idea #1 Resident calendar will reflect variety of spiritual care services.

Methods	Process measures	Target for process measure	Comments
Recreation staff to update the unit recreation board. Recreation Manager to audit the recreation board and will be part of the MBWA every first week of the month.	# of units have posted within the 1st of the month.	100 % of unit has recreation calendar posted in each unit in recreation board.	

Change Idea #2 Resident should have an individual calendar at bedside.

Methods	Process measures	Target for process measure	Comments
Recreation staff to update the resident copy. Recreation Manager to audit the recreation board and will be part of the MBWA every first week of the	# of resident room with calendar	100 % of resident will have calendar visible to family and residents.	

## Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family: I am satisfied with the variety of spiritual care services.	C	% / LTC home residents	In-house survey / 2023	38.70	75.00	Corporate Target	

## Change Ideas

Change Idea #1 Identify the spiritual practice of current residents..

Methods	Process measures	Target for process measure	Comments
Recreation aide to review care plan for spiritual care focus. Document in Care plan spiritual practices. Recreation staff responsible to document and update. Each out to external resources within the community.	# of resident having spiritual care is care planned. # of spiritual care personnel in the home	50% of resident has spiritual care by end of 3rd quarter and 100% of resident by end of 2024.	

Change Idea #2 Ensure recreation aide updates the spiritual practice of resident on care plan upon admission.

Methods	Process measures	Target for process measure	Comments
Recreation aide to complete care plan including spiritual practice upon admission huddle. Recreation manager to audit care plan monthly.	# of new admission.	100% of new admission in 2024 have spiritual focus care.	



## Measure - Dimension: Patient-centred

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family: The resident has input into the recreation programs available.	C	% / LTC home residents	In-house survey / 2024	43.80	75.00	Corporate Target	

## Change Ideas

Change Idea #1 Conduct post activity feedback.

Methods	Process measures	Target for process measure	Comments
Recreation needs to do post activity feedback. Feedback will be shared in department meeting. Action plan will be done to address the feedback. Recreation to create a list of activities that resident like. Recreation manager to send a calendar copy to the resident council for review.	# of feedback obtained from resident	% of resident satisfaction rate will be increase by 5%.	

Change Idea #2 Install suggestion box in reception for easy access. Suggested Ideas to be included in the monthly calendar.

Methods	Process measures	Target for process measure	Comments
Proactively promote suggestion box. Install suggestion box in reception for easy access. Suggested Ideas to be included in the monthly calendar.	# of suggestion received.	By end of 2nd quarter suggestion box is actively use.	

## 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	13.02	15.00	Corporate target	

### Change Ideas

Change Idea #1 Review care plan for toileting needs.

Methods	Process measures	Target for process measure	Comments
Nursing to review toileting schedule for triggered resident. Review current high-risk resident for falls. Review care plan for toileting focused.	# of resident care plan review.		Fall high risk resident has individualized toileting care plan on monthly audit.

Change Idea #2 Conduct environmental assessments of resident spaces to identify potential tip hazards.

Methods	Process measures	Target for process measure	Comments
Utilized environmental risk assessment for current and new residents. Include environmental risk assessment in monthly audit.	# of environment assessments completed monthly.		All residents have environmental risk assessment is 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	20.00	17.30	Corporate Target	

**Change Ideas**

Change Idea #1 Engagement of pharmacy team to provide recommendations to prescribers for safe reduction of antipsychotics.

Methods	Process measures	Target for process measure	Comments
Review monthly antipsychotic usage. Identify the usage of antipsychotic medication. Seek pharmacy advised for alternative medication as indicated. Provide recommendation to attending physician.	# of resident triggered for antipsychotic medication.	Monthly number of residents on antipsychotic used is decrease by 2% monthly for the next 6 months.	

Change Idea #2 Roll out person-centered approach to purposefully engage resident in ADLs and leisure activities to address boredom.

Methods	Process measures	Target for process measure	Comments
Apply back to life approach to each unit of the home. Educate PSW and PSA the importance of engaging resident to prevent behavior triggered by boredom. Activity aide act as "supervisor" in directing 1:1 to engage resident in activities. Staff to self-direct resident using the "Getting to Know Me" and/or memory boxes allows care staff to engage with residents about interests, preferences and personal history.	# of resident on behavior list that are actively engagement.	Staff are actively engaging resident is a structure activity during sundowning.	

**Measure - Dimension: Safe**

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Resident with daily Physical Restraints.	C	% / LTC home residents	Other / 2023	3.24	2.50	Corporate Target	

**Change Ideas**

Change Idea #1 Reach out to family and ask for collaborative approach in removing restrains.

Methods	Process measures	Target for process measure	Comments
Provide family evidence-based study identifying the risk of restraint. Encourage an open discussion of their fear and concern. Encourage too involved family member to provide ideas. Update the family in a timely manner regarding status of restrain.	# of resident with restraint	At the end of the year, a significant decrease in the use of retraining.	

Change Idea #2 Utilized safe trial session.

Methods	Process measures	Target for process measure	Comments
BSO identify resident that will need to reassess for restraint need: DOS monitoring. Involved activity program during tri-session. Detailed plan with the family. Follow up with the family daily until removed.	# of resident with restraint.	by the end of the year 2024, home will have zero restraints.	

**Measure - Dimension: Safe**

Indicator #12	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents with worsened ulcer stage 2-4	C	% / LTC home residents	Other / 2023	2.03	2.00	Corporate Target	

**Change Ideas**

Change Idea #1 Back to Basic education to frontline staff regarding prevention of skin break down.

Methods	Process measures	Target for process measure	Comments
3M RISE Above (Reduce Incident of Skin Breakdown Everywhere.) education. Utilized risk management board on each unit to disseminate information for high-risk resident related to pressure injury. Staff will review the care plan's appropriate intervention for individual resident wellbeing. Report any sign of deterioration and referral need to be made PT and Dietitian. Utilized multiple wound audits to ensure no lip-sync.	# of staff educated.		All staff are educated of back to basic, strategy to prevent the skin breakdown by May 2024.

Change Idea #2 Review multiple skin and wound audit and confirm treatment is according to 3M protocol.

Methods	Process measures	Target for process measure	Comments
Identify triggered resident for multiple wounds. Attend interdisciplinary care plan. PT to careplan and provide entry for recommendation. PT to put positioning chart if resident is Hight risk.	Review multiple skin and wound audit and confirm treatment is according to 3M protocol.		# of resident triggered monthly. # of resident careplan reviewed. # of resident with positioning charge.