

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	CB	CB	Collecting baseline data	

Change Ideas

Change Idea #1

Methods	Process measures	Target for process measure	Comments
			Other

Measure - Dimension: Patient-centred

Indicator #2	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	Collecting Baseline Target	

Change Ideas

Change Idea #1

Methods	Process measures	Target for process measure	Comments
			Other

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction – Would Recommend	C	% / Residents	In-house survey / 2023	64.50	75.00	Corporate Target	

Change Ideas

Change Idea #1 All staff to receive Gentle Persuasive Approach training in 2024

Methods	Process measures	Target for process measure	Comments
1) Organize education sessions with all staff on Gentle Persuasive approach (GPA)	# of education sessions held monthly	100% of staff will be re-educated for GPA by Sept 2024	

Change Idea #2 All staff to receive customer service training

Methods	Process measures	Target for process measure	Comments
Educator to organize education sessions with all staff on customer service	# of education sessions held monthly	100% of staff will be re-educated on customer service by Sept 2024	

Change Idea #3 Establish more mentors for new staff

Methods	Process measures	Target for process measure	Comments
1) Staff educator to recruit more staff to become mentors 2) New mentors to receive preceptor training	# of mentors in the home	To add at a minimum 4 new mentors	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Staff take the time to chat with me	C	% / Residents	In-house survey / 2023	50.00	75.00	Corporate target	

Change Ideas**Change Idea #1** Monthly meeting to be done in all departments

Methods	Process measures	Target for process measure	Comments
1) Each department manager will be in charge of scheduling their monthly meetings 2) Management team will discuss as a group what the topic for the month will be	# of monthly meetings for each department	All departments will have a monthly meeting with their staff	

Change Idea #2 All staff to receive customer service training

Methods	Process measures	Target for process measure	Comments
Educator to organize education sessions with all staff on customer service	# of education sessions held monthly	100% of staff will be re-educated on customer service by Sept 2024	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I feel my goals and wishes are considered and incorporated into the care plan whenever possible	C	% / Residents	In-house survey / 2023	53.10	75.00	Corporate target	

Change Ideas

Change Idea #1 Multi-disciplinary post-admission huddle to be led by coaches and charge nurse

Methods	Process measures	Target for process measure	Comments
Post-admission huddle will be done by the next Tuesday following the admission	# post-admission huddles	100% of new admission will have a post-admission huddle	

Change Idea #2 Plan of care to be discussed with each resident that wishes to have an input

Methods	Process measures	Target for process measure	Comments
1) Plan of care to be discussed at admission and annual care conferences 2) If resident is unable to come to care conference, each department will go have a discussion with the resident	Resident post admission audit results	100% compliance on post admission audit	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have input into the recreation programs available	C	% / Residents	In-house survey / 2023	54.50	75.00	Corporate target	

Change Ideas

Change Idea #1 Monthly calendar planning meeting on every community to be led by Activity Aid

Methods	Process measures	Target for process measure	Comments
Activity aid will plan a meeting monthly with their residents to discuss next month's activities.	Each activity aid to present at monthly planning meeting with manager what activities the residents want to have in the calendar for next month.	Every month the activity aids are able to present to their managers their calendar for the following month.	

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction – Would Recommend	C	% / Family	In-house survey / 2023	57.70	85.00	Corporate target	

Change Ideas**Change Idea #1** Establish a Family Council

Methods	Process measures	Target for process measure	Comments
1) First planning meeting on March 21st 2) Continue promoting family council in Monthly newsletter and during discussion with families	# of meetings held with families to discuss Family Council	To have a fully established Family Council by the end of 2024	

Change Idea #2 Review process for clothing distribution to increase family satisfaction and reduce number of lost items

Methods	Process measures	Target for process measure	Comments
1) Management team to go through process mapping to find root cause of lost clothing 2) Share results with personnel and create action plan to improve process	# concerns on lost clothing	To have less than 15 concerns on lost clothing in 2024	

Measure - Dimension: Patient-centred

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have an opportunity to provide input on food and beverage options	C	% / Family	In-house survey / 2023	31.80	85.00	Corporate target	

Change Ideas

Change Idea #1 Share minutes of Food Committee in the Monthly Newsletter that is shared with families and residents.

Methods	Process measures	Target for process measure	Comments
Food Service Manager to write a monthly summary that will be shared in the Newsletter with families and residents.	# of Food Committee's monthly summary shared in the Newsletter	Food Committee's Monthly summary will be shared every month	

Change Idea #2 Food Service Manager to do follow up with families who bought meal ticket to get their opinions

Methods	Process measures	Target for process measure	Comments
1) Office Manager to create a list of families that will buy meal tickets and will share the list with the Food Service Manager 2) Food Service Manager will do follow-up call in the next week to have feedback from families about meals they shared together	# of follow-up conversations from Food Service Manager with families % of satisfaction for dining services	Increase in satisfaction for family satisfaction survey regarding dining services	

Measure - Dimension: Patient-centred

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The residents have input into the recreation programs available	C	% / Family	In-house survey / 2023	33.30	85.00	Corporate target	

Change Ideas

Change Idea #1 Monthly calendar planning meeting on every community led by the Activity Aid

Methods	Process measures	Target for process measure	Comments
Activity aid will plan a meeting monthly with their residents to discuss next month's activities.	Each activity aid to present at monthly planning meeting with manager what activities the residents wants.	Every month the activity aid are able to present to their managers their calendar for the following month.	

Safety

Measure - Dimension: Safe

Indicator #10	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	14.79	15.00	Corporate target	

Change Ideas

Change Idea #1 Weekly multidisciplinary falls meeting to discuss falls and interventions in place to prevent

Methods	Process measures	Target for process measure	Comments
1) Falls lead to schedule weekly meeting on communities 2) Falls leads to review new interventions proposed by staff and implement them	# multidisciplinary falls meetings		Stay below target for % of LTC residents who fell in the 30 days leading up to their assessment

Change Idea #2 Implement dementiability activities for residents who are high risk for falls

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 dementiability program to engage residents and prevent falls	# of residents reviewed for activity needs/preferences weekly # of dementiability activities		Specific activity program will be implemented by June 2024

Measure - Dimension: Safe

Indicator #11	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	21.21	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 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 Education for nursing staff on documentation when residents have hallucinations or delusions.

Methods	Process measures	Target for process measure	Comments
Organize education sessions with nursing staff on documentation.	# of education sessions held monthly	100% of staff will be re-educated on documentation 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	% / Residents	In house data collection / 2023	7.00	2.50	Corporate target	

Change Ideas**Change Idea #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 meetings held with families/residents to discuss alternatives monthly # of action plans in place for reduction of restraints in collaboration with family/resident monthly	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

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

Measure - Dimension: Safe

Indicator #13	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with worsened ulcers stages 2-4	C	% / Residents	In house data collection / 2023	2.40	2.00	Corporate target	

Change Ideas

Change Idea #1 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	

Change Idea #2 Improve communication with staff to ensure residents with pressure ulcer are repositioned according to their schedule

Methods	Process measures	Target for process measure	Comments
1) Information to be added in nurses' stations to ensure nurses share with their staff at shift report 2) Repositioning schedule to be added into ETAR for the nurses to follow-up on	# ETAR order added for repositioning	All repositioning schedule to be added by May 2024	