

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, "I like the food here"	C	% / Other	Other / January-December	14.00	26.00	2024 resident satisfaction survey, "I like the food" was 14%. We wish to continue to increase resident satisfaction in this area and feel that 12 point increase is achievable.	

Change Ideas

Change Idea #1 Survey 80% of residents (residents with CPS of 3 or less) on their favourite main meals, desserts, and snacks to understand what current meals residents to not like and which meals, snacks, etc. they wish to have more often

Methods	Process measures	Target for process measure	Comments
Survey data will be collected and tracked on excel spreadsheets to compare food items likes and dislikes. Data will be reviewed and summarized by Food and Nutrition department. The data will be presented to resident and family council and the food advisory committee. Compare findings with upcoming menus and determine which menu items need to be revisited. Highlight the top five meals from survey results to assist with resident choice meals.	% of surveys completed. Resident Council and Family Council meeting minutes. Food Advisory meeting minutes. Findings of survey presented	80% of residents survey completion by April 30, 2025 Data submitted to councils for review for May meetings	

Change Idea #2 Create a new dining room audit that includes tasting the meal and beverages, soliciting direct feedback from residents in the dining room, checking on standard practices completed by the dietary aide, assessing the dining experience through observation of the noise level, music playing, engagement levels, and meal satisfaction

Methods	Process measures	Target for process measure	Comments
1)Meal Audit to be completed by a leadership team member once weekly. Ensure one meal and one snack cart are included in the audit. Follow the expectation that all meal times will be equally audited each month.2) continue provided menu item taste testing at food committee meetings to get real time feedback from residents	# of audits completed per month. Audit findings are assessed for trends	1 breakfast meal, 2 lunch meals, and 2 supper meals will be audited monthly. 4 snack carts will be audited monthly	will use audit in healthconnex portal

Safety

Measure - Dimension: Safe

Indicator #2	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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	15.18	14.87	Target is to decrease falls by 2% with the goal of performing better than the provincial average.	

Change Ideas

Change Idea #1 Interdisciplinary strategic involvement to reduce multiple falls.

Methods	Process measures	Target for process measure	Comments
<p>1)All falls will be reviewed during the falls meetings with the interdisciplinary team identifying additional fall prevention strategies that may be implemented for individual residents.</p> <p>2)Review of Post-Fall Huddles and Analysis for each resident will be used to individualize strategies. 3)Travelling Falls Meetings will be conducted to involve front line staff on home areas to encourage more involvement and better outcomes</p>	Percentage of resident falls that are reviewed.	100% of all resident who have fallen will have a review of interventions in place and new interventions that can be added	

Change Idea #2 Determine root causes for falls in order to implement falls prevention strategies based on RNAO best practices.

Methods	Process measures	Target for process measure	Comments
Conduct audits, analyze for trend and root cause of falls. Implementation of RNAO best practice guidelines for falls prevention strategies.	Percentage of falls quarterly	Percentage of falls will decrease by 5%	This initiative is in line with reducing avoidable ED transfers and falls rank the highest of preventable transfers of our home

Measure - Dimension: Safe

Indicator #3	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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	13.20	13.00	Our goal is to maintain antipsychotics without a diagnosis of psychosis at or below provincial average by September 2025 knowing that CIHI results are based on a rolling 4 quarters.	

Change Ideas

Change Idea #1 To review all residents that are currently on antipsychotic medications to ensure that there is an appropriate diagnosis including hallucinations and delusions.

Methods	Process measures	Target for process measure	Comments
Resident diagnosis will be reviewed with 3MMR review by pharmacy and physician. RAI-C will audit to ensure accurate coding of hallucinations and delusions with each MDS assessment.	Number of residents who will be reviewed quarterly through medication reviews and MDS coding.	100% of residents will be reviewed for applicable diagnosis.	Supported by Medical Director and professional advisory team.

Change Idea #2 Clinical team will continue to review all residents that are on antipsychotics to ensure diagnosis is applicable

Methods	Process measures	Target for process measure	Comments
Medication review during move in day and during initial care conference happens within first 6 weeks.	# of residents that will be reviewed during their clinical admission.	100% of residents who are admitted with antipsychotics will have a thorough review or reason for use and supporting diagnosis	