

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	87.50	95.00	Home would like to increase resident satisfaction to at least 95% of residents responding positively to our survey question -"staff members respond to my questions and concerns to show evidence our staff are listening to residents. this would be an increase of just over 8% and will add to our overall resident satisfaction	

Change Ideas

Change Idea #1 Customer service training to support knowledge for staff on how to effectively listen to residents

Methods	Process measures	Target for process measure	Comments
Survey question to support how well staff listen - "Staff respond to my questions and concerns"	Review resident concerns, incidents reported and survey results	Survey results will be 95% or higher	Total Surveys Initiated: 34 Total LTCH Beds: 36

Change Idea #2 Improve positive staff to resident engagement that promotes a sense of being heard

Methods	Process measures	Target for process measure	Comments
Add a standing agenda item to staff team up daily meetings and monthly resident council meetings to discuss response to resident questions and concerns and share knowledge	Feedback received at team up and resident council concerns will be reviewed	# of new resident concerns from resident council, # of staff involved in complaints from residents will be less than 1 per month relating to the indicator or comparative concern	

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	12.88	11.00	Home has had success over past 2 quarters for fall reduction. Our target selected was to ensure falls are within the first quartile of 0-12.4%. Risk adjusted data places us in a higher bracket however moving from 12.8 to 11 is a reduction in 4 residents falling	

Change Ideas**Change Idea #1** Safety checks for residents on move in for 72 hours to support transition and identify fall/safety risk

Methods	Process measures	Target for process measure	Comments
PSW will ensure q15 min check ins to see how the resident is transitioning to the home, support orientation to the new environment and emotional support.	Falls meeting data will be reviewed to identify new residents who fell within the 30 days leading up to their assessment, review plan of care and make necessary changes	Home target is to have at least 2-4 less residents falls each month	Home focus is on reduction in the number of falls as well as early identification of risk. Small home size requires higher number of reduction to meet goal

Change Idea #2 Educate residents who have repeat falls on safety, the risks of injury when they fall

Methods	Process measures	Target for process measure	Comments
Residents will be supported, based on ability to understand the risk of falling and injury and why the interventions in place are important on admission with the fall lead	Fall lead will review # of falls prior to education vs # of falls post education	Residents who have repeat falls will have evidence of decrease # of falls with a target of at least 1 less fall each month	

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	8.70	5.00	Home would like to continue to support this indicator to ensure we continue to collaborate with families and MD to remove all antipsychotics without a diagnosis or appropriate rationale for use within the first 90 days of admission. Risk adjusted data increases our percentile with only 1 resident hitting the indicator	

Change Ideas

Change Idea #1 Within 90 days of admission residents on antipsychotic medication without appropriate diagnosis, delusions or hallucinations will be placed on a tapered dosing

Methods	Process measures	Target for process measure	Comments
Medical Director to review admission medication on all residents to identify antipsychotic use, review diagnosis and consult with external medical professionals to obtain historical medical as required	Residents without a diagnosis, delusions, or hallucinations who are prescribed antipsychotic medication will have a consult meeting with the Medical Director to explain the process of tapering safely off and promote use of alternative non pharmacological interventions	100% of residents admitted without a diagnosis, delusions, or hallucinations will successfully be tapered off antipsychotic medication unless significant contraindication	

Change Idea #2 Educate frontline staff to support residents with expressive episodes in GPA

Methods	Process measures	Target for process measure	Comments
GPA certified coach will support a minimum of 10 staff to be educated in GPA Gentle Persuasive Approach	# of staff signed up for GPA vs # completed	10 staff minimum selecting from each shift	Home identified 2 expressive episodes escalated by staff approach, GPA techniques have been shown to be effective in helping residents during expressive episodes