

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents responding positively to all questions in the Dining Experience category of the in-house annual experience survey	C	% / LTC home residents	In-house survey / Most recent consecutive 12-month period	74.00	80.00	The 2023 survey highlighted opportunities for further enhancement in the dining experience for residents. To drive improvement, the target has been strategically set above the high satisfaction threshold, deemed feasible and attainable.	

### Change Ideas

Change Idea #1 Ensure the optimal temperature of hot meals during dining by using the new upgraded steam tables in the serveries. Then conduct temperature checks of meals post-serving during regular meal audits to guarantee consistent temperature maintenance.

Methods	Process measures	Target for process measure	Comments
Meal audit checklist to be updated with a question to check for optimum temperature of hot meals after serving. Dietary department staff to conduct Meal audit at least for one meal time daily.	Completed Meal audits to be reviewed by the Dietary Manger and any non-compliance to 'optimum temperature of hot meals after being served' to be followed up.	100% compliance to the meal audit checklist question "Optimum temperature of hot meals after being served to the table".	

Change Idea #2 Improve dietary staff to resident engagement and reduce the task oriented work approach of staff by providing Customer Service training to all Dietary staff.

Methods	Process measures	Target for process measure	Comments
Provide In-service Customer service training to all dietary staff. Also, include customer service training module in online education platform Surge which will be annually reviewed by all dietary staff.	# Annual Customer service education module Completion rate on Surge for all active Dietary staff # Percentage of active dietary staff attending the in person training.	# 100 % Customer Service education completion on Surge for all active dietary staff for the year # 80% active Dietary staff attending In-service session for Customer service.	Various options are available for customer service education, encompassing both online and in-service sessions. Following a thorough evaluation, the interdisciplinary team will collaboratively select the most suitable training modules, and subsequently, the pertinent training dates will be determined. A comprehensive action plan will be developed as part of the departmental program evaluation process.

## Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents responding positively to all questions in the Resident Activities category of the in-house annual experience survey	C	% / LTC home residents	In-house survey / Most recent consecutive 12-month period	55.00	75.00	75-100% of positive responses indicates a high level of satisfaction	

## Change Ideas

Change Idea #1 Increase diversity and accessibility of Activity programs conducted during weekends and evenings in the LTC Home areas

Methods	Process measures	Target for process measure	Comments
Recreation manager to create recreation program calendars including more programs during weekends, provide residents the option to participate in programs held at other home areas and also, to enhance weekend staffing by strategically adjusting activity staff schedules.	Monthly track Performance Indicator :% of Residents at Risk (without Self Directed).	To consistently achieve a target X=20% for the performance indicator.	The goal for the change is to receive a high satisfaction (>75%) for the Question "Enjoyable things to do during evenings and weekends" on the 2024 Resident Experience Annual Survey.

Change Idea #2 Increase participation of residents in recreational programs by heightening resident awareness of recreational activities.

Methods	Process measures	Target for process measure	Comments
During meal times in the dining room collaborate with interdisciplinary staff to actively promote and heighten awareness of the daily Activity programs held.	Average satisfaction for the 'Resident activities' category in the Resident Annual Experience Survey for LTC	In the 2024 Annual Experience Survey, aim for a minimum of 75% average satisfaction in the 'Resident Activities' category.	

## Safety

### Measure - Dimension: Safe

Indicator #3	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	17.83	16.50	Taking into account our historical performance data, alongside benchmarks from both the regional and Ontario averages, we have established a target value that is both realistic and attainable.	

### Change Ideas

Change Idea #1 Enhance staff awareness and active participation in the falls prevention program through ongoing and interactive huddles

Methods	Process measures	Target for process measure	Comments
Fall Prevention lead and QI lead to conduct falls Huddles in all LTC home areas on every Monday for alternating shifts (Days & Evening), where the previous weeks falls and preventions methods are discussed with the interdisciplinary team	Occurrence, Attendance, reduction on falls for frequent fallers	Conduct at least 4 falls huddles each month on all LCT home areas. At least 15 people are attending the huddles in total. 7% reduction on average falls of frequent fallers from previous year.	A monthly incentive initiative titled "Rising Star Unit" has been introduced to encourage staff engagement in falls prevention. This will be awarded to the home area that demonstrates the lowest incidence of falls for the month.

**Change Idea #2** Reduce the amount of unwitnessed falls by training staff to be more vigilant and engaging on the home areas and Encourage staff to refrain from remaining exclusively at the nursing station to ensure a more comprehensive overview of residents and proactively address potential risks.

Methods	Process measures	Target for process measure	Comments
Through the implementation of the Butterfly Approach, encourage and support staff to be present and engage residents in purposeful activity. Also, enable staff to be present with residents while completing documentation and minimize time spent in staff areas.	Reduction in % of unwitnessed falls on Wellington & fountain home areas	7% reduction in monthly Unwitnessed falls on 3rd floor	The proposed change will be initiated on the 3rd floor as an integral component of the Butterfly Approach. Subsequent to evaluating its effectiveness, the plan is to extend the implementation to other home areas in the subsequent phases.

### Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who had a pressure ulcer that worsened to a stage 2, 3 or 4	C	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	3.30	2.50	Taking into account our historical performance data, alongside benchmarks from both the regional and Ontario averages, we have established a target value that is both realistic and attainable.	

### Change Ideas

Change Idea #1 Wound care lead nurse to collaborate with the newly joined Nurse practitioner to improve the wound care program

Methods	Process measures	Target for process measure	Comments
Nurse practitioner to join the wound care lead during wound rounds to evaluate and treat wounds while managing the patient's overall care and making specialist referrals as appropriate.	Reduction in the percentage of worsening stage 2-4 pressure ulcers	Lesser than or equal to 2.50% for the Indicator Percentage of long-term care home residents who had a pressure ulcer that worsened to a stage 2, 3 or 4	

Change Idea #2 Enhance staff awareness and their active participation in the Wound prevention program through ongoing and interactive huddles

Methods	Process measures	Target for process measure	Comments
Qi lead and Wound Care Lead to conduct Wound prevention Huddles in all LTC home areas on every Monday for alternating shifts (Days & Evening), where the current skin integrity issues in the respective home area and preventions methods are discussed with the interdisciplinary team	Occurrence, Attendance, reduction on worsening pressure ulcers	Conduct at least 4 Wound prevention huddles each month on all LCT home areas. At least 15 people are attending the huddles in total.	