

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	81.82	90.00	Improve survey participants for residents who are able to complete the survey	

Change Ideas

Change Idea #1 Increase the number of participants completing the annual resident satisfaction survey

Methods	Process measures	Target for process measure	Comments
Simplify the survey questionnaire at Grade 5 literacy level	Number of residents who completed the annual satisfaction survey from the target population by Dec 15,2024	100 % of the target population	Total Surveys Initiated: 26 Total LTCH Beds: 64 Target population is residents with a CPS score of 0,1,2. Residents with a CPS score of 3 can be included depending the residents condition and with assistance from family or volunteers.

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	This was not a question included in the 2023 Annual resident satisfaction survey. In 2024, the home will add this to the survey to collect baseline data.	

Change Ideas

Change Idea #1 Update annual resident satisfaction survey to include "I can express my opinion without fear of consequences".

Methods	Process measures	Target for process measure	Comments
Review literature or consult peers to identify how this indicator was defined in resident satisfaction surveys Update the survey based on literature review, consultation and resident feedback	Number of LTC peers consulted to understand how the indicator was defined by June 2024	Consult minimum 3 LTC peers in the Hamilton Niagara Haldimand Brant Region by June 2024.	

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	16.44	14.00	Working towards best practice target.	

Change Ideas

Change Idea #1 Implement comfort care rounds on all shifts to check on residents in person on a regular basis (e.g., hourly) to proactively meet their needs

Methods	Process measures	Target for process measure	Comments
1. Introduce comfort care rounds as a QI project to Birch Trail home area first and then to Willow Grove. 2. Utilize Perley Rideau Educational Programs (PREP) training videos for Comfort Care Rounding in long-term care to train staff	Percentage of staff trained to comfort care rounding by Sept 2024.	70% of all full time and part time staff will be trained by the target date	

Measure - Dimension: Safe

Indicator #4	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	0	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	23.70	21.20	Working towards provincial average	

Change Ideas

Change Idea #1 Identify residents who are receiving anti-psychotics without the diagnosis of Psychosis as per RAI MDS 2.0.

Methods	Process measures	Target for process measure	Comments
1. Using the resident response analyser report in Pointclickcare, identify residents who have anti psychotics and does not have the following diagnosis and or conditions: Psychosis, Schizophrenia, Delusions and Hallucinations.	1. Number of residents in the cohort who meets the criteria for Q4 2023/24 reporting period.	Cohort group is identified by May 15,2024.	

Change Idea #2 Identify 1 resident per month to reduce the use of anti psychotics

Methods	Process measures	Target for process measure	Comments
1. Registered Staff to review the residents progress notes and POC documentation for the last 30 days to understand the incidences of responsive behaviours. 2. Huddle with the staff to discuss incidences of responsive behaviours. 3. Referral to Pharmacist for medication review. 4. Obtain order for anti psychotic reduction and consent from POA/SDM/Resident. 5. Monitor the resident closely.	Number of residents - reduced dose of anti psychotic per month Number of residents - discontinued of antipsychotic per month	1 resident per month	