

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #1	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".	P	% / LTC home residents	In house data, interRAI survey / April 2019 - March 2020	74.40	80.00	5% increase in resident's level of satisfaction.	

Change Ideas

Change Idea #1 Continue to conduct residents' rights education with a focus on elements of person centred care and our Whistle Blowing Policy.

Methods	Process measures	Target for process measure	Comments
Conduct quarterly training on different Resident Rights from the Long Term Care Act. Ensure St. Pat's Whistle Blowing Policy is part of the annual training.	The number of resident education sessions held annually.	Four Resident education sessions held annually.	Total Surveys Initiated: 125 Total LTCH Beds: 286

Change Idea #2 Increase employee's awareness of Resident's rights as per the LTC act from a person centred care perspective.

Methods	Process measures	Target for process measure	Comments
Engage residents in the presentation of resident rights information at New Hire Orientation and Mandatory Education for all employees	Number of resident presentations annually.	Every Mandatory Education session and every new hire orientation of new employees will have a resident participate in the presentation resident rights.	

Change Idea #3 Increase staff awareness and understanding of Whistle Blowing Policy.

Methods	Process measures	Target for process measure	Comments
Continue to include Whistle Blowing Policy for all new hire orientations and annual mandatory training.	Increase the percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences.	Residents will report an 80% level of satisfaction with this statement on our annual QOL survey.	

Measure **Dimension:** Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who respond positively to: "I have opportunities to spend time with like-minded residents."	C	% / Survey respondents	In house data, interRAI survey / 2020	52.00	55.00	This represents a 3% increase in the level of residents satisfaction.	

Change Ideas

Change Idea #1 Ensure the activities offered are representative of activities identified in the LET Assessment.

Methods	Process measures	Target for process measure	Comments
Use House Reflection Meetings and resident focus groups to identify activities that would increase residents' satisfaction with their ability to spend time with like-minded residents. Review roster of activities.	List of offered activities compared to those identified at House Reflection Meetings and resident focus groups.	Increase in the level of resident satisfaction on the next quality of life survey.	

Measure **Dimension:** Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of PSW hours contracted out. (% of PSW hours scheduled January 1, 2020 - December 31, 2020)	C	% / Other	In house data collection / 2020	9.60	9.60	With the current human resource crisis in health care it is unlikely that the use of agency staff can be reduced while adequately meeting residents' needs.	

Change Ideas

Change Idea #1 Continue partnerships with local education facilities to participate in placements of PSW, RPN, and RN students.

Methods	Process measures	Target for process measure	Comments
Students from all 3 disciplines continue to complete their placements throughout the year.	Number of health care students who choose St. Pat's for their placement.	Increase the number of potential candidates for hire.	

Change Idea #2 Ensure the agency staff are meeting the same standard of excellence that St. Pat's expects of in-home employees.

Methods	Process measures	Target for process measure	Comments
Quarterly meetings with the agency providing PSW's for quality control. Ensuring orientation is completed by new agency staff prior to filling shifts. Open certain in-services to agency PSW's who fill shifts at St. Pat's.	The number of agency staff who attend in-services.	Collecting Baseline	

Change Idea #3 Reduce the number of vacant hours to be filled monthly.

Methods	Process measures	Target for process measure	Comments
All new recruits must accept a regular rotation to be offered employment. At the current time we do not hire casual PSW's. Pre-scheduled orientation days for new employees are held monthly. Implement a meeting with new recruits between their job offer and orientation to ensure all required documentation is provided on a timely basis to ensure all new hires are prepared for orientation.	Reduce the number of vacant hours per month. Reduce the number of new recruits that are lost between the time of the interview and the orientation session. Review job postings for positions that cannot be filled, combine 4 hour shifts to make 8 hour shifts which are more appealing to staff.	Currently 3% of scheduled hours per month are vacant when the schedules are posted. We are aiming for 2% in 2020.	

Measure **Dimension:** Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Increase resident satisfaction level with their quality of life.	C	% / Survey respondents	In house data, interRAI survey / 2020	61.00	71.00	The represents a 10 percentile point increase in resident's overall level of satisfaction with their quality of life at St. Pat's.	

Change Ideas

Change Idea #1 Increase the percentage of residents who responded positively to: 1. "I decide how to spend my time." 2. "Staff respect what I like and dislike." 3. "I get the services I need." 4. "This place feels like home." 5. "I can go where I want on the spur of the moment" 6. "I get the health services I need." 7. "I feel my possessions are secure." 8. "I feel save when I am alone."

Methods	Process measures	Target for process measure	Comments
In collaboration with Residents Council, focus groups will be held on each of our 9 Resident Home Areas. We will use these focus groups to achieve a better understanding of why residents level of satisfaction is low for various statements of the interRAI Quality of Life Survey.	Develop a detailed report on the variables identified through these interviews.	88% of residents respond positively to statement #1. 88% of residents respond positively to statement #2. 78% of residents respond positively to statement #3. 65% of residents respond positively to statement #4. 65% of residents respond positively to statement #5. 86% of residents respond positively to statement #6. 75% of residents respond positively to statement #7. 94% of residents respond positively to statement #8.	

Measure **Dimension:** Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to "Staff respect what I like and dislike".	C	% / Survey respondents	In house data, interRAI survey / 2020	78.00	88.00	This represents a 10 percentile point increase in level of satisfaction.	

Change Ideas

Change Idea #1 Improve communications between staff and residents to reflect that staff respect residents likes and dislikes.

Methods	Process measures	Target for process measure	Comments
Include this type of communication training in our annual Mandatory Training for 2020.	Annual QOL survey	88% of survey respondents will respond positively to this statement.	

Measure **Dimension:** Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who respond positively to: "I can participate in religious activities that have meaning to me."	C	% / Survey respondents	In house data, interRAI survey / 2020	61.00	71.00	This represents a 10% increase in resident satisfaction levels	

Change Ideas

Change Idea #1 Ensure the religious activities offered are meeting the needs of those identified by residents.

Methods	Process measures	Target for process measure	Comments
Conduct a gap analysis of identified religious activities from the Life Enrichment Assessment Tool and the services offered. This area will also be included in resident's focus groups.	A revised list of religious activities offered and the level of satisfaction expressed by residents.	10% increase in the residents level of satisfaction on the next quality of life survey.	

Measure **Dimension:** Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to: "I have opportunities for affection and romance."	C	% / Survey respondents	In house data, interRAI survey / 2020	5.00	10.00	This represents a 5% increase in the level of residents satisfaction.	

Change Ideas

Change Idea #1 Raise awareness and comfort levels with the needs of residents for affection and romance.

Methods	Process measures	Target for process measure	Comments
Educate staff, residents, and family members on the rights and needs of residents in long term care in regards to exercising their "Residents' Bill of Rights" # 18 to form friendships and relationships and # 21 to meet privately with their spouse or another person. Include this topic for discussion at resident focus groups.	Increase in the number of residents who express satisfaction with their opportunities to exercise rights #18 and #21 of the "Residents' Bill of Rights".	5% increase in the residents level of satisfaction with this on the next quality of life survey.	

Measure **Dimension:** Patient-centred

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Increase residents satisfaction level with the food and meals.	C	% / Survey respondents	In house data, interRAI survey / 2020	59.00	79.00	This is a 20 percentile point increase in satisfaction level	

Change Ideas

Change Idea #1 Improve residents satisfaction level with the temperature of food when they eat it.

Methods	Process measures	Target for process measure	Comments
Review processes for meal service at point of service.	Increase the level of satisfaction with the statement: " Food is the right temperature when I get to eat it."	20% increase in the level of satisfaction on the next quality of life survey.	

Change Idea #2 Improve percentage of residents who responded positively to the following statement from the interRAI Quality of Life Survey: "I get enough variety in my meals."

Methods	Process measures	Target for process measure	Comments
Work with Resident's Council to create a dietary advisory committee comprised of residents from each of our 9 Resident Home Areas.	Increase the level of resident's satisfaction with the variety of meals offered.	20% increase in residents level of satisfaction.	

Change Idea #3 Improve residents participation in menu planning.

Methods	Process measures	Target for process measure	Comments
Hold an annual showcase of new menu items for residents to taste test and provide feedback.	Increase residents satisfaction with menu items.	20% increase in the number of residents who respond positively on the next quality of life survey.	

Change Idea #4 Increase residents awareness of choices available from the a-la-carte menu.

Methods	Process measures	Target for process measure	Comments
Provide communication to residents on the availability of the a-la-carte options in addition to the regular menu.	Increase residents level of satisfaction with menu choices.	20% increase in residents level of satisfaction with meal services on the next resident quality of life survey.	

Theme III: Safe and Effective Care

Measure Dimension: Effective

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The proportion of residents with a progressive, life-limiting illness, that are identified to benefit from palliative care, who subsequently have their palliative care needs assessed using a comprehensive and holistic assessment.	P	Proportion / LTC home residents	Local data collection / Most recent 6 month period	CB	CB	Collecting Baseline	THINK Research

Change Ideas

Change Idea #1 Ensure all residents who would benefit from palliative care are assessed in a timely manner.

Methods	Process measures	Target for process measure	Comments
Ensure palliative care is included in goals of care discussions with families and residents. Residents with a PSI (Personal Severity Index) score of 9 or higher will have the Think Research Palliative and End Of Life assessment completed within 21 days of the change in score.	% of residents who have a palliative assessment done within 21 days of receiving a PSI score of 9 or higher.	75% of residents who score a PSI of 9 or higher will have a Palliative and End of Life assessment completed within 21 days.	After the use of the tool for 6 months we found that the CHES score was not as accurate as the PSI, therefore changing our criteria for assessment

Measure **Dimension:** Effective

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents who have worsening bladder continence during a 90 day period	C	% / LTC home residents	CIHI CCRS / April 1, 2019 - December 31, 2019	17.80	17.00	The provincial average for this indicator is 17.6% (Q3 2019)	

Change Ideas

Change Idea #1 Continue to implement toilet/restorative program for residents who are indicated in the Mid Loss ADLs.

Methods	Process measures	Target for process measure	Comments
Implement the Continence Assessment Tool, that was piloted with success in one home area, to the remaining 8 resident home areas. Ensure portable applications are used for accurate documentation. RAI Coordinator will continue to review coding for accuracy during quarterly audits	Number of residents with Mid Loss ADLs will have a restorative toileting plan on their care plans.	17% of residents with Mid Loss ADLs will have a restorative toileting plan.	

Measure **Dimension:** Safe

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents in daily physical restraints over the last 7 days	C	% / Residents	CIHI CCRS / 2020	8.19	7.00	Continue to strive to reach our 2019/20 target	

Change Ideas

Change Idea #1 Implementation of new restraint assessment in conjunction with our algorithm for Restraints and PASDs.

Methods	Process measures	Target for process measure	Comments
Monthly audits and review of restraint reduction program at the Falls/Restraint/Restorative Team and update as needed. Education of staff on the restraint program and reinforce the need for alternative restraints.	Total number of restraints discontinued quarterly.	1% reduction in the number of residents requiring daily restraints.	

Change Idea #2 New residents admitted that are not in long term care are the target group for education on restraints

Methods	Process measures	Target for process measure	Comments
Educate SDM's on the alternatives to restraints and work towards removing the restraints. Investigate possible tools for education of SDMs.	Number of new admissions who have restraints removed post admission.	10% of new admissions with restraints will have the restraints removed.	