

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 / Apr 2022 - Mar 2023	62.11	74.00	Goal is to return to pre-pandemic benchmark	

Change Ideas

Change Idea #1 Better inform Residents on their rights under the legislation.

Methods	Process measures	Target for process measure	Comments
Conduct education on different rights from the Fixing LTC Act as well as the St. Pat's Whistle Blowing Policy	The number of education sessions held per year.	Two Resident education sessions per calendar year.	Total Surveys Initiated: 95 Total LTCH Beds: 288 Education will be brought to Resident's Council as well as the Home areas.

Change Idea #2 Better inform staff on Resident rights as per the legislation as well as St. Pat's person-directed philosophy. s

Methods	Process measures	Target for process measure	Comments
Legislation reviewed at mandatory education as well as orientation. Person-directed care reviewed at these training sessions, in addition to Town Halls where staff, families and Residents can participate in the conversation.	# of town halls per year # of mandatory education sessions where a Resident attends to discuss legislation	Bi-annual town halls 100% attendance of a Resident to mandatory training in this area	By facilitating more open dialogue between staff, Resident and families, we believe this will create an environment where people feel more comfortable to express what they want.

Measure **Dimension:** Patient-centred

Indicator #2	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	% / LTC home residents	In house data, interRAI survey / March-April 2022	70.00	78.00	Goal is to return to pre-pandemic levels	

Change Ideas

Change Idea #1 I-Careplans, which entail putting careplans into the Resident voice (first-person). This will help careplans to be even more personalized and person-directed.

Methods	Process measures	Target for process measure	Comments
The I-Careplan Team changed the wording of the careplan library and in 2023 we will be inputting the electronic library and putting the new wording into practice.	# of careplans that use "I" language in its entirety # of careplans that have partially implemented "I" language	100% of new careplans in "I" language 100% of updates to careplans use "I" language	

Change Idea #2 Email introductions to all St. Pat's introducing new Residents in their own words or that of their POA/loved ones as to help the community get to know people who they move in.

Methods	Process measures	Target for process measure	Comments
Family/POA/Resident is asked to write up an introduction on themselves, likes, dislikes, cultural background.	Ask 100% of new Residents/POA if they would like to participate	Aim for 50% participation in the initiative	

Measure **Dimension:** Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Residents who respond positively to "I get my favourite foods here"	C	% / LTC home residents	In house data, interRAI survey / April 2022	40.00	52.00	Our goal is to return to pre-pandemic score.	

Change Ideas

Change Idea #1 Launching a new menu, re-launching a la carte menu and Chef du Jour

Methods	Process measures	Target for process measure	Comments
Chef du Jour seeks feedback from Residents on how they liked or disliked the food.	Using verbal and written feedback (comment cards)	Seeking 75% positive feedback	Ongoing supply chain issues may affect how quickly and easily we are able to enact these changes.

Measure **Dimension:** Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Residents who respond positively to "I have enjoyable things to do here on evenings and weekends"	C	% / LTC home residents	In house data, interRAI survey / April 2022	32.00	46.00	Our goal is to return to our pre-pandemic score.	

Change Ideas

Change Idea #1 Explore how other staff can be involved in running Recreation activities when Recreation staff are not present.

Methods	Process measures	Target for process measure	Comments
Design structure on how staff can easily implement activity and accountability model around that	Create tracking method for tracking activities outside of Recreation staff hours	Ensure activities are ongoing when Recreation staff not here daily	

Change Idea #2 Resident run and Resident to Resident activities.

Methods	Process measures	Target for process measure	Comments
Resident expressed interest in learning from others that they live with. Some suggestions that came up included learning a new language.	# of Resident run and/or Resident to Resident activates initiated	Facilitate 1 Resident run/Resident to Resident activity a month	

Theme III: Safe and Effective Care

Measure Dimension: Effective

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of new stage 2-4 pressure ulcers	C	% / LTC home residents	CIHI CCRS, CIHI NACRS / Feb 1 2022-April 2022	4.20	1.90	Our goal is to achieve provincial average	

Change Ideas

Change Idea #1 Vigorous auditing of head to toe assessment complete within 1) 24 hours of admission 2) Upon return from hospital 3) Upon any return of the Resident from an absence greater than 24 hours

Methods	Process measures	Target for process measure	Comments
Timely auditing and feedback to staff member if assessment not completed properly	Electronic auditing software (Go Audits)	90% compliance	

Change Idea #2 Increase awareness of signs of early altered skin changes by PSWs

Methods	Process measures	Target for process measure	Comments
Presentation for the PSWs in regards to prevention of wound and early signs of altered skin changes.	% of PSWs who attend the sessions	100%	

Measure Dimension: Safe

Indicator #6	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	P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022	25.89	21.40	Our goal is to achieve provincial average	

Change Ideas

Change Idea #1 Newly admitted residents on antipsychotic medication to have a medication review by month 4 post-admission to ensure the medication is necessary.

Methods	Process measures	Target for process measure	Comments
Track new admissions who are on antipsychotic medication against the number of reductions of antipsychotic medication quarterly.	The % of medication reviews post admission that change/reduce/discontinue antipsychotic medication.	50% of the medication reviews result in a change/reduction or discontinuation of antipsychotic medication	Many of our younger Residents are moving in on anti-psychotics, though a diagnosis of psychosis may always not be charted. MDs to ensure they are charting when a diagnosis is present as this maybe skewing the data.

Change Idea #2 Full implementation of I-Careplan library, thereby reacting to responsive behaviours more successfully and avoiding the need for antipsychotics where it is avoidable

Methods	Process measures	Target for process measure	Comments
Update and input careplan library to first person language in order to be more person-directed.	# of referrals to BSO	10% decrease in BSO referrals	