

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of resident's family members responding positively to: "Overall, my family member receives excellent care and services at Yee Hong." in annual family survey.	C	% / LTC home residents	In-house survey / January - December 2025	89.00	91.00	To increase the percentage of families who agree that their loved one receives excellent care at Yee Hong, as reflected in the family satisfaction survey responses.	

Change Ideas

Change Idea #1 Enhance Staff understanding of the Substitute Decision Maker (SDM) and Power of Attorney (POA) roles.

Methods	Process measures	Target for process measure	Comments
a. Hold focus groups (nursing, activation, social worker, and a family representative) to solicit feedback on role and interactions between staff and families. b. Develop clear guidelines on how staff interact with SDMs and POAs, including how to identify, communicate, and involve them in care planning (reference guide). c. Provide education sessions on new guidelines to staff. d. Offer staff education sessions over multiple shifts with both in-person and virtual options available.	a. Number of focus groups held. b. Develop guidelines on how direct care staff interact with family members. c. Number of education sessions provided to direct care team staff. d. Percentage of staff attended education sessions.	a. Hold one (1) focus groups by June 30, 2025. b. Finalize and disseminate the reference guide by September 30, 2025. c. Provide five (5) education sessions to direct care team staff by December 31, 2025. d. Achieve 70% attendance of full-time staff in the education sessions by December 31, 2025.	

Change Idea #2 Increase Family Engagement through hosting family events and enhancing multiple communication strategies.

Methods	Process measures	Target for process measure	Comments
a. Offer family engagement events (such as support groups, coffee time, virtual family townhalls, etc.) to encourage interaction with families. This will include in-person family events and virtual family townhalls. b. Create a family newsletter template (sections, topics, highlighting the home's performance, upcoming events, and important updates) through collaboration with Family Council and the interprofessional care team feedback. c. Expand communication methods for families to receive important updates by sending regular scheduled monthly communication newsletters to families via email, printed copies available in common areas and posting updates on Family Council bulletin board.	a. Number of family events hosted to enhance engagement. b. Complete family newsletter template. c. Number of family communication newsletters distributed.	a. Host three (3) family events by December 31, 2025. b. Finalize newsletter template by May 31, 2025. c. Distribute at least six (6) family communication newsletters by December 31, 2025.	

Safety

Measure - Dimension: Safe

Indicator #2	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	16.17	16.00	To reduce percentage of resident without psychosis who were given antipsychotic medication.	

Change Ideas

Change Idea #1 Enhance our current Antipsychotic review meeting by creating a more collaborative and structured approach to reviewing the usage of antipsychotic medication and its alternatives.

Methods	Process measures	Target for process measure	Comments
a. Develop an antipsychotic medication review team with identified interprofessional team members. b. Develop a communication tool/process to inform all involved frontline staff about the review and meeting recommendations. c. Schedule antipsychotic medication review dates outside the regular Behavioural Supports Ontario (BSO) rounds.	a. Formation of an interprofessional medication review team. b. Create a process/tool in disseminating information about the antipsychotic medication review to the frontline staff. c. Number of antipsychotic medication review meetings held.	a. Creation of the antipsychotic medication review team that comprises interdisciplinary team members by April 30, 2025. b. Establish a communication process/ tool for frontline staff by June 30, 2025. c. Deliver at least six (6) review meetings by December 31, 2025.	

Change Idea #2 Improve staff and resident family members' understanding of behavioural management and the various approaches to effectively address different behaviours.

Methods	Process measures	Target for process measure	Comments
<p>a. Create standardized education presentation. b. Provide education to nursing staff about the risks and benefits of antipsychotic medication use, along with available alternatives by the pharmacist and or designate. c. Deliver education to eligible family members about the risks and benefits of antipsychotic medication use, along with available alternatives by the pharmacist and or designate delivered in-person and virtually. Eligible family residents are SDMs or POAs of residents who are on regular antipsychotic medication without the diagnosis of psychosis.</p>	<p>a. Complete standardized education presentation. b. Percentage of full-time and part-time nursing staff (Registered Nurse, Registered Practical Nurse, Personal Support Worker) who attended the education session delivered in-person and/or virtual. c. Number of education session delivered to eligible family members.</p>	<p>a. Finalize education presentation by June 30, 2025. b. Achieve 70% attendance of full-time and part-time staff in the education sessions by December 31, 2025. c. Hold two (2) education sessions to eligible family members by December 31, 2025.</p>	