

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Resident who responded positively to the statement "I can offer suggestion to improve care and services"	C	% / LTC home residents	In-house survey / January - December 2025	89.00	90.00	Encourage residents to freely express their opinions and share feedback with staff to improve care and services.	

### Change Ideas

Change Idea #1 To encourage residents to freely express and share their feedback and opinions with staff on their care and service by increasing the communication methods.

Methods	Process measures	Target for process measure	Comments
a. Developed a standardized pulse check questionnaire to seek feedback and suggestion on improving care and services from. b. Request capable residents with Cognitive Performance Scale (CPS) 0 to 2 to complete pulse check questionnaire by the activation staff twice in 2025. c. Share pulse check results with residents and staff to identify gaps and collaboratively develop an action plan. d. Complete action plan to improve care and services based on the pulse check questionnaire.	a. Completed pulse check questionnaire template. b. Percentage of capable resident who were requested to complete the pulse check. c. Number of meetings held to share results and discuss action plan. d. Completed action plan.	a. Complete pulse check questionnaire template by February 2025. b. 100% of capable residents were asked to complete pulse check by the end of August 2025. c. Conduct at least 2 meetings to share the results with residents and staff by August 2025. d. Complete action plan by September 2025.	

Change Idea #2 Enhance communications to promote suggestions on improving care and service through frequent communications.

Methods	Process measures	Target for process measure	Comments
a. Promote the use of a suggestion box through advertising where each suggestion box is located inside the activation room on each floor. b. The suggestions will be shared with the residents at the Resident Council meeting bi-monthly. c. The action plan will be created and implemented as needed.	a. Created advertised poster. b. Number of resident council meetings that were held to share suggestion received. c. Complete action plan.	a. Posted finalized poster on each floor by April 30, 2025. b. Conduct at least 2 meetings to share the suggestion with residents by September 30, 2025. c. Completed action plan by October 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	13.14	13.00	Reduce the percentage of resident who had taken antipsychotics without a diagnosis of psychosis.	

### Change Ideas

**Change Idea #1** Conduct a comprehensive review of all residents currently prescribed antipsychotic medications without a diagnosis of psychosis to assess whether there is a valid indication for the use of psychotropic medications, ensuring appropriate clinical justification for continued treatment.

Methods	Process measures	Target for process measure	Comments
a. Identify on antipsychotic medications without a diagnosis of psychosis and implement a multidisciplinary approach to gather comprehensive information by generating PCC reports and tracking them on a list. b. Collaborate with the Nurse Practitioner (NP), BSO team, and Pharmacist to conduct monthly reviews of residents on antipsychotic medications, assessing their appropriateness, effectiveness, and the potential need for treatment adjustments. c. Update individualize care plan for all resident on antipsychotic medications, without a diagnosis of psychosis.	a. Percentage of residents identified with antipsychotic medications, without a diagnosis of psychosis. b. Percentage of residents on antipsychotic medications reviewed for appropriateness and effectiveness in the monthly meeting. c. Percentage of residents on antipsychotic medications reviewed have updated care plans.	a. Identify 100% of residents with antipsychotic medications, without a diagnosis of psychosis December 31, 2025. b. 100% of residents on antipsychotic medications without psychosis are reviewed to confirm the appropriateness and effectiveness of their treatment by December 31, 2025. c. 100% residents on antipsychotic medications without psychosis reviewed have updated care plans by December 31, 2025.	

**Change Idea #2** Enhance non-pharmacological intervention in managing resident behavior.

Methods	Process measures	Target for process measure	Comments
a. Conduct rounds with external community partners such as Geriatric Psychiatric consultant, BSO mobile team on non-pharmacological interventions. b. Educate families on managing residents with responsive behaviours at Family Council meetings.	a. Number of rounds conducted with external community partners. b. Number of education sessions provided to family at family councils.	a. Conduct at least 5 rounds with external community partners by December 31, 2025 b. Conduct at least 1 education session to families through family council meeting by December 31, 2025.	