Theme II: Service Excellence

Measure   **Dimension:** Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage residents who answered involving in making decisions about their plan of care to 72% or a 33% improvement from 2022 level.	C	% / LTC home residents	In-house survey / April 1 to December 2023	54.00	72.00	McNicoll Centre attained 70 to 72% before 2022. The goal is to return to the level of positive score prior to 2022.	

Change Ideas

Change Idea #1   Encourage cognitively capable residents to participate in their daily care and annual team conference care decision processes.

Methods	Process measures	Target for process measure	Comments
Use resident's mother tongue or preferred language in communicating their daily care to make sure residents understand the information (for exmaple Mandarin vs Cantonese). Verify with residents that they acknowledge and understand the information.	Number of new admission wherein residents who are cognitively well (CPS 0 -2) have attended the new admission team conference and Percentage of residents with cognitive performance scale (CPS 0-2) have attended the annual team conference.	72% of residents will answer "yes" to the survey question: "does the staff involve you in decisions about my care plan?" by December 31, 2023.	Similar question was asked in a separate Family Experience Survey in October 2022 "How satisfied are you with staff at involving you in planning your family member's care". The results were 88% and 91% in 2022 and 2021 respectively. As well, 94% of the family surveyed in 2022 were aware that they can offer suggestions to improve care and services. As per CIHI 2020 - 2021, reportedly, only 55% of Ontarians were involved in decision making and treatment options. While we are interested to understand what really caused the reduction in the positive score rate, we are determined to launch initiatives to engage and encourage in participating in making decisions about their plan of care.

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Change Idea #2   Engage resident in discussion about the care and treatment whenever needed and the plan of care every quarter.

Methods	Process measures	Target for process measure	Comments
Staff to explain clearly to residents and seek their preference what they are about to do for residents and take time before, during and after care.	Percentage of residents with cognitive performance scale (CPS 0 - 2) involved in making decisions about their plan of care have involved in the quarterly care plan review.	72% of residents will answer "yes" to the survey question: "does the staff involve you in decisions about my care plan?" by December 31, 2023.	

Theme III: Safe and Effective Care

Measure   **Dimension:** Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who had a recent fall (in the last 30 days) and decrease to 8%	C	% / LTC home residents	CIHI CCRS / April 1 to December 2023	10.20	8.00	McNicoll Centre performed well on fall indicator between 7.0% to 7.5%.	Scarborough Health Network POP team

Change Ideas

Change Idea #1	Increase staff awareness of residents at risk for falls, personnel at all levels will be able to identify their roles and responsibilities to contribute positively to mitigate resident fall risk.

Methods	Process measures	Target for process measure	Comments
1) Post fall incidents data on each unit and review the data during the weekly unit meeting. 2) Invite interdisciplinary team members including the activation worker, housekeeping staff of the unit to attend the meeting for fall prevention discussion weekly.	Number of the fall incidents happened between the time periods identified that most falls occurs.	Reduce Number of fall incidents to 8% by December 31, 2023.	

Change Idea #2	Conduct fall prevention safety rounds for residents at high risk of falls/repeated fallers at time period identified that most falls occur (data).

Methods	Process measures	Target for process measure	Comments
1) In collaboration with the Physiotherapist, the team identifies a list of residents who are at high risk of falls/ repeated fallers at each month. 2) Conduct fall prevention safety rounds by PSWs at time period identified that most falls occur.	Number of weekly interdisciplinary team meetings on fall prevention discussion conducted on each unit in a month.	100% compliance of post fall incident data posted on each unit bulletin to increase awareness.	

Change Idea #3   Resident with risk for falls have a falls reduction strategy in their plan of care.

Methods	Process measures	Target for process measure	Comments
1) Review care plans to determine if falls prevention strategies are in place for residents who are at risk of fall incident 2) Provide education to residents about fall prevention by nursing staff and Physiotherapist.	Number of residents who have risk of falls care plan that have been reviewed. Number of education sessions provided to residents.	100% compliance of the fall prevention care plan has been set up for residents who have risk of fall incidents.	