Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who respond positively to the statement: "Are staff involving you in planning your care?"	C	% / LTC home residents	In-house survey / Annual Resident Survey	76.00	79.00	Further improvement by 4% and promote involvement of residents in their plan of care.	

Change Ideas

| Change Idea #1 | Reinforce to nursing and other departmental staff to explain what they are about to do for residents and take time before, during and after care. |

Methods	Process measures	Target for process measure	Comments
Provide training and education to staff on the engagement strategies of cognitively well residents in the care.	a. Number of training sessions provided to staff. b. Percentage of staff attended the training.	a. Two (2) training sessions will be provided to staff by December 31, 2024. b. 90% of staff will be trained by December 31, 2024.	

| Change Idea #2 | Engage cognitively well residents in developing and discussing the care, treatment as appropriate, and the plan of care every quarter. |

Methods	Process measures	Target for process measure	Comments
Invite cognitively well residents to participate in their daily care and quarterly review of the plan of care.	Number of cognitively well residents involved in the quarterly review of the plan of care.	90% of cognitively well residents will be invited to review the care plan each quarterly, by December 31, 2024.	

Safety

Measure - Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	5.67	7.80	To maintain or continue to outperform the Ontario Average.	

Change Ideas

Change Idea #1   Early identification of High/Medium risk for falls at admission and timely communication of mitigation strategies.

Methods	Process measures	Target for process measure	Comments
In collaboration with the Physiotherapist (PT), residents will be identified on admission for high /medium risk of falls and must have a mitigation strategy, which will be documented and communicated to the team at floor meetings.	Percentage of high/medium risk fallers on admission identified and have fall prevention strategies initiated and communicated to the team.	By December 31, 2024, 100% identified high/medium risk fallers on admission will have fall prevention strategies initiated and communicated to the team.	

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Change Idea #2   Comprehensive analysis of fall will be completed on residents with 2 or more falls in a month.

Methods	Process measures	Target for process measure	Comments
2. The fall program lead will track the monthly number of falls and compare, trend and analyze the data for residents with 2 or more falls in a month. The interprofessional team members will include the physiotherapist (PT), occupational therapist (OT), nurse practitioner (NP) and the Pharmacist who will review residents that have fallen multiple times to determine causes and possible interventions.	Percentage of residents assessed to be falling frequently (2 or more falls in 1 month) had a fall intervention(s) implemented and documented in the care plan.	By December 31, 2024, 100% of residents assessed with 2 or more falls in a month will have implemented intervention(s) and documented in the care plan.	