Access and Flow

Measure - Dimension: Efficient

| Indicator #1 | Туре | · · | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|-----|--|------------------------|--------|----------------------|------------------------|
| Rate of Quality Indicator triggering for the Homes residents for Symptoms of Delirium. | С | | CIHI CCRS / Previous 12 month calendar yera. | 26.70 | 24.00 | Home specific plan | |

Change Ideas

Change Idea #1 The Home will work to decrease the number of residents triggering on RAI-MDS assessments for Symptoms of Delirium.

| Methods | Process measures | Target for process measure | Comments |
|--|---|---|----------|
| Change cognitive pattern questions on POC to PRN documentation. Our RAI-MDS coding team will verify with registered staff during residents observation period if there are any triggers for delirium for each resident then code them correctly. | We will monitor documentation during RAI-MDS assessment to ensure coding team are verifying triggers with registered staff. Quality Indicators per CIHI are reviewed at continuous quality improvement meetings and we will note there current trends with QI for symptoms of delirium. | The Home hopes to decrease the number of residents triggering with Symptoms of Delirium by 10% by Dec 2024. | |

Experience

Measure - Dimension: Patient-centred

| Indicator #2 | Туре | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|--|------------------------|--------|----------------------|------------------------|
| Percentage of resident responding positively to the following survey question: If I need help right away, I can get it (eg. when I ring the call bell or ask for help, I don't have to wait long). | С | In-house survey / Most recent consecutive 12 month period | 56.90 | 65.30 | Home specific target | |

Change Ideas

package.

Change Idea #1 Identified during Operational Planning Day our support staff do not feel confident answering call bells. Therefore we will provide education for support staff on answering call bells including review of falling leaf program and our Homes 4 P's approach to answering call bells.

| Methods | Process measures | Target for process measure | Comments |
|---|------------------|---|----------|
| Staff Development coordinator will develop education package for support staff outlining expectations when answering call bells, review of our falling leaf program and what the 4 P's are to ask of our residents prior to leaving their rooms. The staff development coordinator will track who from each department completes this education | | Our target for this initiative is 65.3% of resident will respond positively to the question: "If i need help right away, I can get it." on our next resident satisfaction survey. | |

Measure - Dimension: Patient-centred

| Indicator #3 | Туре | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|----------------------|--|------------------------|--------|-----------------------|------------------------|
| Percentage of Residents responding positively to the following survey question: I am updated regularly about any changes in my Home. | С | | In-house survey / Most recent consecutive 12 month period | 58.30 | 62.00 | Home specific target. | |

Change Ideas

Change Idea #1 Our Life Enrichment department will incorporate a new program into their monthly schedule called "Rideaucrest News and Views". This program will occur the second week of the month after our monthly newsletter is released so that the department is able to share information from the newsletter in the program.

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|----------|
| Life enrichment staff will develop an outline for the program identifying what will be covered during the program, invite residents to join the program, share the information with the residents gather any feedback from the residents regarding the program and information shared and they will track attendance at the information sessions. | participants for the program and their feedback, and by comparing our current. Resident Satisfaction survey responses for this survey question with the responses from our next Resident | Our Home specific target for Residents responding positively to the question: "I am updated regularly about any changes in my Home" is 62%. | |

Safety

Measure - Dimension: Safe

| Indicator #4 | Туре | • | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|---|--|------------------------|--------|---|------------------------|
| Percentage of Registered Staff who completed medication safety education provided by pharmacy provider upon onboarding to the Home | С | · | In house data collection / last 12 month period. | | | New process of providing Medication Safety education to all new hires to the Home during orientation via pharmacy provider client portal. | |

Change Ideas

education.

Change Idea #1 Provide online (client portal) medication safety education to all newly onboarded registered staff during orientation process.

| Methods | Process measures | Target for process measure | Comments |
|--|------------------|---|----------|
| Staff development nurse will explain process and provide access to on-line client portal to all newly hired registered staff. Staff development nurse will monitor, record and follow-up with staff to ensure completion of assigned | · | 100% of newly hired registered staff will have completed medication safety education provided by pharmacy provider by Dec 2024. | |