

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident and Family experience: involvement in decisions about palliative care	C	Number / Other	In house data collection / 2023	CB	CB	Collecting baseline data	

Change Ideas

Change Idea #1 Improved and earlier communication with residents and families about palliative care options and wishes following a change in health condition

Methods	Process measures	Target for process measure	Comments
Resident PPS score (change) to 30% or less will trigger a referral to Resident Counsellor who will initiate contact with resident and/or family to determine if a care conference is warranted to discuss palliative care options, resident wishes, goals of care etc.	Number of residents with PPS score of 30% or less Number of referrals to Resident Counsellor Number of days between referral sent and call to family Number of residents / families who request care conference	100% referral rate 80% contact rate within 7 days 50% of families requesting care conference	

Change Idea #2 Improved awareness and understanding about palliative care vs. end of life, palliative care options available in the home, advanced care planning / goals of care, supports available in the home and community etc.

Methods	Process measures	Target for process measure	Comments
Offer in person education sessions to families, caregivers and residents (as appropriate) Use pre and post survey to gauge knowledge uptake Create resources for distribution ie. pamphlets, posters, Q&A documents	Number of education sessions held Number of residents / families & caregivers who attend a session Number of resources developed	2 education sessions held in 2023 # of residents and families - collect baseline for comparison in future 1 resource developed and distributed	

Measure **Dimension:** Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Overall Experience: Staff satisfaction Percentage of staff rating their satisfaction level at work as good, very good or excellent.	C	% / Worker	Staff survey / 2023	CB	CB	With the current health care climate in Ontario demonstrating clear dissatisfaction across the sectors and mass exodus of staff, we would like to collect a baseline on staff satisfaction rates and begin targeting initiatives directly for improving staff satisfaction.	

Change Ideas

Change Idea #1 Offer staff appreciation initiatives/events to boost morale and improve staff satisfaction.

Methods	Process measures	Target for process measure	Comments
Hold regular staff appreciation events / initiatives	Number of staff appreciation events held Number of staff participating in events	Staff appreciation events will be held quarterly (at least one every 3 months) or more frequently	Any improvement in staff satisfaction will bring a direct improvement in retention, absenteeism and overtime rates and in resident outcomes and satisfaction

Theme III: Safe and Effective Care

Measure Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents in daily physical restraints over the last 7 days	C	% / Residents	HQO public reporting website / 2023-24	16.40	12.00	Initially, we are aiming for a 5% reduction in the percentage of residents in daily physical restraints.	

Change Ideas

Change Idea #1 We have identified that wheelchairs coming in to the home (new resident or new chair) have the seatbelts installed. Staff may inadvertently apply the seat belt to the resident because it is there (habit). Our goal is to decrease this risk by ensuring that seatbelts not required as a restraint or PASD by the resident are clearly identified.

Methods	Process measures	Target for process measure	Comments
New residents with a wheelchair who do not require a seatbelt restraint or PASD will have their seatbelts secured to the rear of the chair with a coloured strap to identify that they should not be used. Current residents with wheelchairs will be audited - those without a restraint / PASD order will also have their seatbelts secured. Residents who currently use the seatbelt will be assessed as per the restraint policy - any residents identified who no longer require the seatbelt will have the belt secured.	Number of wheelchairs assessed / number of seatbelts secured Number of incidents reported where seatbelt was applied in error	100% of current wheelchairs will be audited by July 2023 100% of new wheelchairs will be audited within one week of admission	We expect that this focus on auditing and reviewing seatbelts / physical restraints will have a roll over effect of helping to identify restraints that can be eliminated and will thus contribute to a reduction in restraints overall

Change Idea #2 We have identified that there is a lack of clear understanding for staff when it comes to restraints and PASD's. Our goal is to improve understanding for all staff regarding restraints and PASDs

Methods	Process measures	Target for process measure	Comments
Provide role specific education to all direct care staff regarding restraints and PASD's (PSW, HSW, RPN, RN, TR) Education will include demonstration of proper application of restraints and PASD's, discussion regarding pros and cons, definitions and clarifications, policy review and a Q&A session / opportunity Education will be added to on-boarding / new hire orientation	number of new hires receiving restraint education during orientation number of current staff receiving restraint education	100% of new hires will receive specific restraint education as part of onboarding, 100% of PSW, HSW, RPN, RN, TR staff will receive role specific training by December 31, 2023	