

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The percentage of newly admitted residents and families who share their positive care transition experiences.	C	% / LTC home residents	In house data collection / April 1 - December 31, 2024	70.00	80.00	To improve the transition experience into long term care to enhance the quality of care.	

Change Ideas

Change Idea #1 Introduce and launch a new video about the home and service for new residents and families.

Methods	Process measures	Target for process measure	Comments
Develop video about Yee Hong Mississauga.	Video developed and launched.	Video will be completed and launched by December 31, 2024.	

Change Idea #2 Enhance communication between resident/family and care team by reviewing the newly admitted resident's plan of care within 2 weeks of admission.

Methods	Process measures	Target for process measure	Comments
After the resident's care plan is developed by the interprofessional team, the primary nurse will review, discuss, and revise the care plan with the newly admitted residents and families within two weeks of new admission, which will be documented.	Percentage of care plan discussed with newly admitted residents and families within two weeks of new admission.	100% of newly admitted residents' care plan will have been reviewed, discussed, and revised with residents and families within two weeks of new admission by December 31, 2024.	

Change Idea #3 Evaluate care transition experiences of newly admitted residents and families after 4 to 6 weeks during the care conference.

Methods	Process measures	Target for process measure	Comments
The Social Worker or the Assistant Director of Resident Care will ask the newly admitted residents and families to share their experiences on the care transition during the admission care conference and will document the information.	The percentage of newly admitted residents and families shared their care transition experiences during the admission care conference.	100% of newly admitted residents and families will have shared their care transition experiences by December 31, 2024.	

Measure - Dimension: Patient-centred

Indicator #2	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	69.00	80.00	To meet and/or outperform the corporate average percentage and promote involvement of residents in their plan of care.	

Change Ideas

Change Idea #1 Arrange training and education on updating care plans for nurses and personal support workers (PSWs).

Methods	Process measures	Target for process measure	Comments
Training and education will be provided to nurses and PSWs on the strategies on updating care plans, such as what, when, and how to update care plans to capable residents.	The percentage of staff received training.	100% of full-time nurses and PSWs staff will have received training on updating care plans by March 31, 2024.	

Change Idea #2 Involve capable residents (Cognitive Performance Scale (CPS) score is from 0 to 2) in developing and modifying the care plan.

Methods	Process measures	Target for process measure	Comments
The Inter-professional team will involve capable residents in developing and modifying a care plan, such as falls prevention, behaviour management, continence care, wound care, or any care routines by assessing the resident and reviewing the plan of care together. All communications will be documented in the electronic health record.	The percentage of capable residents involved in developing and modifying the care plan quarterly.	100% of capable residents will have been involved in developing and modifying care plans by December 31, 2024.	

Change Idea #3 Seek feedback and suggestions from capable residents about their care plan and care needs, and share the feedback with inter-professional team, as appropriate.

Methods	Process measures	Target for process measure	Comments
1. Primary nurses will seek feedback and suggestions from capable residents about their current care plan and needs. 2. Staff will share residents' feedback and suggestions about the care plan with the team during team meetings and tracked by minutes, as appropriate. 3. Team members will discuss residents' care needs and feedback and update the care plan in team meetings.	a. The percentage of capable residents provided feedback and suggestions on their care plan. b. The percentage of residents' feedback and suggestions about the care plan shared with the team as appropriate. c. The percentage of care plans updated based on the feedback from residents.	a. 100% of capable residents will have provided feedback and suggestions on their care plan by December 31, 2024. b. 100% of residents' feedback and suggestions about the care plan will be shared with the team by December 31, 2024. c. 100% of care plans will be updated based on capable residents' feedback by December 31, 2024.	