Access and Flow | Efficient | Priority Indicator

	Last Year		This Year	
Indicator #7 Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Chester Village)	**19.83** Performance (2023/24)	**18.50** Target (2023/24)	**24.28** Performance (2024/25)	**NA** Target (2024/25)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Revive the monthly high risk resident's rounds.

Process measure

- Number of high risk resident's rounds completed with the NLOT, palliative care specialist and NP present.

Target for process measure

- The NLOT and palliative care specialist is present 80% of the time and the in house NP is present 90% of the time.

Lessons Learned

The monthly high-risk rounds including the NP, NLOT and MGH Palliative care specialist started in July 2023 and are currently ongoing.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Increase in house diagnostic equipment to assist in managing urgent care that can possibly be done in house.

Process measure

- Number of new diagnostic equipment purchased and actively in use to manage urgent care in house

Target for process measure

- There will be 4 additional diagnostic equipment that will be purchased or procured and actively in use to manage urgent care in house.

Lessons Learned

There are newly approved in-house diagnostic equipment such as blood analyzer, CADD pump, IV poles that are ordered and awaiting delivery.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Strengthen the use of our partner hospital's clinical pathways in managing resident's medical care.

Process measure

- Number of AP and NP enrolled and actively using the GIM pathway. Number of times the Palliative Care specialist is involved in high risk rounds.

Target for process measure

- 100% of APs and NP enrolled in GIM and all are actively using the GIM whenever appropriate and possible. The Palliative care specialist attends the high risk rounds at least 80% of the time.

Lessons Learned

All APs and NP were enrolled in the GIM program but hardly uses it as there is no need to. The Palliative Care specialist continues to be very involved in the palliative care and high risk rounds.

Change Idea #4 ☑ Implemented ☐ Not Implemented

Review the resident's treatment guidance level with residents and/or POAs and make changes as agreed upon and as appropriate.

Process measure

- Number of residents and/or POA that made appropriate changes to treatment guidance.

Target for process measure

- All residents on Level 3 or 4 will be reviewed for significant changes in condition. All identified residents with significant changes in condition will be met for discussion and at least 80% of all appropriate changes are made.

Lessons Learned

All Level 4 treatment guidance were reviewed with some changes made by residents/families. The rest of treatment guidance were reviewed according to significant changes with residents condition

Comment

Despite implementing all the changes ideas, the Home remains with higher ED transfers than provincial average. The Home has a lot of complex care residents with high acuity level. We will continue to implement all initiatives already in place.

Experience | Patient-centred | Custom Indicator

Indicator #6	Last Year		This Year	
Percentage of residents/family that respond positively to being aware of who to contact to initiate a concern/complaint (Chester Village)	**81** Performance (2023/24)	**85** Target (2023/24)	**74** Performance (2024/25)	**NA** Target (2024/25)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Review and revise complaint form and process to be more user-friendly

Process measure

- Number or residents that answer positively to being aware of who to contact to initiate a concern or complaint.

Target for process measure

- Minimum of 85% of residents responding positively to being aware of who to contact to initiate a concern or complaint.

Lessons Learned

The Customer Service Concern Form was reviewed and updated to be more user-friendly and provide clear and concise instructions to anyone who will need to fill out the form.

Change Idea #2 ☑ **Implemented** ☐ **Not Implemented**

Review the complaint and concern process with staff during general orientation and annually.

Process measure

- Number of staff aware of who to designate a concern or complaint from residents or family.

Target for process measure

- 100% of staff aware of who to designate a concern or complaint from residents and/or family members.

Lessons Learned

More time was spent in the General Orientation on highlighting the correct steps of receiving the complaint to initiating the Customer Service Form. More education was given to the Nursing Unit Clerk Team who receive most of the concerns.

Change Idea #3 ☐ **Implemented** ☑ **Not Implemented**

Review and introduce new material for families and residents allowing them to understand who to approach with concern/complaint.

Process measure

- Number of residents and family members contacting the appropriate departments/manager.

Target for process measure

- 85% of residents distinguishing which department or manager to contact.

Lessons Learned

Unfortunately no new material was created, however the Nursing Unit Clerk team was able to receive and direct the resident or family concerns to the correct department manager.

Comment

Please note that the percentage numbers have been reversed. Reworking the Customer Service Form and spending more time with staff on the form and the process allowed us to streamline the Customer Service Concern process. The forms and delivered to the CEO within a timely manner and updates are provided accordingly.

	Last Year		This Year	
Indicator #4	**24**	**15**	**9**	**NA**
Percentage of residents that feel their Religious and Spiritual beliefs are supported. (Chester Village)	**Performance (2023/24)**	**Target (2023/24)**	**Performance (2024/25)**	**Target (2024/25)**

Change Idea #1 ☑ Implemented ☐ Not Implemented

Increase awareness of the different spiritual support services offered within the home.

Process measure

- Number of interested residents receiving pastoral support, through one to one or program attendance

Target for process measure

- 100% of residents interested in spiritual programs will have been informed.

Lessons Learned

Interested residents receiving one to one pastoral visits increased

Change Idea #2 ☑ Implemented ☐ Not Implemented

Increase number of spiritual groups that support the needs of the residents.

Process measure

- Number and variety of spiritual groups will increase, dependent on resident preferences.

Target for process measure

- Minimum of 3 new denominations will be offered monthly.

Lessons Learned

One new denomination was added to the list of groups and an increase of variety of Catholic supports increased. Challenges, home reached out to other groups and continuing to work through a schedule.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Hire a Pastoral Support lead

Process measure

- Number of residents receiving one to one visits and participating in programs.

Target for process measure

- New hire to be available 2X monthly for resident needs.

Lessons Learned

Pastoral lead hired in April. Increased number of spiritual supports offered through visits and small groups.

Comment

All change ideas where implemented, including the hiring of a Pastoral lead. Increased support, allowed for increased awareness of programs and interventions offered, leading to an improvement from 24% of residents responding "never or sometimes" to religious beliefs being supported to only 9% after all the change ideas were implemented. A great achievement!

Indicator #3

Percentage of residents and families responding "never/ sometimes" to "the meal time is pleasurable." (Chester Village)

Last Year		This Year	
22	**15**	**23**	**NA**
Performance (2023/24)	**Target (2023/24)**	**Performance (2024/25)**	**Target (2024/25)**

Change Idea #1 ☑ Implemented ☐ Not Implemented

Improve pleasurable dining services offered within the home

Process measure

- Percentage of staff, volunteers and students who completed the Pleasurable Dining Surge learning education to measure compliance

Target for process measure

- 100% of staff, volunteers and students completes education within the fiscal year

Lessons Learned

All staff, volunteers, and students trained on pleasurable dining through Surge learning program and some in person education.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Increase satisfaction on pleasurable dining by playing music

Process measure

- Numbers of residents satisfied with the dining experience which will vary due to preferences but ongoing weekly pleasurable dining audits will be completed.

Target for process measure

- 80% of residents will be satisfied with the music choice for pleasurable dining experience

Lessons Learned

Conducted meetings in the home areas and determined the demand of diversity in music. As a result, the activation and Nursing staff will use TV set to determine the kind of music residents prefers for each day .

At the Food Committee meetings FSNM is reviewed monthly data of satisfaction for music diversity.

Ongoing weekly pleasurable dining audits completed each month.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Increase pleasurable dining residents satisfaction by better seating arrangements and social interactions

Process measure

- Percentage of resident seating arrangement that is accommodated according to the residents preference.

Target for process measure

- 100% of removal plexiglass and 80% of seating arrangements done as per residents preference.

Lessons Learned

Residents were more satisfied with the social interaction during meals with the removal of all the plexiglass.

Staff accommodated seating arrangements requests as appropriate, and as per residents' care plan. All request that are appropriate were accommodated.

Comment

Despite all the change ideas being implemented and approved by the residents, the percentage of residents responding "never/sometimes" to mealtime is pleasurable remains high at 23%, just slightly above the year before. The Home will focus on improving satisfaction of residents on food and drinks this year as it contributes to the overall mealtime satisfaction.

Indicator #5

Percentage of residents who respond positively to being able to express their opinion without fear of reprisal. (Chester Village)

Last Year		This Year	
17	**15**	**16**	**NA**
Performance (2023/24)	**Target (2023/24)**	**Performance (2024/25)**	**Target (2024/25)**

Change Idea #1 ☑ Implemented ☐ Not Implemented

Increase awareness for residents on home retaliation policy and ways to express concerns.

Process measure

- Number of information sessions held each year

Target for process measure

- 2 sessions will be held in the year.

Lessons Learned

Completed education at resident council review whistle blower protection policy and resident bill of rights.
Reviewed 2-3 bill of rights at each monthly meeting with residents and
staff educator reviewed in person Whistle blower protection policy in Nov 15th meeting.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Review and educate staff on ways to interact and support resident's concerns.

Process measure

- Number of staff who attend education sessions or Number of Education sessions held.

Target for process measure

- 100% staff will be receive training on resident fear of reprisal or 2 education session will be held for staff in the year.

Lessons Learned

2 staff education sessions on resident interaction held for staff during the year.

PSW Lead did 2 in person sessions in August and 2 in September on various home areas and in both day and evening shifts and ongoing. PRC education on Personhood and person centred care completed in August with staff.

Change Idea #3 ☑ **Implemented** ☐ **Not Implemented**

Staff will increase awareness of how to speak and support resident concerns.

Process measure

- Number of times it is discussed at Coaches Corner.

Target for process measure

- The scenarios and discussion will occur 2 times in each home areas in the year.

Lessons Learned

PSW Lead has done 4+ sessions on various home areas in both day and evening shift with role play cards for staff to participate in role playing. This is ongoing.

Comment

All planned education sessions were completed. The Home did not reach it's target of 15% but still performed better than the year before from 17% to 16% of residents responding "never/sometimes" to being able to express their opinion without fear of reprisal.

Safety | Effective | Custom Indicator

Indicator #1

Number of staff recruited and retained to appropriately meet the resident care needs level (Chester Village)

Last Year		This Year	
CB	**CB**	**86.70**	**NA**
Performance (2023/24)	**Target (2023/24)**	**Performance (2024/25)**	**Target (2024/25)**

Change Idea #1 ☐ Implemented ☑ Not Implemented

Complete a staff satisfaction survey this year

Process measure

- Number of staff satisfaction survey completed

Target for process measure

- At least 30% of all active staff will participate in the staff satisfaction survey

Lessons Learned

A staff satisfaction survey was not completed this year but will be planned in the coming year.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Constantly hire RNs, RPNs and PSWs from the pool of students in placement within the Home

Process measure

- Number of new hires. Number of resignations/retirements. % of full time and part time positions filled by our own staff versus agency

Target for process measure

- There are new hires to replace every resignation/retirement and every new full time and part time position available. 100% of full time positions and 75% of part time positions are filled by our own staff.

Lessons Learned

The home has hired 60 new staff with 52 PSWs, 6 RPNs, 1 RN and 1 RN-EC. We also have had 8 resignations/retirement.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Improve student placement experience in the Home.

Process measure

- Percentage of regular staff preceptors that are trained. Percentage of staff that are scheduled off the floor to provide 1:1 undivided attention to attend to the student's learning needs.

Target for process measure

- 100% of the regular staff preceptors are trained. 100% of preceptors will be scheduled off the floor to do 1:1 training at least once in the student's placement duration.

Lessons Learned

We currently have 61 preceptors, 35 (57%) of them have been certified with PREP LTC preceptor training. Each preceptor are now taken off the unit twice during each student's placement to provide 1:1 undivided attention to attend to student's learning needs. We also hired a PSW lead, full time to assist with students needs, orientation of students and assisting new hires from our students to settle in their role.

Comment

With the new hires, the Home was able to eliminate the use of agency PSW and decrease the use of agency RPNs. 86.7 of new hires retained in 2023.

Safety | Safe | Priority Indicator

	Last Year		This Year	
Indicator #2 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Chester Village)	**17.59** Performance (2023/24)	**17.50** Target (2023/24)	**16.35** Performance (2024/25)	**NA** Target (2024/25)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Review all new admission residents for use of antipsychotic medications.

Process measure

- Number of new admission residents reviewed for appropriate use of antipsychotic medications.

Target for process measure

- 100% of all new admission residents with antipsychotic medications will be reviewed for appropriate use.

Lessons Learned

All newly admitted residents reviewed for use of antipsychotics without the diagnosis of psychosis.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Review all residents with an order for prn benzodiazepines prior to dental work.

Process measure

- Number of prn order for benzodiazepines prior to dental work that has been discontinued and replaced with single orders.

Target for process measure

- At least 90% of all prn order for benzodiazepines prior to dental work will be switched to single order.

Lessons Learned

All residents with an order for prn benzodiazepines prior to dental work reviewed. Some were discontinued and others kept as appropriate.

Change Idea #3 ☑ **Implemented** ☐ **Not Implemented**

Review all resident's use of antipsychotic medications for appropriateness every 6 months

Process measure

- Number of review done annually by AP and NP .

Target for process measure

- The review is completed at least twice a year for all residents on antipsychotic medications.

Lessons Learned

MD reviewed antipsychotic use for each resident in May and November 2023.

Comment

The Home did better in this area at 16.35 performance rate compared to the target of 17.5