

## Experience

### Measure - Dimension: Patient-centred

| Indicator #1   | Type | Unit / Population      | Source / Period                       | Current Performance | Target | Target Justification   | External Collaborators |
|--|------|------------------------|---------------------------------------|---------------------|--------|--|------------------------|
| Percentage of room service meals that are consistently at or above 38°C. | C    | % / LTC home residents | In-home audit / April - December 2025 | CB                  | 75.00  | Ensuring meals are consistently at or above 38°C enhances food palatability and overall dining satisfaction for residents. |                        |

### Change Ideas

**Change Idea #1** Increase awareness of the importance of food temperature control and meal service efficiency among Food Service and Nursing staff through targeted training sessions.

| Methods  | Process measures  | Target for process measure   | Comments  |
|--|---|--|---|
| a. Create standardized training presentation. b. Conduct five training sessions for Food Service and Nursing staff focused on temperature control and meal service efficiency (in person). | a. One training presentation. b. Number of training sessions provided to Food Service and Nursing staff on temperature control and meal service efficiency. | a. Completed training presentation. B. Conduct 5 training sessions for Food Service and Nursing staff by August 31, 2025 | 85% of random meal audits for hot food items, including main dishes, soups, and hot beverages, will meet the food temperature requirement of 38°C or above at the time of consumption by the residents. |

Change Idea #2 FSM/FSS will conduct random food temperature audits on hot food items served during three daily meals to ensure they are maintained at or above 38°C, monitoring compliance during meal times.

| Methods   | Process measures  | Target for process measure   | Comments  |
|---|---|--|---|
| <p>a. Create standardized food temperature audit tool. b. Conduct weekly random audits to measure food temperatures at the point of service. Before training, conduct audits three times per week on different floors until May 31, 2025 to collect the baseline. c. Conduct audits twice per week on different floors. The Food Service Manager (FSM) and Food Service Supervisor (FSS) will be responsible for performing these audits post training. c. Develop and implement an action plan to address any issues identified during audits. This will include identifying root causes, assigning corrective actions to responsible staff, setting deadlines for resolution, and conducting follow-up to ensure compliance is achieved and maintained.</p> | <p>a. One audit tool. b. Number of food temperature audits conducted before training. c. Number of random food temperature audits will confirm that hot food items, including main dishes, soups, and hot beverages, meet the required temperature of 38°C or above at the time of consumption by the residents after training. c. One action plan.</p> | <p>a. Completed audit tool. b. Conduct 80 audits prior to training by May 31, 2025<br/>c. Conduct 80 audits after summer training sessions by November 30, 2025<br/>c. Complete an action plan by December 31, 2025.</p> | <p>Implementation Timeline: Phase 1 (Month 1-2): Baseline data collection and staff training. Phase 2 (Month 3-4): Process adjustments. Phase 3 (Month 5+): Full implementation and ongoing monitoring.</p> |

## Safety

### Measure - Dimension: Safe

| Indicator #2  | Type | Unit / Population      | Source / Period   | Current Performance | Target | Target Justification   | External Collaborators |
|---|------|------------------------|---|---------------------|--------|--|------------------------|
| Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment | O    | % / LTC home residents | CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average | 15.04               | 14.79  | To reduce our current performance to 14.79% which is a 0.25 % improvement. |                        |

### Change Ideas

## Change Idea #1 Identify and monitor residents who take antipsychotic medications without an appropriate diagnosis.

| Methods   | Process measures   | Target for process measure  | Comments   |
|---|--|---|--|
| <p>a. Conduct a thorough review of residents prescribed antipsychotic medications without an appropriate diagnosis to justify their use. The BSO nurse will Utilize reports from pharmacy, RAI MDS and PCC for validation by the end of May 2025, to keep track of both current residents and new admissions via an internal tracker. b. Collaborate with the BSO nurse, RAI coordinator, PSW with special assignment, and frontline nurses and PSWs to monitor residents for signs and symptoms of hallucination and delusion, ensuring proper documentation is maintained. c. Work closely with the interprofessional team and external partners, including GMHOT, the consultant psychiatrist, pharmacy, and physicians, to assess and review residents' medication use and diagnoses. For residents on antipsychotics without a clear diagnosis, collaborate to make necessary medication adjustments and implement tapers as required.</p> | <p>a. Number of residents reviewed for antipsychotic medication use without an appropriate diagnosis. b. Number of residents monitored for signs and symptoms of hallucination and delusion. c. Number of interprofessional team meetings held to review and assess residents' medication use.</p> | <p>a. Review 100% of current residents prescribed antipsychotic medications without an appropriate diagnosis by May 31, 2025. b. Monitor 100% of identified residents who are on antipsychotics for signs and symptoms of hallucination and delusion by September 30, 2025. c. Held a minimum of 7 interprofessional team meetings to review and assess residents' medication use and behavior behaviour December 31, 2025.</p> | <p>The target for this process measure is to have 100% of residents on antipsychotics have their case reviewed at admission, monthly and as status changes, and have target met by the end of December 31, 2025.</p> |

Change Idea #2 Enhance staff knowledge on antipsychotic medication use and the implementation of non-pharmacological interventions.

| Methods   | Process measures  | Target for process measure  | Comments |
|---|---|---|----------|
| <p>a. Coordinate with the pharmacist to deliver educational sessions to registered nursing staff on antipsychotic medications by the end of August 2025</p> <p>b. Provide training on non-pharmacological interventions to direct care staff and interdisciplinary team members. This includes Gentle Persuasive Approach (GPA) training and external education programs such as U-First. These trainings will equip staff with the knowledge to de-escalate responsive behaviors before resorting to the use of antipsychotic medications by the end of October 2025. c. Increase staff attendance at training sessions.</p> | <p>a. Number of pharmacological educational sessions provided to staff. b. Number of non-pharmacological intervention training provided to staff; percentage of direct care staff attended training c. Percentage of nursing staff (RN, RPN, PSW) who attended the non-pharmacological intervention training.</p> | <p>a. Conduct at least 2 pharmacological educational sessions by August 31, 2025. b. The target for this process measure is to have 100% of residents on antipsychotics have their case reviewed at admission, monthly and as status changes, and have target met by the end of December 31, 2025. c. Achieve at least 80% attendance of nurses in the training sessions.</p> |          |