

## Access and Flow

### Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of staff recruited and retained to appropriately meet the resident care needs level.	C	Number / Staff	Other / most recent consecutive 12-month period	CB	CB	Collecting baseline data	

### Change Ideas

#### Change Idea #1 Provide new hires with routine check-in, support and mentorship

Methods	Process measures	Target for process measure	Comments
After general orientation, the PSW lead will provide routine check-in with all new hires and conduct a quarterly peer check in meeting for support.	Number of staff that PSW lead met with after orientation for a check-in. Number of quarterly peer check in meeting conducted for support.	100% of new hires will be supported and mentored with PSW lead check in after orientation and four new hire support meetings will be conducted in one year.	

#### Change Idea #2 Explore and Implement government initiatives that supports recruitment and retention of staff

Methods	Process measures	Target for process measure	Comments
Continue to fully implement LTC PREP and explore partnership with Ontario Health Initiatives	Number of new initiative implemented	Implement 2 government initiatives within one year to support recruitment and retention	

## Change Idea #3 Improve the new hire orientation experience of all new hires resulting in positive onboarding process and higher retention rate

Methods	Process measures	Target for process measure	Comments
The office manager will review with the CEO and Senior Leadership Team the new hire package, onboarding forms and orientation experience and update to meet the standard and legislation requirements and to make it user friendly.	Number of Staff positively evaluating orientation and onboarding process	90% of staff will complete the orientation evaluation with a positive response and experience. Feedback to be received during general orientation.	

## Equity

### Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	0.00	100.00	The target is that 100 percent of senior management and nursing administrative staff will complete relevant equity, diversity, inclusion, and anti-racism education in 2024.	

### Change Ideas

Change Idea #1 Provide educational opportunities for all senior management and nursing administrative staff on Equity, Diversity, Inclusion (EDI) and Anti-Racism

Methods	Process measures	Target for process measure	Comments
CEO and Staff Educator to review EDI and Anti Racism frameworks, toolkits and available education and implement relevant education for Chester Village staff	Percentage of senior management and nursing administration staff who attended training	100 % of all senior management and nursing administrative staff will attend and complete EDI and Anti Racism education	Total LTCH Beds: 203

## Experience

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents that respond positively to the maintenance, cleanliness, tidiness of the building.	C	% / LTC home residents	In-house survey / 10/1/2022-9/1/2023	70.00	80.00	The target is to get 80 percent of residents responding positively to the maintenance, cleanliness, tidiness of the building.	

**Change Ideas**

Change Idea #1 Increase awareness of resident's expectation on the Home's maintenance, cleanliness and tidiness.

Methods	Process measures	Target for process measure	Comments
ESM to attend Residents' Council to listen to concerns and answer questions.	Number of Resident Council meetings attended by ESM	ESM to attend a minimum of 2 Residents' Council meetings in one year.	

Change Idea #2 Review and improve staff awareness on resident's expected results

Methods	Process measures	Target for process measure	Comments
Update and review staff cleaning routine and expectations and implement staff signing off on routine list every after completion	Number of staff that review and sign off on routine list	100 percent of housekeeping staff	

Change Idea #3 Increase staff awareness of the Home maintenance computerized requisition System requests.

Methods	Process measures	Target for process measure	Comments
Staff to review request procedures in maintenancare.com	Percentage of staff completing review.	100 percent of staff will complete review.	

## Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents that respond positively to, "Staff are available to me within a reasonable time when I need them."	C	% / LTC home residents	In house data, NHCAHPS survey / Jan-December 2023	63.00	75.00	The Home has reached this performance rate in the past.	

## Change Ideas

Change Idea #1 Gather information on resident expectations related to staff availability and reasonable time

Methods	Process measures	Target for process measure	Comments
Create a focus resident group and meet with them to obtain further information on expectations related to satisfactory staff availability and response time.	Number of resident focus group meetings held	Hold 1 meeting for each 6 focus groups, one per home areas on 2nd to 4th floors	

Change Idea #2 Improve Call Bell Response time average for the home to be at 3 minutes or less

Methods	Process measures	Target for process measure	Comments
Print monthly call bell report for each unit and have each unit team review and create plans to maintain or improve call bell response time to an average of 3 minutes or less	Number of reviewed call bell report with planned maintenance or improvement activities	Target 3 minutes or less average call bell response time for the home.	

## Change Idea #3 Staff education on communication and customer service.

Methods	Process measures	Target for process measure	Comments
Use role playing method and practice scenarios in attending to residents needs with supportive communication	PSW Lead and BSO Lead with the staff educator will create role playing and practice scenarios and educate all front line staff	At least 80% of staff will be educated on communication and customer service	

## Change Idea #4 Increase check in of staff to residents throughout the shift

Methods	Process measures	Target for process measure	Comments
Implement proactive rounding and safety checks by using students and volunteers in between the staff's safety checks to attend to residents needs proactively.	Number of complaints related to unavailability of staff and unreasonable response time to needs	Less than 15% of complaints will be related to unavailability of staff and unreasonable response time to needs	

**Measure - Dimension: Patient-centred**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding, "never/sometimes" to overall quality of food and drinks is good.	C	% / LTC home residents	In house data, NHCAHPS survey / April 1, 2024-March 31, 2025	44.00	30.00	Current target has been reached in the past and should be attainable	

**Change Ideas**

**Change Idea #1** Put together a resident focus group and collect a survey on quality of food and drinks as a baseline data to identify resident preferences and dissatisfactions.

Methods	Process measures	Target for process measure	Comments
Meet the focus group quarterly and collect areas of preferences and concerns	Number of identified resident recommendations based on their preferences and identified concerns requiring resolution	75% of appropriate recommendations are implemented and 100% of concerns requiring resolutions are addressed.	

**Change Idea #2** Provide residents with taste testing opportunities as meal presentation are conducted

Methods	Process measures	Target for process measure	Comments
During the Food Committee meeting, there will be meal presentations of new food products and drinks. Residents will have the opportunity to taste new food and drinks quarterly.	Number of new food products and drinks presented and taste tested by residents	4 times this fiscal year	

**Change Idea #3** Increase resident awareness of meals served and information on food selection and purchases as per their interest.

Methods	Process measures	Target for process measure	Comments
Information and education of interest will be provided during the monthly food committee meetings	Number of information sharing and/or education related to food and drinks' selection and purchasing provided to residents.	3 education sessions will be provided in the fiscal year.	Resident are interested in knowing more about where their food products are purchased and details of how this is decided upon. The goal is to increase awareness and participation to be able to appreciate their meals that are served.