

## 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 resident care need levels	C	% / Staff	Local data collection / April 2025 to March 2026	89.00	90.00	Baseline retention rate is at 89%, which is already very high, but will aim for an improvement of (+) 1% or 90% retention rate for this year.	

### Change Ideas

Change Idea #1 Ensure employee recognition events continue to occur throughout the year

Methods	Process measures	Target for process measure	Comments
Will hold at least two Employee Recognition within the year, one in the summer and another during the winter, celebrating staff and successful initiatives for the home.	Number of employee recognition events held.	Two employee recognition events will be successfully held.	

Change Idea #2 Complete Performance Appraisals for 100% of all employees actively employed in the home.

Methods	Process measures	Target for process measure	Comments
Performance Appraisal Tracker kept by HR Assistant	Number of Performance Appraisals completed	100% of performance appraisals completed including probationary performance appraisals completed within 3 months of employment.	

Change Idea #3 Conduct quarterly open line audits for department managers, to be able to execute sufficient onboarding to fill line vacancies

Methods	Process measures	Target for process measure	Comments
HR Assistant will pull out quarterly reports from Staff Schedule Care on all open lines or line vacancies and reports will be shared with the departments heads for follow up (i.e. job posting, hiring)	Number of open lines or line vacancies identified and replaced within three months.	100% of all open lines will be identified quarterly and replaced within 3 months.	

Change Idea #4 Continue with Ontario Health recruitment initiative

Methods	Process measures	Target for process measure	Comments
Continue with the implementation of the LTC Prep, Ontario Health PSW Stipend and recruitment incentive.	Number of current recruitment initiatives that will continue to be implemented.	All 3 recruitment initiatives including LTC Prep, Ontario Health PSW Stipend and recruitment incentive will continue.	

## 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	95.00	100.00	The target is that 100 percent of frontline staff and supervisors complete relevant equity, diversity, inclusion, and anti-racism education from April 1, 2025 to March 31, 2026.	

### Change Ideas

Change Idea #1 Provide educational opportunities for all frontline staff and supervisors on Equity, Diversity, Inclusion (EDI) and Anti-Racism

Methods	Process measures	Target for process measure	Comments
Surge Learning and In-Person training will be used to provide training for identified staff. Attendance records will be collected to monitor compliance rate.	Percentage of frontline staff and supervisors who attended training.	100% of frontline staff and supervisors will have completed relevant equity, diversity, inclusion, 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 responding "never/sometimes" to staff support me to access other health professional if needed.	C	% / LTC home residents	In house data, NHCAHPS survey / 2024	24.00	12.00	Chester Village aims to achieve the target of (-) 12% in one year based on previously attaining even better outcome in the past.	

### Change Ideas

Change Idea #1 Improve the system to gather information on resident preferences and needs related to health professional services to be used for personalized care planning.

Methods	Process measures	Target for process measure	Comments
Recently implemented admission assessment and resident and family centred care appropriately, accurately and in a timely manner for all new admissions. Use the information on completed assessments for personalized care planning reflecting their health professional services needs.	Number of newly admitted residents with appropriately, accurately and timely completed admission assessment and resident and family centred care assessment with personalized care plan reflecting their health professional needs.	100 % of all new admissions.	

Change Idea #2 Identify all resources available for different health professional services, both internally and externally that residents can access.

Methods	Process measures	Target for process measure	Comments
Inform the residents and families about all the health professional services that are offered both internally and externally and how to access them by creating an information poster that will be added to the new admission package, posted at the nursing station, and shared during the care conference, resident and family councils.	There will be a new information poster about all the internally and externally offered professional services and how to access them.	This information poster will be completed and ready for dissemination by Q2 2025.	

Change Idea #3 Increase staff awareness on how to identify the residents health professional needs and how to provide the support to access them.

Methods	Process measures	Target for process measure	Comments
Registered staff to complete assessments with other disciplines, review care plan for new admission and residents with significant change in condition and proactively discuss with residents or family any need for new or additional health professional services via phone calls, routine visits, and care conferences. Staff to review the health professional information poster with residents and family and assist with all appropriate referrals. In addition, staff will attend to all health professional services inquiry from residents and family.	Conduct registered staff education on all available health professional services offered both internally and externally and how to access the services.	100% of registered staff will be educated on all available health professional services offered both internally and externally and how to access the services by Q2 2025.	

**Measure - Dimension: Patient-centred**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Residents responding "never/sometimes" to staff respect my cultural and spiritual values and lifestyles.	C	% / LTC home residents	In house data, NHCAHPS survey / 12 month	17.00	10.00	Chester Village aims to achieve the target of (-) 7% in one year based on previously attaining even better outcome in the past.	

**Change Ideas**

Change Idea #1 Hold resident focus groups to gather perspectives and input on spiritual and cultural needs.

Methods	Process measures	Target for process measure	Comments
Meet with resident focus groups to gather preferences and perspectives to identify areas of improvement	Number of focus groups held	2 focus groups to be held this fiscal year	

Change Idea #2 Provide education to staff to increase awareness of cultural and spiritual values and lifestyles

Methods	Process measures	Target for process measure	Comments
Cultural and spiritual learning modules to be accessed through Surge learning	Number of staff that receive training on spiritual and cultural awareness	100% of staff will receive training on cultural and spiritual values and lifestyles	

## Change Idea #3 Provide workshops on cultural and spiritual values and lifestyles of residents for all staff

Methods	Process measures	Target for process measure	Comments
Comprehensive workshops will be created and will include the following; the information gathered from resident focus groups; recordings of residents giving their perspectives; and case specific scenarios to have staff role play.	Number of scenario education sessions offered	2 scenario education sessions offered in calendar year	

**Measure - Dimension: Patient-centred**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded "never/sometimes" to meal time is pleasurable.	C	% / LTC home residents	In house data, NHCAHPS survey / 12 month	26.00	20.00	The target is to get 15% of residents responding "never/sometimes" to "the meal time is pleasurable." This is a very high target but the team believes that with all these change ideas, it would be doable.	

**Change Ideas**

## Change Idea #1 Provide education to staff on positive interaction with residents and encouragement during mealtimes.

Methods	Process measures	Target for process measure	Comments
Role-Playing education with scenarios using cue cards, providing interaction between staff and residents during mealtimes.	Number of staff attending the education.	80% of PSW and Activation staff and 100% of Dietary staff will receive training on positive interaction and encouragement with residents during mealtimes.	

Change Idea #2 Review the current system of information sharing on menu choices and the ordering process and develop a more efficient system.

Methods	Process measures	Target for process measure	Comments
The Food Services Manager and Food Services Supervisor will review the current system of information sharing on menu choices and the ordering process and develop a new and more efficient system to implement. The new system will be shared with all Cooks, Dietary Aides, PSWs and Nurses before implementation.	A new and more efficient menu sharing and ordering system will be developed by end of April 2025. Education of staff about the new system will start by May 2025 and the full implementation by June 1, 2025.	New system completely implemented by June 1, 2025.	

Change Idea #3 Audit the new system of sharing menu choices and ordering process and the positive interactions with the residents by staff during mealtimes.

Methods	Process measures	Target for process measure	Comments
Food Services Manager and Food Services Supervisor will revise the meal time audits to include the new system of sharing menu choices and ordering process and the positive interactions with the residents by staff during mealtimes. Schedule audits throughout the month for each home area at different mealtimes.	Audit tool is revised by by end of April 2025. Audits will be conducted 14 times per month in different home areas and different mealtimes.	140 total audits completed from June 1, 2025 to March 31, 2026.	



## Safety

### Measure - Dimension: Safe

Indicator #6	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	21.53	20.30	The home is aiming for a performance target that is within or slightly better than the current provincial average.	

### Change Ideas

Change Idea #1 Develop individualized non-pharmacological care plans to support residents with prescribed antipsychotic medications without a relevant diagnosis or symptoms justifying their use.

Methods	Process measures	Target for process measure	Comments
Conduct a comprehensive review of all residents with prescribed antipsychotic medications who lack a relevant diagnosis, or symptoms justifying their use. Monitor and evaluate the effectiveness of non-pharmacological interventions on a quarterly basis and track the number of residents successfully weaning off or completely discontinuing the use of antipsychotic medications.	10 residents currently with prescribed antipsychotic medications who lack a relevant diagnosis, or symptoms justifying their use will be identified and trialed with non-pharmacologic care plans and weaning off or discontinuing the use of antipsychotic medications.	50% of the identified 10 residents will have an effective non-pharmacologic care plan and weaned off antipsychotic medication use.	

Change Idea #2 Regularly review all residents with prescribed antipsychotic medications without a relevant diagnosis or symptoms justifying their use.

Methods	Process measures	Target for process measure	Comments
Establish a standardized process for quarterly reviews, including documentation and reporting of the results to attending physicians for confirmation of proper diagnosis to support appropriate usage of antipsychotic medication.	Number of residents who has no proper diagnosis to support their need for antipsychotic medication management based on the quarterly reviews.	100% of residents prescribed antipsychotic medications without a relevant diagnosis or symptoms justifying their use are reviewed quarterly for qualified diagnoses or symptoms.	

Change Idea #3 Improve Usage of the Recently Implemented Registered Nurses association of Ontario (RNAO) Delirium Screening Tool.

Methods	Process measures	Target for process measure	Comments
Collect baseline comparable data on the number of assessments completed using the delirium screening tool in 2024 and provide re-training to registered staff on the proper use of the RNAO delirium screening tool.	Number of registered staff who received re-training on the proper use of the RNAO delirium screening tool and the number of assessments completed using the delirium screening tool on a quarterly basis in 2025.	100% of registered staff are re-trained on the proper use of the RNAO delirium screening tool, and the utilization of the delirium screening tool is increased by 25% in 2025.	