# **Experience | Patient-centred | Custom Indicator**

Indicator #2
Resident/Family Experience - Admission (Carefree Lodge)

CB
Performance
(2023/24)

CB
Performance
(2023/24)

This Year

This Year

CB
Performance
(2023/24)

This Year

CB
Performance
(2023/24)
(2024/25)

This Year

Change Idea #1 ☐ Implemented ☑ Not Implemented

During admission ensure families are provided enough time to review documents

### **Process measure**

• % of families feeling less overwhelmed during admission process

## Target for process measure

• 85% of families/residents would rate the process as a positive experience

### **Lessons Learned**

This project will be carried into 2024 once staffing constraints are resolved.

Change Idea #2 ☑ Implemented ☐ Not Implemented

To implement interprofessional suicide risk assessment and management program

#### **Process measure**

• % of interprofessional care team trained

## Target for process measure

• The target for this process measure is 85%

### **Lessons Learned**

Over 90% of interprofessional care team have been trained.

## Change Idea #3 ☑ Implemented ☐ Not Implemented

To implement interprofessional Palliative Care Approach at Admission

### **Process measure**

• % of interprofessional care team trained

## Target for process measure

• The target for this process measure is 85%

### **Lessons Learned**

CLRI Palliative Training – Train the trainer – 10/10 Interprofessional team has been trained.

Resource guides provided in comfort cart.

External partnership – enhanced the palliative program and positively has impacted resident who are close to palliative or EOL care.

Created an internal checklist for staff to use once resident has been identified as palliative for guidance and to streamline the process.

### Comment

Some change ideas will be implemented in 2024.

	Last Year		This Year	
Indicator #4  Resident/Family Experience - Laundry & Personal Belongings	73	80	93	NA
(Carefree Lodge)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 ☑ Implemented ☐ Not Implemented

**Laundry Labelling Process** 

### **Process measure**

• Improvement of % of residents/family responding positively to the question relating to personal belongings on Your Opinion Counts Survey.

## Target for process measure

• 95% adherence to procedure

### **Lessons Learned**

Education for families and resident will need to be ongoing to ensure label forms are being used and completed properly when clothes are sent for labelling.

Auditing laundry received from Ecotec and sorting the personal items to send back to resident closet room will continue.

Ongoing audits of resident closet rooms will continue in 2024.

Change Idea #2 ☑ Implemented ☐ Not Implemented

**Revise Admission Process for Personal Belongings** 

#### **Process measure**

• Improvement of % of residents/family responding positively to the question relating to personal belongings on Your Opinion Counts Survey.

## Target for process measure

• 85% positive response to YOC survey related to personal belongings

## **Lessons Learned**

Implementation of clothing drop off box has greatly assisted in reducing the number of clothing without labels.

### Comment

Continue with successful strategies.

	Last Year		This Year	
Indicator #3  Resident/Family Experience - Food and Dining Experience	63	80	83	NA
(Carefree Lodge)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Resume and maintain in dining for communal residents

#### **Process measure**

• % of residents & families surveyed and responded positively via food committee meeting, Family Council and Residents' Council; Improved YOC results

## Target for process measure

• 85% of residents and families satisfied with food and dining service

### **Lessons Learned**

Several residents/families preferred to stay in their rooms for meals, even after providing education on benefits of dining in the dinning room.

Continue to transition residents from in-room tray to dining room for all meals.

Creation of Resident Food Committee has led to an increase engagement of residents.

## Comment

Food Committee well established and excellent feedback.

## Safety | Safe | Custom Indicator

#### **Last Year** This Year Indicator #1 **15** 0 NA Percentage of Medication Order with No Clinical Indications (ISMP Trailblazer) (Carefree Lodge) **Performance Performance Target** Target (2024/25)(2023/24)(2023/24)(2024/25)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Documentation of clinical indication

#### **Process measure**

• % of orders without clinical indication

## Target for process measure

• 100% of internal medication order to have clinical indication

### **Lessons Learned**

Sustainability will be an area of focus with the new medication contract provider.

### Comment

Sustainability will be focus with new contract.