Experience | Patient-centred | Custom Indicator

	Last Year		This Year	
Indicator #2 Palliative Care - End of Life (Fudger House)	**CB**	**CB**	**CB**	**NA**
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 ☑ **Implemented**   ☐ Not Implemented

Improve awareness of the home End of Life and Palliative Care Program

Process measure

- 1. % of active staff who receive refresher education; 2. # of quarterly events in the Home; 3. # of completed audits

Target for process measure

- 1. 100% of active staff educated; 2. Facilitation of four "Celebration of Life" events in 2023; 3. Development of sustainable auditing process for EOL program

Lessons Learned

Staff completed education module target date of September 30, 2023. Celebration of Life event held June 16, 2023. 3. EOL committee reviewing audit tool

Comment

Change ideas and target dates met. Positive outcomes being experienced.

Indicator #4
Resident/Family Experience - Admission (Fudger House)

Last Year		This Year	
88	**90**	**94**	**NA**
Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 ☑ **Implemented** ☐ Not Implemented

Improve move-in experience for new residents and families within the first 7-day period

Process measure

- 1) # of residents/families with an assigned FH point contact 2) % of feedback data received

Target for process measure

- 100% of new residents/families will have an assigned FH point contact

Lessons Learned

All new families have been assigned a point contact.

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

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% of interprofessional care team trained The target for this process measure is 85%.

Completed Train-the Trainer session. Lead Trainers provided education to all interdisciplinary staff, 100% active staff in nursing received training,

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

Staff completed education modules delivered by CLRI.

Comment

Resident centered care and safety will continue to be a focus in 2024.

Indicator #3
Resident Experience - Food & Dining (Fudger House)

	Last Year		This Year	
	85	**90**	**89**	**NA**
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 ☑ **Implemented**   ☐ Not Implemented

Improve resident and family dining experience

Process measure

- 1) # of trays 2) # of food or dining service related concerns

Target for process measure

- 1) Decrease the number of trays by 50% through 2023; 2) Decrease the number of food and dining service related concerns by 50%

Lessons Learned

The number of residents on 'regular' and 'temporary' tray service is being tracked each month by unit. In March, there were a total of 96 tray requests and in Aug, there were 40 tray requests. The food and nutrition team continues to collaborate with the nursing team to review tray requests.

Comment

Positive outcomes being achieved.

	Last Year		This Year	
Indicator #5	**82**	**87**	**93**	**NA**
Resident/Family Experience - Laundry and Personal Belongings (Fudger House)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

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Change Idea #1 ☑ **Implemented** ☐ Not Implemented

Improve resident satisfaction with laundry services and care of personal belongings

Process measure

- 1) # of lost/misplaced items 2) # of completed audits on personal items

Target for process measure

- 1) Reduce number of lost/misplaced items by 75% 2) 100% completion rate of audits on personal items

Lessons Learned

In 2022, a total of 9 items were reported lost/misplaced and 6 of these 9 items were found. From January to May of 2023, 6 items were lost/misplaced and all 6 items were found.

The monthly audit goal on personal items is to complete 24 audits per week (1 audit per unit per week; 6 audits per week). In April and May of 2023, 27 and 29 audits were completed respectively, which exceeds the monthly threshold.

Comment

Continue to sustain auditing process target.

Safety | Safe | Custom Indicator

	Last Year		This Year	
Indicator #1 % of falls with injury resulting in a CIS (Fudger House)	**4.80** Performance (2023/24)	**3.60** Target (2023/24)	**3.60** Performance (2024/25)	**NA** Target (2024/25)

Change Idea #1 ☑ **Implemented** ☐ **Not Implemented**

Establish Risk Reduction Strategies for Residents with high fall rates

Process measure

- # of Critical Incidents related to falls

Target for process measure

- Reduce number of critical incidents related to falls by 25% in 2023 from previous year

Lessons Learned

As a result of high risk huddles and the review of care plans for high risk residents, there have been 2 Critical Incidents related to falls from January to May of 2023.

Comment

Team's efforts reflect in the low fall rate for the home.

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