

Indicator #15

Percentage of respondents who responded "Yes, Definitely" to the following question "Do you feel that you can raise a concern about staff without it affecting your (or your family member's) care?" (Bethammi Nursing Home)

Last Year

29.50

Performance
(2023/24)

31.50

Target
(2023/24)

This Year

28.60

Performance
(2024/25)

NA

Target
(2024/25)

Change Idea #1 Implemented Not Implemented

Discuss Whistle Blower Protection at each family and resident council meeting

Process measure

- Percentage of resident and family council meetings where Whistle Blower Protection is discussed

Target for process measure

- 80% of all resident and family council meetings.

Lessons Learned

100% of meetings include discussion on Whistle Blower Protection. This went very well at our council meetings, facilitated discussion as needed.

Change Idea #2 Implemented Not Implemented

Director of Care (DOC)/Assistant Clinical Manager (ACM) will meet with 6-7 resident/family members per week to discuss and address any concerns that are raised during the discussion. Whistle Blower discussion will also occur.

Process measure

- Percentage of residents receiving two meetings by March 31, 2024

Target for process measure

- 80% will receive two meetings

Lessons Learned

By quarter 3, moving towards 80% of residents receiving 2 visits by March 2024.
 All residents visits occurring, lots of time by management team needed to make visits happen.

Change Idea #3 **Implemented** **Not Implemented**

Strengthen processes to support Indigenous clients to report a concern.

Process measure

- Identify process improvements and implement.

Target for process measure

- Improvements implemented by July 31, 2023

Lessons Learned

Process established with Indigenous Health Team (IHT). Process in place, and it is going very well, Well supported by IHT.

	Last Year		This Year	
Indicator #6	53.50	60	58.50	NA
Percentage of respondents who responded "Always" to the following question "How often did staff involve you in planning your (or your family member's care)? (Bethammi Nursing Home)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 **Implemented** **Not Implemented**

Implement quarterly phone call by a Bethammi team member and/or person to person follow up to discuss care with Resident.

Process measure

- Percentage of POA /Resident receiving a quarterly phone call/meeting.

Target for process measure

- 80% of POA/Resident will receive quarterly phone call/meeting.

Lessons Learned

By quarter 3, 90% are receiving a phone call. - Lots of Human resource time required to make calls by 5+ members of the team. Communication was well received by families. Investigating process that is more streamlined.

Change Idea #2 **Implemented** **Not Implemented**

Family members will have the opportunity to provide Physician questions to the team prior to the Annual Care Conference, answers will be provided at the care conference and/or a physician phone call set up to review the questions.

Process measure

- Percentage of family members receiving letter. Percentage response to letter.

Target for process measure

- 80% of family members will receive letters and have 25% response rate back to the home.

Lessons Learned

By quarter 3, 100% of family members are receiving a letter in advance of the annual care conference. Successful process and well liked by families. Families are requesting physicians at the care conferences.

	Last Year		This Year	
Indicator #10	63.60	68	51.20	NA
Percentage of respondents who responded "Always" to the following question How often did staff listen carefully to you? (Bethammi Nursing Home)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Implement purposeful rounding under the supervision of the Director of Care.

Process measure

- Percentage of staff trained in purposeful rounding. Purposeful rounding implemented.

Target for process measure

- 80% of staff to be trained in purposeful rounding. Purposeful rounding to be implemented by June 2023

Lessons Learned

100% staff trained in purposeful rounding -Successfully implemented, initially decrease with call bell times. Continued educations plan to be put into place.

Change Idea #2 Implemented Not Implemented

Implement quarterly phone call by Bethammi team member and/or person to person follow up with the resident or Power of Attorney (POA).

Process measure

- Percentage of POA/Resident receiving a quarterly phone call

Target for process measure

- 80% of POA/Resident will receive a call

Lessons Learned

90% of residents or POA have received a phone call or person to person communication. Lots of Human resource time required to make calls by 5+ members of the team. Communication was well received by families. To look into process that is more streamlined.

Change Idea #3 **Implemented** **Not Implemented**

Continue posting Call Bell response times. Share call bell response times at both Resident and Family Council meetings. Share call bell response times weekly with staff to problem solve remove barriers to reduce call bell response times

Process measure

- Percentage of resident and family council meetings that include call bell discussion.

Target for process measure

- 80% of all resident and family council meetings to include call bell discussion.

Lessons Learned

80% of resident and family council meetings include call bell response discussion. Well received at both council meetings, generated some discussions.

Indicator #3	Last Year		This Year	
Number of workplace violence incidents reported by workers (as defined by OHSA) within a 12 month period. (Bethammi Nursing Home)	18 Performance (2023/24)	17 Target (2023/24)	28 Performance (2024/25)	NA Target (2024/25)

Change Idea #1 **Implemented** **Not Implemented**

Implement Dementiability training for staff.

Process measure

- Percentage of staff who have completed Dementiability training by September 2023.

Target for process measure

- 80% of identified staff complete Dementiability training.

Lessons Learned

Funding was delayed which delayed staff training. Training is occurring after delay. All funding will be spent and approximately 15 staff will complete the training.

Change Idea #2 **Implemented** **Not Implemented**

Implement manager discussions at huddles focusing on approaching a resident exhibiting responsive behaviours towards staff

Process measure

- Percentage of huddles including Manager Responsive Behaviour Discussion by May 2023.

Target for process measure

- Manager responsive behaviour discussion at 80% of all huddles.

Lessons Learned

80% of huddles include responsive behaviour discussions. Very successful, helped with strategies.

Comment

Current performance Jan to Dec 2023