



**City of Kingston**  
**Information Report to Administrative Policies Committee**  
**Report Number AP-24-019**

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**To:** Chair and Members of the Administrative Policies Committee  
**From:** Jennifer Campbell, Commissioner, Community Services  
**Resource Staff:** Casie Keyes, Administrator, Rideaucrest Home  
**Date of Meeting:** July 11, 2024  
**Subject:** Rideaucrest Home Report for March – June 2024

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**Council Strategic Plan Alignment:**

Theme: Corporate business

Goal: See above

**Executive Summary:**

The Administrative Policies Committee serves as the Board of Management for Rideaucrest Home. This is the third report to be provided to the Rideaucrest Board of Management for 2024. This report includes information on operations of the Home between March 16, 2024 – June 15, 2024.

**Recommendation:**

This report is for information only.

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**Authorizing Signatures:**

ORIGINAL SIGNED BY COMMISSIONER

**Jennifer Campbell,  
Commissioner, Community  
Services**

ORIGINAL SIGNED BY CHIEF ADMINISTRATIVE OFFICER

**Lanie Hurdle, Chief  
Administrative Officer**

**Consultation with the following Members of the Corporate Management Team:**

Paige Agnew, Commissioner, Growth & Development Services	Not required
Neil Carbone, Commissioner, Corporate Services	Not required
David Fell, President & CEO, Utilities Kingston	Not required
Peter Huigenbos, Commissioner, Major Projects & Strategic Initiatives	Not required
Brad Joyce, Commissioner, Infrastructure, Transportation & Emergency Services	Not required
Desirée Kennedy, Chief Financial Officer & City Treasurer	Not required

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**Options/Discussion:**

Rideaucrest Home has maintained an overall occupancy rate of 98.53% to date in 2024. The Home's application to the Ministry of Health and Long-Term Care (MOHLTC) for two beds in abeyance to support the resident bathroom construction project remains active and in place until December 31, 2025, adjusting the total bed occupancy for the Home to 168 beds from 170 beds. The Home continues to work diligently with the Placement Coordinator at Home and Community Care Support Services (HCCSS) to ensure applications are reviewed and beds are filled in a timely manner, maintaining a minimum occupancy level of 97%.

Rideaucrest Home had thirteen incidents reportable to the MOHLTC from March 16, 2024 through June 15, 2024. Four incidents of staff to resident interaction, one disease outbreak of Rhinovirus impacting three residents, two falls resulting in a transfer to hospital and six incidents of resident to resident interactions.

The Ministry of Health and Long-Term Care communicated with the Home in May via telephone to seek additional details related to three incidents of resident to resident interaction and two incidents of staff to resident interaction. They visited the Home June 3, 4, 5, 7 and 10 to complete an inspection on Critical Incidents submitted to the Ministry. Staff have received the Inspection Report related to the visit and the inspectors noted two areas of non-compliance. The inspectors noted that on one occasion staff failed to ensure a resident's wheelchair was placed out of sight when the resident was in bed, as is set out in the plan of care. As a result, the Home received a Written Notification of non-compliance for not following the plan of care. The inspectors also noted that on one occasion staff failed to ensure that the provision and outcome of care related to a resident was documented on the clinical monitoring record following a sustained head injury from a physical altercation. As a result, the Home received a Written Notification of non-compliance for not accurately documenting all aspects of head injury routine as required. The Home will be following up with education and audits to ensure these processes are followed, a formal action plan has been completed and posted in the Home.

As of May 31, 2024, there were 510 people on the waiting list for Rideaucrest Home. Of those waiting, 74 are in crisis awaiting immediate placement to long term care in our community.

On June 4, 2024, the provincial government announced new changes that will allow personal support workers (PSWs) to register with the new Health and Supportive Care Providers Oversight Authority (HSCPOA). This change will commence on December 1, 2024, when the more than 100,000 Personal Support Workers in Ontario will have the option to register with the new HSCPOA. The HSCPOA will ensure consistent education and training for personal support workers, regardless of where they work and if they are part-time or full-time, to support their career growth and give patients confidence they are receiving high-quality care.

KFL&A Public Health visited the Home on June 11<sup>th</sup> to review the hair salon and meal preparation areas. The hair salon, operated by Forever Young Hair Care Group, was noted to have expired disinfectant product on-site which was immediately removed. There were no

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violations noted on the reports and the inspector commended the Home for precautions taken by staff and the contractor throughout the ongoing construction projects.

### Quality Initiatives

The Home worked with a local Swiss Chalet restaurant on March 13<sup>th</sup> to provide residents with their desired 'meal of the month' where they were able to enjoy rotisserie chicken and chalet sauce. Residents were thrilled with this event.

On March 18<sup>th</sup>, Dietary staff supported residents in enjoying a taste testing event of food items to consider for the seasonal menu change. This was a great opportunity for residents to come together and have input into menu options in their home.

The Home hosted a Family Information Session on March 26<sup>th</sup> providing education and information to those in attendance, both in-person and virtually, on Infection Prevention and Control in the Home, dementia overview and tips for navigating, and Quality Indicators tracked and reported within the Home.

Resident and Family Satisfaction Survey results (Exhibit A) were shared with residents, families and staff in March. The Home also hosted an Operational Planning Day with residents, families and staff present to review the top five strengths and the top five opportunities for each survey completed and began the process of developing an action plan to address the opportunities. Staff were able to address the Resident Survey opportunities in the Health Quality Ontario, Quality Improvement Plan that was submitted to the province on March 27, 2024 (Exhibit B).

The Home worked cohesively to ensure that residents, families and staff were able to view the solar eclipse safely on April 8<sup>th</sup>. Given the location of the Home, everyone had great viewing options both indoors and outdoors to experience this remarkable event.

The Home was thrilled to welcome three consolidating Practical Nursing students in May, each with interest in a career in long term care. Staff continue to collaborate with the team at St. Lawrence College to support placement opportunities across departments in the Home.

With the provincial commitment to increasing Direct Hours of Care Staffing and Allied Health Professional staffing across the sector, the nursing department at Rideaucrest added further frontline staff as of April 2024. This increase included an additional PSW available on each terrace during the day shift. The additional hands during a very busy portion of the day will help to provide increased quality of personalized care to our residents. This increase in frontline staff will surpass the provincially set standard for direct hours of care provided to each resident at Rideaucrest Home. Additionally, Rideaucrest Home welcomed a new Assistant Director of Care (ADOC) in May, allowing the Home to operate with one ADOC on each of its terraces. This is the final round of planned additions to the team under this provincial initiative. Since the inception of the funding initiative in November 2021, Rideaucrest Home has added thirty full-time and twenty-three part-time funded positions. The Home will continue to report quarterly to the province on the staffing of these planned levels of care.

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The Home went live with a shift broadcasting module within the scheduling software on May 22<sup>nd</sup>. Payroll Staffing Clerks are very excited to offer this option for staff to pick up vacant shifts via text message. The module will also support staffing efficiencies with the recent increases in staffing levels. Once this new process rollout is evaluated with the Registered Practical Nurse team, staff will look to broaden its reach and to find further efficiency in the time spent completing administrative tasks within the Payroll Staffing team.

Staff completed an annual Work Life Pulse survey to share their input on the working environment at Rideaucrest Home. Each year the results are reviewed to generate an action plan for improvements. The 2024 action plan (Exhibit C) was shared with all staff on June 3<sup>rd</sup>.

Rideaucrest staff are continuously reviewing data related to many aspects of resident care. There are Registered Nurses on staff that have the primary work assignment of completing dedicated assessments on residents to ensure care plans are up to date, reflective of the residents' current care needs, and documenting within a provincial system on specific quality initiatives (Canadian Institute for Health Information). The Home monitors these quality indicators closely and benchmarks outcomes within the Home, quarter versus quarter, and compares these to provincial outcomes. Staff are pleased to share that instances of residents with delirium are steadily decreasing, instances of residents with pressure ulcers are steadily decreasing, and residents with safety restraints in place are also decreasing. Residents experiencing pain, worsened mood and falls continue to be areas of monitoring for the Home, with plans in place to see improvements across the care continuum. Statistics and indicators such as these health outcomes change greatly with people moving in and out of the Home, and with resident's natural aging progression.

### **COVID-19/Outbreak**

The Home and the Ministry of Health and Long-Term Care continue to encourage everyone to stay up to date on their COVID-19 vaccinations and booster doses. The Home will continue to host vaccine campaigns for staff and residents to ensure all available and recommended vaccines are readily accessible.

### **Financial Considerations:**

On March 26<sup>th</sup> the Minister of Finance released the 2024 Ontario Budget entitled "Building a Better Ontario". Elements of the budget that have a direct impact on resident care and operations at Rideaucrest Home are summarized below:

- Level of Care funding - the province is providing a 6.6% (\$353M) increase to the Level of Care (LoC) funding envelopes for 2024-25.
- Pharmacy Funding - the LTC pharmacy funding will be kept at a \$1,500 annual fee per bed this year, as opposed to the planned decrease to service providers.
- Health Human Resources: Four Hours of Care - the allocation for 2024-2025 will be \$1.82B provincially, and as part of that program a corresponding increase to funding will be built into the base funding the Home receives moving forward.

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- Minor Capital – the province will provide \$202M in 2024 to eligible LTC operators as a one-time transfer through the Other Accommodation (OA) envelope to help them with minor repairs/redevelopment projects. This equates to a one-time \$2,543 per bed payment.

The Case Mix Index (CMI) is a means for collecting information through various assessments to categorize long term care residents into specific groups based on their clinical and resource needs. This information is then used to support planning, quality improvements and resource allocations for home wide operations. Rideaucrest's funded CMI for the assessment period April 1, 2022 to March 31, 2023 was 0.9794, which will dictate per diem funding levels for the fiscal period of April 1, 2024 through March 31, 2025. This is down slightly from the 2023-2024 CMI of 0.9801, which results in a revenue loss of \$3,400 for the current provincial fiscal year.

The approved 2024 operating budget for Rideaucrest Home contains \$6,707,307 in municipal contribution. As of May 31, 2024, Rideaucrest Home has spent 32.65% (excluding commitments) of its municipal contribution, which is \$605,099 under budget. The wages portion of each of the Home's respective department's budget lines are showing an underspend primarily due to the pending resolution of the current Collective Agreement negotiations. Once ratified there will be a retroactive allocation of expenses.

Variance summary by department is as follows:

*Administrative Services – \$25K underspent*

- This underspend is partially due to a vacant clerical position, which has since been filled.

*Dietary & Nutrition – \$32K underspent*

- This underspend is attributed to a wages variance and incremental provincial funding.

*Director of Care (Medical & Nursing) – \$643K underspent*

- The underspend in nursing is attributed to wages for the team as the Home continues to actively recruit to fill the residual positions as a result of the increase in Hours of Care Funding. The Home recruits Nursing students who have completed year one of their studies as PSWs for the summer months, greatly offsetting the staffing challenges experienced in the Home.

*Housekeeping and Laundry (Environmental Services) – \$19K underspent*

- This underspend is attributed to a wages variance.

*Resident Programs and Services (Life Enrichment) – \$1.5K underspent*

*Other expenditures – \$51K underspent (less revenue compared to budgeted)*

- This section of the budget houses all resident accommodation revenue, revenue that is aligned to more than one department and allocated as required (i.e. Allied Health Professional funding) and increased level of care funding; at this time in 2024 the variance is due to timing of funding flowing from the province.

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*Rideaucrest Home capital projects update as of April 22, 2024:*

## Common room, dining room and servery renovation:

- The contract is over 58.5% complete based on value of the work performed to date.
- Construction commenced November 7, 2022. Projected completion of project is December 2024.
- Third and fourth floor common area, dining room and serveries are complete with the exception of minor deficiencies. Leadership has provided options to residents on fireplace finishes and wall mural options which will be installed in the coming weeks.
- Second floor common area and dining room are under construction, completing Phase 2 (nursing office) in two weeks.
- Servery and staff washroom (Phase 3 on the second floor) to commence shortly.

## Resident washroom renovation – Phase 2, third floor:

- Contract and building permit released. Material purchase orders issued.
- First set of washrooms are currently under construction.

## Fire alarm replacement:

- The contract is over 51% complete based on value of the work performed to date.
- Construction commenced October 2, 2023. The new fire alarm system is expected to be operational at the end of November 2024.
- Once the new fire alarm system is operational, the contractor will remove the old system and patch and paint throughout the building.
- New conduit, wire and devices have been installed in the basement and fourth floor. The contractor is currently working on the third floor.
- Central Alarm and Control Facilities (CACF) Room installation on the main level (which will house the main fire panel) is ongoing.

**Contacts:**

Casie Keyes, Administrator, Rideaucrest Home, 613-530-2818 extension 4283

**Other City of Kingston Staff Consulted:**

Laura Rabbie, Administration Manager, Rideaucrest Home

**Exhibits Attached:**

Exhibit A - 2023 Resident and Family Survey

Exhibit B - 2024-2025 Workplan

Exhibit C - 2024 Worklife Pulse Action Plan



# 2023 Resident and Family Experience Survey Results for Rideaucrest

## Summary Report

RESET

Rideaucrest

*of Residents and of Family would recommend this home to others.*

The 2023 feedback survey for residents and families occurred between September 11th and October 31, 2023. Regarding participation, the numerator (top number) signifies the number of residents and family members who completed the survey. The (bottom number) denominator is the number of individuals eligible to participate.

Resident Participation		Recommendation	Family Participation		Recommendation
2023 N/D: 56/86	2022 N/D: 103/104		2023 N/D: 44/147	2022 N/D: 37/200	
2023	65.1%	(Blank)	2023	29.9%	(Blank)
2022	99.0%	Would You Recommend	2022	18.5%	Would You Recommend

### Resident Experience Survey

Percentage(%) represents respondents agreed or strongly agreed with the following statements.

#### Top 5 Strengths

Question	Score
I would recommend this home to others.	92.6%
I feel that the staff are friendly.	86.8%
I trust the staff in my home.	85.2%
Overall, I am satisfied with my relationships with others in the home.	84.6%
I am treated with courtesy in the dining room.	84.0%

#### Top 5 Opportunities

Question	Score
I have input into the recreation programs available.	54.8%
I have good choice of continence care products.	56.3%
If I need help right away, I can get it (e.g. when I ring the call bell or ask for help, I don't have to wait long).	56.9%
I am updated regularly about any changes in my home.	58.3%
The following services are improving: recreation programs	58.3%

### Family Experience Survey

Percentage(%) represents respondents agreed or strongly agreed with the following statements.

#### Top 5 Strengths

Question	Score
The resident receives courteous service in the dining room.	89.7%
I am satisfied with the quality of cleaning within the resident's room	88.4%
I am satisfied with the quality of cleaning services throughout the home	88.1%
I am satisfied with the quality of maintenance of the physical building and outdoor spaces	88.1%
I am updated regularly about any changes in the home.	86.0%

#### Top 5 Opportunities

Question	Score
The quality of continence care products is improving.	25.0%
There is good choice of continence care products.	31.0%
The resident has input into the recreation programs available.	34.4%
Overall, I am satisfied with the continence care products.	40.6%
I have an opportunity to provide input on food and beverage options.	41.2%





# 2023 Resident Experience Survey Results for Rideaucrest

BI & Analytics

% represents those who responded with "Agree" and "Strongly Agree" on a 5-point likert scale, N/A was removed.

- - Above LTC division overall (Oak, Spruce, and fully managed Assist homes)
- - Below LTC division overall (Oak, Spruce, and fully managed Assist homes)

## Care Services

Questions	2023	2022	LTC Division Overall 2023
Overall, I am satisfied with the care I receive.	75.5% ●	74.8%	80.1%
I am satisfied with the quality of care from dietitian(s)	77.4% ●	66.3%	69.4%
I am satisfied with the quality of care from doctors	67.6% ●	50.0%	65.5%
I am satisfied with the quality of care from nursing staff	73.1% ●	87.4%	84.1%
I am satisfied with the quality of care from personal support staff	75.0% ●	86.3%	80.9%
I am satisfied with the quality of care from physiotherapist/occupational therapist(s)	82.4% ●	57.3%	75.9%
I am satisfied with the quality of care from social worker(s)	66.7% ●	43.3%	68.6%
I feel my goals and wishes are considered and incorporated into the care plan whenever possible.	61.1% ●	67.0%	68.7%
If I need help right away, I can get it (e.g. when I ring the call bell or ask for help, I don't have to wait long).	56.9% ●	67.0%	65.3%
My care conference is a meaningful discussion that focuses on what's working well, what can be improved, and potential solutions.	60.6% ●	62.5%	66.5%
The care I receive is improving.	59.4% ●	52.2%	62.9%
There is someone I can talk to about my medications.	65.3% ●	71.0%	76.4%

## Recreation & Spiritual Care Services

Questions	2023	2022	LTC Division Overall 2023
Overall, I am satisfied with the recreation and spiritual care services.	72.5% ●	60.2%	79.1%
I am aware of the recreation services offered in the home.	70.0% ●	78.6%	86.9%
I am satisfied with the relevance of recreation programs	66.7% ●	62.7%	74.7%
I am satisfied with the timing and schedule of recreation programs	72.7% ●	65.3%	77.2%
I am satisfied with the timing and schedule of spiritual care services	64.3% ●	60.2%	73.1%
I am satisfied with the variety of recreation programs	71.1% ●	73.3%	78.3%
I am satisfied with the variety of spiritual care services	67.9% ●	61.9%	73.7%
I have input into the recreation programs available.	54.8% ●	60.6%	63.9%
The following services are improving: recreation programs	58.3% ●	58.4%	67.9%
The following services are improving: spiritual care services	61.9% ●	54.4%	64.9%



# 2023 Resident Experience Survey Results for Rideaucrest

BI & Analytics

% represents those who responded with "Agree" and "Strongly Agree" on a 5-point likert scale, N/A was removed.

- - Above LTC division overall (Oak, Spruce, and fully managed Assist homes)
- - Below LTC division overall (Oak, Spruce, and fully managed Assist homes)

## Dining Services

Questions	2023	2022	LTC Division Overall 2023
I am treated with courtesy in the dining room.	84.0% ●	89.7%	86.7%
Overall, I am satisfied with the meal, beverage and dining services.	80.8% ●	73.0%	74.7%
I am satisfied with the variety of food and beverage options.	75.0% ●	69.6%	68.6%
I am satisfied with the food and beverages served to me.	71.7% ●	73.5%	69.0%
I enjoy eating meals in the dining room.	68.6% ●	78.4%	80.3%
I am satisfied with the temperature of my food and beverages.	67.3% ●	67.7%	67.9%
The meal, beverage and dining services are improving.	66.7% ●	55.4%	59.7%

## Laundry, Cleaning, and Maintenance Services

Questions	2023	2022	LTC Division Overall 2023
I am satisfied with the quality of cleaning services within my room	73.1% ●	85.4%	87.1%
I am satisfied with the quality of cleaning services throughout the home	77.6% ●	84.3%	87.0%
I am satisfied with the quality of laundry services for linens	68.6% ●	84.0%	85.5%
Overall, I am satisfied with laundry, cleaning and maintenance services.	82.4% ●	76.2%	83.5%
I am satisfied with the quality of maintenance of the physical building and outdoor spaces	72.7% ●	70.0%	81.2%
I am satisfied with the quality of laundry services for my personal clothing	78.8% ●	78.2%	79.4%
Cleanliness of the home is improving.	63.3% ●	58.2%	70.0%
Maintenance of the physical building and grounds is improving.	71.9% ●	57.8%	68.1%
Laundry services are improving.	65.5% ●	56.2%	64.3%



# 2023 Resident Experience Survey Results for Rideaucrest

BI & Analytics

% represents those who responded with "Agree" and "Strongly Agree" on a 5-point likert scale, N/A was removed.

- - Above LTC division overall (Oak, Spruce, and fully managed Assist homes)
- - Below LTC division overall (Oak, Spruce, and fully managed Assist homes)

## Relationships with Others

Questions	2023	2022	LTC Division Overall 2023
I feel that the staff are friendly.	86.8% ●	93.5%	88.2%
I trust the staff in my home.	85.2% ●	84.8%	84.0%
Overall, I am satisfied with my relationships with others in the home.	84.6% ●	78.0%	81.0%
Staff take the time to chat with me	76.9% ●	82.6%	74.8%
Residents are friendly with each other.	75.0% ●	75.0%	73.4%
I have friends in the home.	75.0% ●	71.4%	71.3%
My relationship with others is improving.	68.6% ●	58.0%	64.4%

## Communication & Concerns

Questions	2023	2022	LTC Division Overall 2023
Overall, I am satisfied with communication from home leadership.	63.3% ●	60.4%	71.3%
Communication by home leadership is improving.	65.6% ●	51.7%	59.6%
Communication from home leadership is clear and timely.	63.3% ●	60.0%	68.2%
I am updated regularly about any changes in my home.	58.3% ●	58.8%	62.0%
If I have a concern I feel comfortable raising it with the staff and leadership	75.5% ●	78.6%	78.5%
If I have a concern my concerns are addressed in a timely manner.	63.8% ●	67.0%	70.4%

## Continence Care Products

Questions	2023	2022	LTC Division Overall 2023
Overall, I am satisfied with continence care products.	76.5% ●	71.7%	83.1%
Continence care products are available when I need them	82.4% ●	75.4%	85.6%
Continence care products are comfortable	76.5% ●	72.9%	84.1%
Continence care products fit me properly	68.8% ●	78.0%	83.5%
Continence care products keep me dry	70.6% ●	69.0%	83.7%
I have good choice of continence care products.	56.3% ●	56.4%	71.6%
The overall quality of continence care products is improving.	61.5% ●	54.9%	68.2%





# 2023 Family Experience Survey Results for Rideaucrest

% represents those who responded with "Agree" and "Strongly Agree" on a 5-point likert scale, N/A was removed.

- - Above LTC division overall (Oak, Spruce, and fully managed Assist homes)
- - Below LTC division overall (Oak, Spruce, and fully managed Assist homes)

## Care Services

Questions	2023	2022	LTC Division Overall 2023
Overall, I am satisfied with the care provided to the resident.	76.2% ●	71.4%	76.1%
I am satisfied with the quality of care from dietitian(s)	75.0% ●	85.3%	73.2%
I am satisfied with the quality of care from doctors	51.3% ●	56.7%	71.6%
I am satisfied with the quality of care from nursing staff	79.1% ●	91.7%	85.2%
I am satisfied with the quality of care from personal support staff	79.1% ●	91.4%	80.1%
I am satisfied with the quality of care from physiotherapist/occupational therapist(s)	54.3% ●	61.5%	66.7%
I am satisfied with the quality of care from social worker(s)	66.7% ●	44.4%	64.2%
I feel my feedback on the resident's goals and care plan is considered and incorporated whenever possible.	61.5% ●	66.7%	73.6%
The care team communicates clearly and in a timely manner about the resident.	76.2% ●	66.7%	78.2%
The care the resident receives is improving.	63.2% ●	52.9%	58.1%
The resident's care conference is a meaningful discussion that focuses on what's working well, what can be improved, and potential solutions.	74.4% ●	71.0%	74.7%
There is someone I can talk to about the resident's medications.	76.2% ●	80.0%	86.6%

## Recreation & Spiritual Care Services

Questions	2023	2022	LTC Division Overall 2023
Overall, I am satisfied with the recreation and spiritual care services.	50.0% ●	50.0%	66.1%
I am aware of the recreation services offered in the home.	80.5% ●	75.8%	86.3%
I am satisfied with the relevance of recreation programs.	56.4% ●	59.4%	69.4%
I am satisfied with the timing and schedule of recreation programs	51.3% ●	53.1%	70.0%
I am satisfied with the timing and schedule of spiritual care services	51.9% ●	39.1%	57.8%
I am satisfied with the variety of recreation programs	50.0% ●	51.5%	70.4%
I am satisfied with the variety of spiritual care services	48.1% ●	46.2%	59.5%
The following services are improving: recreation programs	56.8% ●	44.4%	53.0%
The following services are improving: spiritual care services	42.9% ●	45.5%	47.7%
The resident has input into the recreation programs available.	34.4% ●	37.5%	47.2%



# 2023 Family Experience Survey Results for Rideaucrest

% represents those who responded with "Agree" and "Strongly Agree" on a 5-point likert scale, N/A was removed.

- - Above LTC division overall (Oak, Spruce, and fully managed Assist homes)
- - Below LTC division overall (Oak, Spruce, and fully managed Assist homes)

## Dining Services

Questions	2023	+/-	2022	LTC Division Overall 2023
Overall, I am satisfied with the meal, beverage and dining services.	73.2%	●	79.4%	68.7%
I am satisfied with the food and beverages served to residents.	81.0%	●	83.3%	72.4%
I am satisfied with the variety of food and beverage options for residents.	75.6%	●	83.3%	72.1%
I have an opportunity to provide input on food and beverage options.	41.2%	●	51.7%	51.0%
The meal, beverage and dining services are improving.	44.4%	●	59.3%	44.1%
The resident enjoys eating meals in the dining room.	69.2%	●	79.4%	70.1%
The resident receives courteous service in the dining room.	89.7%	●	88.2%	82.0%

## Laundry, Cleaning, and Maintenance Services

Questions	2023	+/-	2022	LTC Division Overall 2023
Overall, I am satisfied with laundry, cleaning and maintenance services.	85.0%	●	68.6%	65.5%
Cleanliness of the home is improving.	61.8%	●	53.6%	50.1%
I am satisfied with the quality of cleaning services throughout the home	88.1%	●	77.8%	75.9%
I am satisfied with the quality of cleaning within the resident's room	88.4%	●	75.0%	67.7%
I am satisfied with the quality of laundry services for linens	78.0%	●	68.8%	74.1%
I am satisfied with the quality of laundry services for personal clothing	80.5%	●	76.5%	70.7%
I am satisfied with the quality of maintenance of the physical building and outdoor spaces	88.1%	●	83.3%	71.2%
Laundry services are improving.	50.0%	●	48.0%	44.4%
Maintenance of the physical building and outdoor spaces is improving.	61.8%	●	65.5%	51.7%



# 2023 Family Experience Survey Results for Rideaucrest

% represents those who responded with "Agree" and "Strongly Agree" on a 5-point likert scale, N/A was removed.

- - Above LTC division overall (Oak, Spruce, and fully managed Assist homes)
- - Below LTC division overall (Oak, Spruce, and fully managed Assist homes)

## Communication & Concerns

Questions	2023	2022	LTC Division Overall 2023
Overall, I am satisfied with communication from home leadership.	73.2% ●	82.4%	75.5%
Communication by home leadership is improving.	62.2% ●	76.7%	60.3%
Communication from home leadership is clear and timely.	80.5% ●	71.4%	77.7%
I am updated regularly about any changes in the home.	86.0% ●	85.3%	80.7%
If I have a concern I feel comfortable raising it with the staff and leadership	76.2% ●	80.0%	84.8%
If I have a concern my concerns are addressed in a timely manner.	61.0% ●	72.7%	74.2%

## Continence Care Products

Questions	2023	2022	LTC Division Overall 2023
Overall, I am satisfied with the continence care products.	40.6% ●	53.6%	66.5%
Continence care products are available when the resident needs them.	71.9% ●	63.3%	75.5%
Continence care products are comfortable	54.5% ●	73.1%	68.6%
Continence care products fit properly	51.5% ●	70.4%	68.8%
Continence care products keep the resident dry	43.8% ●	70.4%	67.8%
The quality of continence care products is improving.	25.0% ●	42.9%	42.9%
There is good choice of continence care products.	31.0% ●	52.0%	52.1%

## Access and Flow

### Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of Quality Indicator triggering for the Homes residents for Symptoms of Delirium.	C	% / LTC home residents	CIHI CCRS / Previous 12 month calendar yera.	26.70	24.00	Home specific plan	

### Change Ideas

Change Idea #1 The Home will work to decrease the number of residents triggering on RAI-MDS assessments for Symptoms of Delirium.

Methods	Process measures	Target for process measure	Comments
Change cognitive pattern questions on POC to PRN documentation. Our RAI-MDS coding team will verify with registered staff during residents observation period if there are any triggers for delirium for each resident then code them correctly.	We will monitor documentation during RAI-MDS assessment to ensure coding team are verifying triggers with registered staff. Quality Indicators per CIHI are reviewed at continuous quality improvement meetings and we will note there current trends with QI for symptoms of delirium.	The Home hopes to decrease the number of residents triggering with Symptoms of Delirium by 10% by Dec 2024.	

## Experience

### Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of resident responding positively to the following survey question: If I need help right away, I can get it (eg. when I ring the call bell or ask for help, I don't have to wait long).	C	% / LTC home residents	In-house survey / Most recent consecutive 12 month period	56.90	65.30	Home specific target	

### Change Ideas

Change Idea #1 Identified during Operational Planning Day our support staff do not feel confident answering call bells. Therefore we will provide education for support staff on answering call bells including review of falling leaf program and our Homes 4 P's approach to answering call bells.

Methods	Process measures	Target for process measure	Comments
Staff Development coordinator will develop education package for support staff outlining expectations when answering call bells, review of our falling leaf program and what the 4 P's are to ask of our residents prior to leaving their rooms. The staff development coordinator will track who from each department completes this education package.	We will monitor effectiveness of this change method by comparing our next Resident Satisfaction Survey results with our current results.	Our target for this initiative is 65.3% of resident will respond positively to the question: "If i need help right away, I can get it." on our next resident satisfaction survey.	



**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Residents responding positively to the following survey question: I am updated regularly about any changes in my Home.	C	% / LTC home residents	In-house survey / Most recent consecutive 12 month period	58.30	62.00	Home specific target.	

**Change Ideas**

Change Idea #1 Our Life Enrichment department will incorporate a new program into their monthly schedule called "Rideaucrest News and Views". This program will occur the second week of the month after our monthly newsletter is released so that the department is able to share information from the newsletter in the program.

Methods	Process measures	Target for process measure	Comments
Life enrichment staff will develop an outline for the program identifying what will be covered during the program, invite residents to join the program, share the information with the residents, gather any feedback from the residents regarding the program and information shared and they will track attendance at the information sessions.	We will measure the success of this program by the attendance trends of participants for the program and their feedback, and by comparing our current Resident Satisfaction survey responses for this survey question with the responses from our next Resident Satisfaction survey responses.	Our Home specific target for Residents responding positively to the question: "I am updated regularly about any changes in my Home" is 62%.	

## Safety

### Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Registered Staff who completed medication safety education provided by pharmacy provider upon onboarding to the Home	C	% / Staff	In house data collection / last 12 month period.	CB	100.00	New process of providing Medication Safety education to all new hires to the Home during orientation via pharmacy provider client portal.	

### Change Ideas

Change Idea #1 Provide online (client portal) medication safety education to all newly onboarded registered staff during orientation process.

Methods	Process measures	Target for process measure	Comments
Staff development nurse will explain process and provide access to on-line client portal to all newly hired registered staff. Staff development nurse will monitor, record and follow-up with staff to ensure completion of assigned education.	The Home expects a 100% compliance rate with all new hires for completion of education by Dec 2024.	100% of newly hired registered staff will have completed medication safety education provided by pharmacy provider by Dec 2024.	





Rideaucrest Home

<p><b>The people I work with help each other out</b></p>	<ul style="list-style-type: none"> <li>• <b>Training of support staff to answer call bells/provide customer support/address 4 P's and review the falling leaf program (supervisors of Dietary, ESS and LES to review with their teams if they do this/why the don't etc prior to starting education)</b></li> <li>• <b>Suggest to wellness team to enforce positive feedback on the floors ("High-five" messages from co-workers, residents and families appreciating jobs well done.)</b></li> </ul>	<p><b>July 2024 supervisors to start process</b></p> <p><b>Education will then be developed by SD lead after input from supervisors plan by Sept 2024</b></p> <p><b>May 2024</b></p>	<p><b>Supervisors ESS, Dietary, LES</b></p> <p><b>Staff Educator</b></p> <p><b>Wellness Committee</b></p>	<p><b>Leadership team has made this suggestion to the Wellness committee and it sits with them.</b></p>
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