



Seniors Safety & Quality Improvement Program (SSQIP)

Intended Outcomes & Measurables

2019 Period 3

If you do not use the chart in the application system to provide your intended outcomes or want to provide more information, you can complete and upload this document.

Using the rubric below as your guide, complete the table on the next page indicating the specific result(s) you expect to see from SSQIP funding.

1. **Specific intended outcome(s).** What improvements or benefits do you intend to see because of SSQIP funding you will be receiving? Be specific.
2. **Future measurables.** Indicate how you are currently measuring and how you will continue measure the intended outcomes. Be specific.
3. **Time.** Indicate the time frame in which you expect to see these outcomes. Be specific.
4. **Additional Comments.** Include any additional comments. For example, previous measurables, statistics or trends (*optional*).

Examples:

No.	Item	Intended Outcome(s) & Measurable(s)
<i>Example 1</i>	<i>Beds</i> (3) \$5,000	<u>Intended Outcome:</u> SSQIP funding of new beds with adjustable heights will reduce senior falls <u>Impact Rate:</u> Reduce falls by over 5% in the next 2 years. The senior fall rate will be measured by the incident rate of falls. <u>Measured by Report:</u> Incident Report <u>Frequency of Report:</u> Weekly reporting procedures
<i>Example 2</i>	<i>Snoezelen Room</i> (1) \$10,000	<u>Intended Outcome:</u> SSQIP funding will enhance our sensory room to increase senior satisfaction in the living environment. <u>Impact Rate:</u> We expect the attendance rate to increase by 20% over the next year. We also expect to see a 30% increase in senior satisfaction/family satisfaction over the next 6 months. <u>Measured by Report:</u> Attendance reports and satisfaction surveys <u>Frequency of Report:</u> Weekly attendance reports and monthly satisfaction surveys



SSQIP Intended Outcomes & Measurables
2019 Period 3

Care Home Information	
Funding Period	2019 Period 3
Date	April 2019
Application No. (last 3 digits)	2XX
Care Home Name	Enter Your Care Home Name Here

No.	Item	Intended Outcome(s) and Measurable(s)
1	Item # of Items: \$ Amount Requested:	<u>Intended Outcome:</u> <u>Impact Rate:</u> Decrease/Increase/Reduce of X% in ____ over the next X month/year <u>Measured by Report:</u> <u>Frequency of Report:</u> Weekly/Monthly/Annually
2	Item # of Items \$ Amount Requested:	<u>Intended Outcome:</u> <u>Impact Rate:</u> Decrease/Increase/Reduce of X% in ____ over the next X month/year <u>Measured by Report:</u> <u>Frequency of Report:</u> Weekly/Monthly/Annually
3		
4		
5		