

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience: I am satisfied with the variety of spiritual care services	C	% / LTC home residents	In-house survey / September 11 to October 31 2023	28.30	50.00	Continue to improve toward Extendicare target of 85%	St. Paul the Apostle Catholic Church, Independent Pastor for Non-denominational services

### Change Ideas

Change Idea #1 Increase the choices of spiritual services following the transition to Countryside

Methods	Process measures	Target for process measure	Comments
1. Review current demographics to determine gaps in services. 2. Volunteer Coordinator will reach out to community partners to arrange for services as needed.	Number of new spiritual services identified. Number of new spiritual services offered. Number of residents attending new spiritual services.	New spiritual services will organized by July 1 2023	

**Measure - Dimension: Patient-centred**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience: I am satisfied with the timing and schedule of spiritual care services	C	% / LTC home residents	In-house survey / September 11 to October 31 2023	29.80	50.00	Continue to improve toward Extendicare target of 85%	St. Paul the Apostle Catholic Church, Independent Pastor for Non-denominational Services

**Change Ideas**

Change Idea #1 To find mutually agreeable times for spiritual services between LTC Home and Community Partners.

Methods	Process measures	Target for process measure	Comments
1. Review current times with Residents and determine when they would like the services to be provided. 2. Reach out to community partners to determine if there are opportunities to increase the frequency of services or change the times.	Number of resident attending services at the new times	Ability to make changes to timing and frequency of spiritual services will be determined by June 30th 2024	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: I am updated regularly about any changes in my home.	C	% / LTC home residents	In-house survey / September 11 to October 31 2023	31.30	50.00	Continue to improve toward Extendicare target of 85%	

**Change Ideas**

Change Idea #1 To improve the communication in the home between Residents and home leaders by having more opportunity for meeting.

Methods	Process measures	Target for process measure	Comments
1. Town halls will be held on a quarterly or more frequently if needed to provide regular updates about change in the home. 2. Posters will be placed in the home with dates and times of the town hall meetings.	Number of town halls held. Number of residents attending the town hall meetings	Town hall meetings will begin in April 2024.	

**Measure - Dimension: Patient-centred**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family experience: The Resident has input into the recreation programs available.	C	% / Family	In-house survey / September 11 to October 31 2023	37.60	60.00	Continue to improve toward Extendicare target of 85%	

**Change Ideas**

Change Idea #1 The home will initiate a monthly program calendar club

Methods	Process measures	Target for process measure	Comments
Resident program manager will post dates and times for the monthly program calendar club and invite residents and families to attend.	Number of family members who attend the meetings Number of suggestions received for activity calendar Number of suggestions implemented as a result of the feedback received.	Monthly program calendar club to begin meeting in April 2024	

**Measure - Dimension: Patient-centred**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family experience: I am satisfied with the quality of care from the Dietitian	C	% / Family	In-house survey / September 11 to October 31 2023	39.00	60.00	Continued progress toward Extendicare target of 85%	

**Change Ideas**

Change Idea #1 Improve the working relationship between Registered Dietitian, Families and Residents

Methods	Process measures	Target for process measure	Comments
1. Registered Dietitian will attend Resident and Family Council meetings upon invitation. 2. The home will offer virtual consultation with the Dietitian/Designate upon request.	Number of invitations received from Resident and Family Council. Number of requests for virtual meetings as needed.	New communication methods will be implemented by May 31st.	

**Measure - Dimension: Patient-centred**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family experience: I have an opportunity to provide input on food and beverage options	C	% / Family	In-house survey / September 11 to October 31 2023	43.90	75.00	Continue to improve to reach Extendicare target of 85%	

**Change Ideas**

Change Idea #1 Invite families to the food committee meetings to provide input to the food and beverage options.

Methods	Process measures	Target for process measure	Comments
Dietary manager will post meeting dates and times in the home to notify Residents and family members of the quarterly food committee meetings. Discuss food and beverage options at meeting and allow time for input and suggestions.	Number of family members who attend the food committee meetings Number of suggestions provided by family for food and beverage options Number of suggestions implemented	Invite family members to the food committee meeting to begin in April 2024.	

## Safety

### Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	19.38	15.00	To meet Extendicare Falls target of 15 %.	Acheiva, Handi-Care, Motion Specialties

### Change Ideas

Change Idea #1 Conduct Environmental Risk Assessments of resident spaces to identify potential fall risk areas and address areas for improvement.

Methods	Process measures	Target for process measure	Comments
1. Designated Team member to complete Environmental Risk Assessment at the time of the fall to identify potential causative factors in a timely manner. 2. Environmental Risk Assessment outcomes to be reviewed during the post fall huddles and incorporated into the areas for improvement. 3. Education for all Nursing Team members.	Number of completed Environmental Risk Assessments. Number of identified deficiencies corrected. Number of Nursing Team members who receive the education	Education for all Nursing Team members to be completed by April 30th 2024. Environmental Risk Assessments to be completed following every fall.	

Change Idea #2 Improve the process for daily falls interdisciplinary meetings.

Methods	Process measures	Target for process measure	Comments
Increase the members to include RNs, RPN, and PSW	Number of team members attending the daily falls meetings	New meeting structure to be in place by April 30th 2024	

**Measure - Dimension: Safe**

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	15.82	12.50	Continue to maintain better results than corporate target of 17.3%	Medisystem Pharmacy, Behavioural Supports Ontario

**Change Ideas**

Change Idea #1 Improve the Antipsychotic Reduction Meetings by ensuring that BSO RPN is able to attend weekly.

Methods	Process measures	Target for process measure	Comments
Review current weekly meeting schedule to identify more suitable days and times.	Number of meetings in which BSO participated	New meeting date to be determined by April 30 2024.	

Change Idea #2 Medication reviews completed for all residents currently prescribed antipsychotic

Methods	Process measures	Target for process measure	Comments
Review all residents who are currently prescribed antipsychotics 2) Review plan of care for supporting diagnosis 3) If no diagnosis, team will review and implement reduction strategy process	# of residents reviewed monthly # of plans of care reviewed that have supporting diagnosis # of reduction strategies implemented monthly	All residents currently prescribed antipsychotics will have a medication review completed by July 2024	

**Measure - Dimension: Safe**

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The percentage of Residents with new or worsening Stage 2 to 4 Pressure Injuries during the 7 days preceding the assessment.	C	% / LTC home residents	Other / October to December 2023	1.90	1.00	Continue to maintain better results than corporate target of 2.0%	3M/Solventum, NSWOC, Arjo

**Change Ideas**

**Change Idea #1** Continue with our early detection of potential pressure ulcers utilizing Arjo's Provizio scanning device to measure the moisture level under the skin of the heels and sacrum to identify residents who have high risk for developing a pressure injury if interventions are not implemented.

Methods	Process measures	Target for process measure	Comments
Registered Staff will follow the Provizio program by scanning residents at time of admission, readmission, change in status, and as required by the reading of the scans.	# residents scanned monthly # residents with a high delta score with implementation of interventions # residents discharged from program as successfully decreased scanning score	SWAN will provide a monthly summary to Skin/Wound Committee, CQI meetings and others as identified by the committees by May 2024. 100% of residents will have received a Provizio scan assessment by December 2024.	This is a collaborative project between Extendicare and Arjo

**Change Idea #2** Consistent approach to wound rounds days and completion of weekly assessments following the transition to Extendicare Countryside

Methods	Process measures	Target for process measure	Comments
1. Review of each floors scheduled IDTCs and Physician Rounds. 2. Each floor will have a specific day assigned for their weekly wound round assessment day that will not encroach on either the IDTC days or physician rounds.	Identification of the most appropriate days for wound rounds on each floor. Number of weekly assessments completed on wound round days.	New wound round days to be identified and implemented by April 1st 2024.	

**Measure - Dimension: Safe**

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Residents with daily physical restraints	C	% / LTC home residents	Other / October to December 2023	0.60	0.00	Continue to maintain better results than corporate target of 2.5 %	

**Change Ideas**

Change Idea #1 Review restraint use with all applications received through the NELHIN. If a restraint is in use, begin communication through the NELHIN before admission to inform the potential resident and family on our least restraint policy and the home's use of alternatives to restraints.

Methods	Process measures	Target for process measure	Comments
Social Worker to review each application received. To flag Restraint lead when restraint is identified and send information to indicate that our home is a least restraint home and will trial alternatives upon admission.	# of applications monthly where a restraint is in use # of communications sent back to applicant and family through LHIN to explain our least restraint policy.		Process for review of LHIN applications for restraint use and communication followed to inform/educate on our policy will be in place by July 2024.