

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I enjoy eating meals in the dining room.	C	% / LTC home residents	In-house survey / 2024	68.20	75.30	To improve this target to meet the LTC division overall.	

### Change Ideas

**Change Idea #1** 1) Provide education on improving the Resident experience during mealtimes. 2) Obtain regular feedback from Residents during mealtime to seek feedback on the atmosphere and incorporate changes based on recommendations.

Methods	Process measures	Target for process measure	Comments
1) a) Reeducate on the resident mealtime experience. 2) a) FSM/ Supervisor to interact with Residents during mealtime to seek feedback on atmosphere, b) Document feedback and determine actions that will be taken as a response, c) Share feedback and corresponding actions with Residents Council.	1) a) # of in-services held to review policy, procedures, and expectations during mealtime (The Resident Mealtime experience), b) # of staff who attended in-services 2) # of Feedback from residents and # of changes made based on feedback	1) a) 10 in-services will be held per year by Dec 2025 b) FSM/ Management team to observe meals with the purpose of providing on the spot redirection starting May 2025. 2) Feedback will be reviewed and at least 3 changes implemented based on feedback by December 2025	

**Measure - Dimension: Patient-centred**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I feel my goals and wishes are heard and considered in my care.	C	% / LTC home residents	In-house survey / 2024	64.70	70.00	To improve this target to meet the LTC division overall.	

**Change Ideas**

Change Idea #1 1) Quarterly plan of care reviews will be completed with each resident input. 2) Training for staff on person centered care.

Methods	Process measures	Target for process measure	Comments
1) a) On a quarterly basis when a plan of care is reviewed, meet if able, to discuss goals, wishes, b) Update plan of care based on discussions. 2) a) Provide education session for staff on importance of person-centered care (such as GPA).	1) a) # of plan of care meetings held with resident present, b) # of resident plans of care updated to reflect goals and wishes after discussion. 2) a) # of staff who attended sessions, b) # of sessions provided.	1) a) Plan of care meetings will be held with Resident in attendance by March 2025, b) 100% of plans of care will be updated to reflect Resident goals and wishes by August 2025. 2) a) Education session on person centered care will be completed by July 2025, b) By July 2025, 80% of staff will have completed education.	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Bladder care products keep me dry and are comfortable.	C	% / LTC home residents	In-house survey / 2024	40.70	60.00	To improve target closer to LTC division overall.	

**Change Ideas**

Change Idea #1 1) Invite First Quality Vendor to Resident Council and Family Council meeting to discuss products. 2) Review of sizing and products for Residents.

Methods	Process measures	Target for process measure	Comments
1) a) First Quality Rep to be invited to RC and FC to discuss products, b) Feedback provided by RC and FC will be actioned and discussed at CQI committee	1) a) # of times rep attended RC and FC meeting, b) # of action items as a result of feedback received 2) a) # of Residents using incontinent products per shift, b) product audits completed per month	1) a) First Quality rep will attend RC and FC by May 2025. 2) a) 100% of residents who use incontinent products will be audited for correct sizing and selection of product by June 2025, b) First Quality will be contacted to assist with audit and on the spot education will be provided by June 2025.	

## Safety

### Measure - Dimension: Safe

Indicator #4	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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	15.16	15.00	To meet Extendicare's target.	Achieva, Behavioural Supports Ontario

### Change Ideas

Change Idea #1 1) Implement 4 P's process when rounding 2) Re-implement post fall huddles

Methods	Process measures	Target for process measure	Comments
1) a) Educate staff on 4 P's process, b) Provide 4 P's cards to staff as a reminder, c) Inform Resident Council and Family Council what 4 P process is. 2) a) Review policy on post fall huddles with staff, b) Falls lead in home to attend and/or review post fall huddles documentation and provide further education as needed.	1) a) # of staff educated on 4 P's process, b) # of 4 P's card provided, c) Resident and Family Council informed of process. 2) a) # of staff who have reviewed policy for post fall huddles, b) # of post fall huddles that were completed as per policy on monthly basis.	1) a) 80% of front line staff will be educated on 4P's process by July 2025, b) 4 P's education will be distributed to staff by July 2025, c) Resident and Family Council's will be informed of process by July 2025. 2) a) Staff education on post fall huddles will be completed with 80% participation by October 2025, b) By October 2025, 100% of post fall huddles documentation will be completed as per policy.	

**Measure - Dimension: Safe**

Indicator #5	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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	15.17	14.00	Continued improvement to theoretical best.	Medisystem , Behavioural Supports Ontario

**Change Ideas**

Change Idea #1 1) GPA education for staff training on responsive behaviours related to dementia. 2) Enhance collaboration with BSO Lead and Interdisciplinary team.

Methods	Process measures	Target for process measure	Comments
1) a) Certify BSO Lead and Staff Educator in GPA, b) Contact Regional Manager, LTC consultant for support as needed, c) Register participants for education sessions. 2) a) Invite BSO lead to PAC meeting, or other interdisciplinary meetings for increased visibility, b) Remind staff to refer to BSO for supports.	1) a) # of GPA sessions provided, b) # of staff participating in education 2) a) # of interdisciplinary meetings BSO invited to attend, b) # of monthly referrals to BSO.	1) a) GPA sessions will be provided for 60% of staff by December 2025 2) a) BSO will have increased collaboration and visibility in the home by February 2025.	

**Measure - Dimension: Safe**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	C	% / LTC home residents	Other / October - December 2024	0.76	0.50	To continue to improve to theoretical best	Solventum/3M, Wounds Canada

**Change Ideas**

Change Idea #1 1) Turning and repositioning re-education, 2) Education on product selection for wound care.

Methods	Process measures	Target for process measure	Comments
1) a) Educate staff on the importance of turning and repositioning to off load pressure 2) a) Education sessions set up for all registered staff on products on wound care protocol, b) Sessions to be arranged for all shifts, c) Audits to be completed by wound care lead of the home for correct usage.	1) a) # of staff that have been educated 2) a) # of education sessions/shift, b) # of audits that identified areas for improvement monthly.	1) a)100% of PSW staff will have attended education sessions on turning and repositioning by July 2025. 2) a) Education sessions on products and selection of products will be completed for all registered staff by June 2025, b) Audits will show 80% improvement in compliance by September 2025.	