

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Would you recommend this home?	C	% / Residents	In-house survey / 2023	90.50	91.00	Continue to maintain results and exceed Corporate target of 85%	

Change Ideas

Change Idea #1 To improve the overall resident experience in the home

Methods	Process measures	Target for process measure	Comments
To successfully implement the plans of action pertaining to the 3 lowest quality question results	Percentage of residents who would recommend our home to others	To be determined with next Satisfaction survey in October 2024.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Would you recommend this home?	C	% / Family	In-house survey / 2023	95.50	96.00	Continue to improve and exceed Corporate target 85%	

Change Ideas

Change Idea #1 To improve the overall family experience in the home

Methods	Process measures	Target for process measure	Comments
To successfully implement the plans of action pertaining to the 3 lowest quality question results	Percentage of family members who would recommend our home to others.	To be determined with next Satisfaction survey in October 2024	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
My care conference is a meaningful discussion that focuses on what is working well, what can be improved, and potential solutions	C	% / LTC home residents	In-house survey / 2023	53.30	85.00	Extendicare target	

Change Ideas

Change Idea #1 To improve Interdisciplinary Care Conference Meetings and ensure that they are meaningful, focused and resident centered by including them actively in decision making.

Methods	Process measures	Target for process measure	Comments
Ask family members and residents after care conference if they were satisfied with the meeting and the care. Schedule meetings to allow for sufficient time for meaningful discussions and to provide opportunities for resident and family to ask questions and provide input into plan of care.	Number of residents and/or family members who attend the IDTCs. Number of Resident/family members who voice satisfaction with IDTCs'. Number of Resident/family members who voice dissatisfaction with IDTCs. Number of plans of care updated based on input following IDTC meetings.	IDTC times to be reviewed and revised and there will be an improved interdisciplinary care conference meeting process in the home by May 31, 2024	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am updated regularly about any changes in my home.	C	% / LTC home residents	In-house survey / 2023	52.40	85.00	Extendicare target	

Change Ideas

Change Idea #1 To improve the communication in the home between Residents and families within the home having more opportunities for meetings

Methods	Process measures	Target for process measure	Comments
1. Town halls will be held on a quarterly basis or more frequently if needed to provide regular updates about changes in the home. 2. Posters will be placed in the home with dates and times of the town hall meetings. 3. The home will initiate a communication board announce any upcoming events, happenings within the home etc. 4. Our program manager will develop a monthly newsletter and distribute to families via email and post on the communication board.	1. Number of town halls held. 2. Number of families attending the town hall meetings 3. Number of newsletters distributed.	Town hall meetings, Monthly Newsletter and communication board will begin in May 2024.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
If I have a concern my concerns are addressed in a timely manner	C	% / LTC home residents	In-house survey / 2023	61.90	85.00	Corporate target	

Change Ideas

Change Idea #1 to improve our complaints process in order to ensure that concerns/complaints are addressed in a timely manner.

Methods	Process measures	Target for process measure	Comments
1 Admin/DOC will designate 1-2 people to manage concerns/complaints brought forward by Residents and family. the home will review the complaints process with Resident and Family councils to ensure there is a clear understanding of how the process works. 2. all concerns/complaints will be tracked. tracking form to include (minimally) date and time complaint/concern received, nature of the complaint, what was done to resolve the concern/complaints, outcome, date (s) and time (s) of follow up for each concern/complaint	Number of concerns/complaints received. Average amount of time taken to address concerns/complaints Number of concerns/complaints resolved	Process review to be completed at next Resident and family council meetings in quarter 1, tracking will be maintained up to and including December 31st 2024.	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
There is a good choice of continence care products.	C	% / Family	In-house survey / 2023	44.40	60.00	Improving toward Extencicare target of 85%	Prevail, Medline

Change Ideas

Change Idea #1 Ensure that our home has sufficient products based on Resident's actual needs.

Methods	Process measures	Target for process measure	Comments
<p>1. To re-assess all residents who require an incontinence product to ensure appropriate product. 2. Complete 3 day bowel and bladder assessments for any resident's who's selected product requirements may not be suitable. 3. Update care plan and toileting plan based on outcome of the product and 3 day bowel and bladder assessments 4. Update Prevail Calculator spreadsheet to ensure appropriate products are ordered. Enlist Prevails assistance to complete in house education on the proper use of the products. 5. Attend quarterly meetings with Prevail and Medline Clinicians to discuss successes and challenges.</p>	<p>Number of Residents assessed for appropriate products. Number of 3 day bowel and bladder assessments completed. Number of care plans updated. Number of staff who attend the education.</p>	<p>Product assessments will completed for 100% of residents who require a product by April 31st 2024. 3 day bowel and bladder assessments will be completed for 100% of the residents who require the assessments by May 31st 2024. Care Plan will be updated based on assessment outcomes by May 31st 2024. Education will be completed by may 31t 2024.</p>	

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have an opportunity to provide input on food and beverage options.	C	% / Family	In-house survey / 2023	40.00	65.00	Continuing to improve toward 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.	

Measure - Dimension: Patient-centred

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have input into the recreation programs available.	C	% / Family	In-house survey / 2023	58.80	85.00	Extendicare target.	

Change Ideas

Change Idea #1 To increase circulation of recreation program schedule throughout the home so residents and families are aware of activities being provided.

Methods	Process measures	Target for process measure	Comments
Post recreation schedule on bulletin board Share upcoming activities at resident council meetings and staff meetings. Ask residents and families for input into recreation programs they would like to have added.	# of residents attending programs # of suggestions provided into types of activities they would like to participate in # of suggestions for new programs implemented		There will be an increase in awareness of activity programs and residents will have input into types of activities by July 2024.

Safety

Measure - Dimension: Safe

Indicator #9	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	16.27	15.00	Corporate target	Medline, Achieva

Change Ideas

Change Idea #1 Implement comfort rounds and provide education on process of 4P's to care staff.

Methods	Process measures	Target for process measure	Comments
Provide education on 4P's to staff. Review comfort round policy and process with care staff. Review monthly falls to see if process is preventing falls from occurring.	# of education sessions provided to staff on 4 P's process on a monthly basis. # of falls occurring per month	Education and implementation of comfort rounds process will be in place by August 2024	

Measure - Dimension: Safe

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with restraints	C	% / LTC home residents	POC/PCC Audits / Oct-Dec 2023 PCC data	0.00	0.00	Corporate target is 2 % will strive to maintain performance below target	Achieva

Change Ideas

Change Idea #1 Discuss restraints with new admissions at IDTC meetings and with staff at staff meetings to ensure they are aware of the risks of having a restraint.

Methods	Process measures	Target for process measure	Comments
Educate all staff on the importance and reason to be restraint free during staff meetings. Educate families on associated risks of restraints and why it is important to use alternatives during IDTC meetings and on admission.	# of discussions held with families of new admissions regarding our restraint free policy. # of staff educated on importance of being restraint free.	Enhanced awareness of risks of restraints by discussing at admissions as well as staff meetings will be implemented by August 2024.	

Measure - Dimension: Safe

Indicator #11	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	POC/PCC Audits / Oct-Dec 2023 PCC data	0.00	0.00	striving to maintain better than target performance of corporate target of 2.5% or below.	3M, Medline, Arjo

Change Ideas

Change Idea #1 To decrease the risk of LTC Home acquired pressure injuries

Methods	Process measures	Target for process measure	Comments
1. Review PURS for all Residents. 2. Initiate preventive measures for all Residents with a PURS of 3 or greater. WCC and NP to assist registered staff to identify causative factors in the event that a PI does occur and ensure that causative factor is eliminated 3. WCC will complete monthly audits to ensure that interventions are in place to decrease risk of acquired pressure injuries. 4. WCC will complete monthly audits to ensure that appropriate interventions are in place for any residents who have pressure injuries. Provide education for all disciplines regarding prevention of skin impairments	Number of Residents with PURS of 3 or greater. Number of Residents who develop an acquired pressure injury Number of worsened pressure injuries.# of education sessions held Number of staff who attend.	All outcomes will be reviewed by December 31th 2024.100 % of staff will have attended the education sessions by October 2024	

Measure - Dimension: Safe

Indicator #12	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents currently prescribed antipsychotic medications without a diagnosis.	C	% / LTC home residents	Other / October-December 2023	6.70	6.00	Continue to improve and remain better than 17.3% Corporate target	Medisystem

Change Ideas

Change Idea #1 A medication review will be completed for all residents currently prescribed antipsychotics.

Methods	Process measures	Target for process measure	Comments
Review all residents who are currently prescribed antipsychotics. Review plan of care supporting diagnosis. Team will review and implement reduction strategy.	# of residents reviewed quarterly on antipsychotics. # of care plans reviewed that have supporting diagnosis # of residents who have a reduction strategy in place.	All residents currently prescribed antipsychotics will have a medication review completed by July 2024	