

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Care Services: I feel my goals and wishes are heard and considered in my care.	C	% / LTC home residents	In-house survey / 2024	45.00	75.00	Continued improvement toward corporate target of 85%	

Change Ideas

Change Idea #1 Residents included in IDCC via invitation and verbal reminders

Methods	Process measures	Target for process measure	Comments
Provide residents an invite to their care conferences	1) # of residents given invitations to IDCC 2) # of residents who accept and/or decline the invitations. 3) # of resident's invites shared with interdisciplinary team through IDCC schedule.	1) To have implemented invitations by March 2025 2) To have analysis of invitations acceptance and refusal (monthly) by beginning of March 2025 3) To inform family and residents in townhall's by March 2025	

Change Idea #2 Continue dialogue with resident's during town hall's to see if care goals and wishes are are considered

Methods	Process measures	Target for process measure	Comments
1) Keep track of resident responses during townhall 2) Ask residents how they could be better supported and record responses to then present to the interdisciplinary team	1) # of residents who say "yes" 2) # of residents that respond "no" 3) # of solutions generated post-conversation	1) To have added request for feedback to townhall meeting template by March 2025 2) To have done root cause analysis on resident responses starting March 2025 3) DOC to have documented conversations with registered staff	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Dining Services: I am satisfied with the variety of food and beverage options.	C	% / LTC home residents	In-house survey / 2024	34.80	75.00	Continued improvement toward corporate target of 85%	

Change Ideas**Change Idea #1** Monthly review of desired options with residents during monthly town hall

Methods	Process measures	Target for process measure	Comments
Hold monthly town hall meetings for residents and keep minutes	1) Audit, discuss, review, address and implement if able to as per Extencicare guideline 2) # of residents who request new items 3) # of residents that provide overall feedback 4) # of satisfied requests	1) To have begun speaking with residents for desires by Mid-March 2025 2) To have sourced and implemented new items each month, starting April 2025	

Change Idea #2 Asking residents for satisfaction with variety of food and beverage during MBWA's

Methods	Process measures	Target for process measure	Comments
1) Managers will adjust MBWA template to include 1 spot for resident feedback 2) Managers will bring feedback to NM during morning meeting 3) NM will address resident's satisfaction directly 4) Managers will bring information to Q-day for analysis and tracking	1) Audit, discuss, review, address and implement if able to as per Extencicare guideline 2) # of residents who express satisfaction 3) # of resident's that express dissatisfaction 4) # of residents that provide overall feedback 5) # of satisfied requests	1) To have added section on MBWA's by mid-April 2025 2) To have asked 1 resident per week starting Mid-April 2025	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Laundry, Cleaning, and Maintenance Services: I am satisfied with the maintenance throughout the building and outdoor spaces	C	% / LTC home residents	In-house survey / 2024	60.90	75.00	Continue to improve as we strive for corporate benchmark of 85%	

Change Ideas

Change Idea #1 1) Implementing gardening committee 2) Painting committee with resident lead and co-chair Rec manager.

Methods	Process measures	Target for process measure	Comments
1) Notify residents and families via town halls of the creation of the committee's 2) Promotional resources will be sent to families through newsletter "the grapevine" 3) Poster's will be put up in elevator and around home to gather interest 4) Rec manager to ensure committees are well promoted and functioning 5) Rec manager to seek opportunities for donations	1) # of committee members 2) # of events/meetings held (with minutes) 3) # of promotional pieces placed throughout home and to families	1) Review daily of maintenance care to begin end of February 2025 2) Garden committee to be formed by June 2025 3) Advertising for gardening committee to begin February 2025 4) Painting committee to be implemented January 2025	

Change Idea #2 Mandatory "Maintenance Care" Education for all registered staff.

Methods	Process measures	Target for process measure	Comments
1) Communicate to registered staff requirements to complete education 2) DOC to monitor rates of completion for education	1) # of education sessions provided to Registered staff 2) # of staff educated 3) # of maintenance requests sent correctly each month	1) Communication of mandatory education requirement will be completed by April 2025 2) 100% of registered staff will have completed education by beginning of May 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	10.57	9.50	Continue to improve toward theoretical best	Achieva, Behavioural Supports

Change Ideas

Change Idea #1 Implement /Reassess Falling Star program and reeducate staff on program

Methods	Process measures	Target for process measure	Comments
1) ADOC will provide education sessions on Falling Star Program to all PSW and Registered Staff on all units on all shifts. 2) Managers will audit and monitor progress to ensure implementation.	1) ADOC will provide education sessions on Falling Star Program to all PSW and Registered Staff on all units on all shifts. 2) Managers will audit and monitor progress to ensure implementation.	1) Education sessions for PSW and Registered staff will be completed by April 2024 2) Audits on Falling star program will begin by May 2024	

Change Idea #2 Implement 4 P's rounding

Methods	Process measures	Target for process measure	Comments
1) educate staff on 4P's process 2) Provide 4P's cards to staff as reminder 3) Inform resident council and family council what 4P process is.	1) # of staff educated on the 4P's process 2) # 2) # of 4P cards provided 3) Resident council and family council informed of process	1) 100% of front-line staff will be educated on 4P process by April 2024 2) 4P cards will be distributed to staff by end of April 2024 3) Resident council and Family council will be informed of process by April 2024 after staff are educated.	

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	11.54	10.75	Continue to improve to theoretical best	

Change Ideas

Change Idea #1 DOC will collaborate with the physician to ensure all residents using anti-psychotic medications have a medical diagnosis and rationale identified.

Methods	Process measures	Target for process measure	Comments
1) Complete medication review for residents prescribed antipsychotic medications 2) Review diagnosis and rationale for antipsychotic medication. 3) Consider alternatives as appropriate.	1) # of medication reviews completed monthly 2) # of diagnosis that were appropriate for antipsychotic medication use 3) # of alternatives implemented	1) 75% of all residents will have medication and diagnosis review completed to validate usage by June 2024. 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by July 2024.	For 2025, we look to improve the current processes in the home for antipsychotic usage with a focus on interdisciplinary collaboration, education, and empowerment.

Change Idea #2 Education for Registered Staff on antipsychotics

Methods	Process measures	Target for process measure	Comments
1) Nurse Practitioner, NLOT Team or Pharmacy consultant to provide education session for registered staff on antipsychotic medications including usage, side effects, alternatives etc.	1) # of registered staff who attended training session on antipsychotic medications.	1) 75% of registered staff will have attended training on antipsychotic medications by end of April 2024.	For 2025, we look to improve the current processes in the home for antipsychotic usage with a focus on interdisciplinary collaboration, education, and empowerment.