

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
In my care conference we discuss what is going well, what could be better and how we can improve things.	C	% / LTC home residents	In-house survey / Year 2024	43.80	66.90	Continued improvement toward corporate target of 85%	

Change Ideas

Change Idea #1 Encourage resident/POA/Family to attend their annual care conference.

Methods	Process measures	Target for process measure	Comments
1) Communicate to residents/POA/family when their annual care conference is scheduled 2) provide pre care conference questionnaire to residents/POA to guide the care conference to support a meaningful discussion for the resident 3)Remind resident morning of meeting and assist as needed 4)provide copy of plan of care 5) Allow time for discussion and obtain feedback on what can be improved	1) # of residents/POA where residents attend 2) Number of residents/POA who complete the pre care conference survey 3) number of care conferences where plan of care was discussed with the resident/POA	1) Residents/POA will continue to be encouraged to attend their annual care conference effective immediately 2) Survey questions will be developed by March 01/2025 3) plan of care to be discussed at all care conferences effective March 01, 2025	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have input into the recreation programs available	C	% / LTC home residents	In-house survey / 2024	69.20	75.50	Continued improvement toward corporate target of 85%	

Change Ideas

Change Idea #1 1)Enhance monthly Program Planning meetings to engage residents in program decision making 2) use real time feedback tools such as evaluations of programs, seeking resident feedback on enjoyment satisfaction of programs in real time.

Methods	Process measures	Target for process measure	Comments
1)Add Program Planning Meetings on the calendar, 1xmonth for each home area) share and post minutes in resident home area/common space 2)Select up to 5 programs per month to audit 3)Use activity pro evaluations 4) review and action after each evaluation	1) # of meetings throughout the year 2) number of change ideas/programs provided in meeting that were implemented 3) #of residents participating in each home area 4)#of audits completed through the year 5) rate satisfaction of program 6) number of change ideas	1) Program will be introduced and implemented as of March 2025 2) Residents will meet on each home area providing feedback on programs and selecting upcoming events 3) #of audits will be completed monthly directly after programs to evaluate level of enjoyment/satisfaction 4) There will be aimprovement with satisfaction of program by May 2025.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication from home leadership is clear and timely	C	% / LTC home residents	In-house survey / 2024	67.30	72.00	Continued improvement towards corporate target 85%	

Change Ideas

Change Idea #1 Enhance "Stirling Echo" Newsletter to inform and engage residents and family members on a regular basis 2) Have social sit down with resident/families and leadership/interdisciplinary team members on a regular basis

Methods	Process measures	Target for process measure	Comments
1) Newsletters sent on monthly to inform residents and families about important information 2) ask resident and family council councils what information they would like to see included 3)post newsletters on home area/ communication bulletin boards 3) Member of leadership/interdisciplinary team(as per schedule, posted on bulletin boards and newsletter) attend monthly recreation planning meetings held in each home area to inform of important information and be available for questions.	1) number of times newsletter was sent to residents and families 2) number of resident and family councils meetings information discussed 3) number of meetings held monthly one resident home areas with delegated leadership/interdisciplinary team members	Newsletter will be sent out to all residents and families effective immediately. discussion with resident and family council about newsletter will occur by March 2025 3)Newsletter will be posted on bulletin board effective immediately 4)Develop schedule for resident/families and leadership/interdisciplinary team members by March 2025.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of cleaning in the residents room	C	% / Family	In-house survey / in 2024	65.60	73.30	Continued improvement towards corporate target 85%	

Change Ideas

Change Idea #1 1)Education provided to residents and family regarding the daily clean, high touch and deep clean of resident room and auditing process

Methods	Process measures	Target for process measure	Comments
1) Provide education to residents/POA/family regarding services provided by housekeeping department to residents room to occur. 2) Enviromental Service Manager to be invited to Resident as a guest speaker to provide education and address any questions and/concerns 3)Enviromental Service Manager to be invited to Family Council as a guest speaker to provide education and address any questions and/concerns 4)ESM submits newsletter submission highlighting the roles/duties of the housekeeper in the cleaning of resident rooms during a daily clean, high touch and heavy duty clean.	1) ESM attends Resident Council Annually 2) ESM attends Family Council annually 3) ESM attends Meet and Greet (as per schedule) during a RHA monthly recreation planning meeting to inform of important information and to ask question 4) ESM Newsletter submission.	1) ESM attends Resident Council biannually by Dec 2025 2) ESM attends Resident Council biannually attended by Dec 2025, 3) Newsletter submission submitted at a minimum biannually by Dec 2025.	

Change Idea #2 2) Review deep clean schedules for resident rooms

Methods	Process measures	Target for process measure	Comments
1) Enviornmental Service Manager to review deep clean schedules to ensure all resident rooms are included 2) Track resident rooms completed 3) Spot check audits of resident rooms to ensure deep cleaning completed.	1) # of times deep clean schedule reviewed 2) # of resident rooms who have had deep cleaning completed 3) # of audits completed of resident rooms to ensure deep cleaned. 4) # of deficiencies noted based on audit results.	1) Enviornmental Services Manager will review deep clean schedule by March 17, 2025 2) 100 % of resident rooms will be deep cleaned as per their deep clean schedule. 3) There will be 25 % completion of deep clean audits per RHA 4. 100% of noted deficiencies will be actioned planned with target completion date.	

Safety

Measure - Dimension: Safe

Indicator #5	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	16.09	15.00	Extendicare Target	Achieva, Behavioural Supports

Change Ideas

Change Idea #1 Implement new Fall Prediction and Prevention Report developed by Extendicare

Methods	Process measures	Target for process measure	Comments
1) attend education session by HO on use of FPPR report 2) Review residents on list and ensure that strategies are in place to prevent falls 3) monitor progress based on data from report	1) # of education sessions 2) # of residents at high risk 3) # of plans of care reviewed to ensure strategies in place 4) # of residents on list who did not experience a fall in the previous 30 days.	1) Training on Fall Predication and Prevention report will be completed by April 02, 2025 2) Residents listed on report as being at risk of fall will have strategies reviewed by April 16, 2025 3) Ongoing monitoring to ensure strategies are effective will be in place by April, 23, 2025	

Change Idea #2 Ensure each resident at risk for falls has a individualized plan of care for fall prevention

Methods	Process measures	Target for process measure	Comments
1) Determine residents at risk for falls 2) Review plan of care for each resident at risk and who recently fallen 3) Discuss strategies with fall team and staff 4) update plan of care 5) communicate changes in plan of care with care staff	1) # of residents at risk for falls 2) # of plans of care reviewed 3) # of new strategies determined 4) # of plans of care updated 5) # of sessions held to communicate changes with staff	1) Residents at risk for falls will be identified by April 02, 2025 2) Care plans for high risk residents will be reviewed and updated by April 16, 2025 3) Changes in plans of care will be communicated to staff by April 23, 2025	

Change Idea #3 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) # 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 18, 2025 2) 4P cards will be distributed to staff by April 23, 2025 3) Resident council and Family council will be informed of process by April 01, 2025, Family Council April 28, 2025.	

Measure - Dimension: Safe

Indicator #6	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	14.53	13.50	Continued improvement to theoretical best and to remain below Extendicare target of 17.3%	Medisystem , Behavioural Supports

Change Ideas

Change Idea #1 Family education resources provided for appropriate use of Antipsychotics

Methods	Process measures	Target for process measure	Comments
1. Provide 'Centre for Effective Practice (CEP)' resource for appropriate use of anti-psychotics when families have questions about appropriate antipsychotic prescribing 2) Stirling Talks, Medical Director education to Resident/Family on appropriate use of Antipsychotics	"1.) # of CEP resources provided to families monthly 2.) # of antipsychotics d/c as a result of increased family awareness.	1) CEP resources will be printed and available at nurses station by April 23, 2025 2) Stirling Annual Education to Resident/Family, Residents May 5, 2025/Families May 26, 2025.	

Change Idea #2 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 date 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by May 31, 2025.	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Restraints: Percentage of residents who were physically restrained (daily) -	C	% / LTC home residents	Other / Q2 FY 2025/26	0.98	0.00	Performing better than target, continued improvement to theoretical best.	

Change Ideas

Change Idea #1 Provide information to families and residents on Least Restraint.

Methods	Process measures	Target for process measure	Comments
"1.) Provide Restraint brochure in admission packages for new admissions. 2). Meet with Resident and family councils to provide education on Least Restraint and risks associated with restraint use. "	"1.) # of admission packages with Restraint brochure included. 2.) # of meetings with Resident and Family council to discuss Least Restraint and Risks.	1). 100% of admission packages will have Restraint brochure included for new admissions by Feb 28, 2025 2). Meetings with Resident and Family councils will be attended to discuss Restraints by March 31, 2025	

Change Idea #2 Trial alternatives to each restraint in use

Methods	Process measures	Target for process measure	Comments
1). Discuss alternatives and options with interdisciplinary team and frontline care staff. 2). Review alternatives trialed during each monthly restraint use review.	1.) # of Alternatives trialed per month 2.) # of reviews completed	1.) 100% of the restraints in the home have had alternatives trialed and documented March 31, 2025.	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Pressure ulcers: Percentage of residents who had a pressure ulcer that recently got worse -	C	% / LTC home residents	Other / Oct-Dec 2024	1.00	0.50	Performing better than target, continued improvement to theoretical best.	Solventum/3M, Wounds Canada

Change Ideas

Change Idea #1 1) Focus on continence to keep skin clean and dry- toileting, appropriate brief selection

Methods	Process measures	Target for process measure	Comments
1) The skin and wound lead and continence lead to look at the number of residents on a toileting routine and compare with wound list already generated from PCC. 2) Wound Care lead will work with the continence lead internally to ensure that the correct incontinence product is being used for each resident 3) Provide education sessions as required for brief selection. 4) Review restorative goals if on restorative toileting program 5) DOC to audit this process and part of the evaluation process of the program "	# of residents with skin issues # of residents with a toileting plan in place # of brief audit checks completed # of education sessions provided # of residents on restorative toileting program	1) The Skin/Wound Lead and Continence Lead will complete their resident review by May 14, 2025. 2) Review of correct sizing and type of incontinence products will be completed by April 02, 2025 3) Education sessions for product selection will be completed by June 02, 2025 4) Annual review of continence program through Program Evaluations and Preval by April 09, 2025.	

Change Idea #2 8) Focus on moisturizing skin, as prevention strategy to prevent skin breakdown

Methods	Process measures	Target for process measure	Comments
1) Review current products used in home for prevention to ensure compliance with established protocols 2) Education sessions for PSW's all shifts about skin health and importance of daily moisturizing and application of medicated	# of education sessions /shift # of audits completed monthly # of audits that identified areas for improvement monthly	1) Education sessions on products and selection of products will be completed for all Registered staff by May 01, 2025 2) Audits will show a 90% improvement in compliance by October 01, 2025	