

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the food and beverages served to me	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	69.00	73.00	To achieve an increase in the satisfaction numbers with residents being satisfied with the food and beverages served to them and continue to work toward corporate target of 85%	

### Change Ideas

Change Idea #1 1) Ensure dedicated time (standing agenda item) during Resident Council subcommittee meeting to discuss food complaints and recommendations

Methods	Process measures	Target for process measure	Comments
1) Set allotted time on the agenda and have separate sub-committee for Food Council / feedback on food. 2) Agreed upon actions that will be taken and specify timeline 3) Follow-up on improvement and reassess action if needed.	1) # of times Food Committee provided allotted specified time during every Resident's Council meeting. 2) # of Feedback, recommendations and corresponding actions documented and actioned	1) Food committee meetings will be held 12 times per year beginning April 2025. 2) Recommendations will be documented and actioned on within 10 days and feedback on those actions obtained within 30 days post implementation beginning April 30, 2025	

Change Idea #2 Home will hold food tastings prior to each Menu launch to obtain feedback on types of food to be incorporated into next menu cycle. Will be in collaboration with Recreation Department

Methods	Process measures	Target for process measure	Comments
1) Schedule food tastings and determine products to be tested. 2) Advertise food tasting event and have sign-up sheet for Residents 3) Plan for event, ensure that home adheres to Residents nutritional plan of care when providing samples to Residents. 4) Order food items required for the event in conjunction with the recreation department.	1) # food tasting sessions held annually 2) # items accepted by Residents (and included on the menu) and # items rejected by Residents 3) Improvement of overall Resident satisfaction score	1) 2 Food tasting sessions will occur each year. 2) 50% of new menu choices will be included as a result of tasting held by September 30, 2025 3) There will be an improvement to 73% by December 2025 in overall satisfaction for this question on the resident survey.	

### Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of food and beverage options	C	% / LTC home residents	In-house survey / 12 months	65.50	70.00	To strive for continued improvement towards Extencicare target 85%	

### Change Ideas

## Change Idea #1 1) Adjust menu to include seasonal availability.

Methods	Process measures	Target for process measure	Comments
1) Monitor seasonal availability of fruits and vegetables and incorporate where possible 2) Ensure Residents are aware of fresh fruits and vegetables being utilized. 3) Incorporate more hearty menu options during the winter months and lighter/cold meal items during the summer months	1) # items of Seasonal food to be incorporated in each menu cycle 2) Advertisement of seasonal fruits / vegetables and seasonally appropriate menu items incorporated	1)2 Seasonal food changes will be made to menu each cycle beginning April 30, 2025. 2) Advertisement of the 2 seasonal food changes will be completed 4 weeks in advance of each change.	

## Change Idea #2 Increase special food programs through Recreation Team

Methods	Process measures	Target for process measure	Comments
1. Review previous year calendar to determine # of events with food 2. Brainstorm change ideas including monthly breakfast clubs, friendship luncheons, food trucks, outings, BBQ's, around the world programs, etc. that can incorporate variety 3.Review in Program Planning Meetings, gathering feedback on resident interests 4. Host programs monthly	1. # of food related programming being offered 2. Attendance in said programs 3. Resident feedback in RC or Program Planning Meetings	1. Incorporate at least 1 of food related programs each month on programs calendar 2. Implement breakfast programs 1 per quarter for all units throughout 2025 3. Facilitate at least 1 friendship luncheon/snack event monthly for 2025	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of the laundry services for personal clothing and linens (family)	C	% / Family	In-house survey / Sept 2024- Oct 2024	54.50	75.00	Continued improvement towards Extencicare target of 85%	

## Change Ideas

### Change Idea #1 1) Review process for labelling clothing

Methods	Process measures	Target for process measure	Comments
1)Review process for labelling with staff 2) Attend Resident council and Family forum meeting to discuss labelling process 3) Put communication about labelling process in monthly newsletter to families	1) # of staff attending session about process for labelling 2) # of family forum and resident council meetings attended by the environmental services manager 3) # of newsletters where labelling process was communicated	1)Staff session about labelling process will be held by March 30, 2025, 2) ESM will attend resident council and family forum meeting by April 30, 2025, 3) Communication will be sent out about labelling process in newsletter by June 30, 2025	

### Change Idea #2 Communicate to families and residents about importance of having machine washable clothes and not delicate due to heat of commercial laundry systems.

Methods	Process measures	Target for process measure	Comments
1) Environmental service manager to attend Family forum to discuss the importance of having machine washable clothing due to heat of commercial laundry systems. 2)Send communication about types of clothing for commercial laundry systems in newsletter or town hall (not wool or cashmere etc.). 3)ESM to follow up with any concerns brought forth by families about laundry services.	1) # of family forum meetings attended where discussions held about laundry issues. 2) # of communications sent to families 3) # of townhalls held where laundry was discussed 4) # of complaints that were actioned by Environmental Manager	1) ESM will attend resident and family forum meetings to discuss laundry concerns by June 30, 2025 2) Communication about laundry services will be sent to families by June 30, 2025 3) Laundry services will be discussed at townhall meeting by March 30, 2025 4) Monthly complaints re: laundry services will improve by 20% by December 31 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	14.57	13.00	To continue to improve to theoretical best and maintain performance better than Extencicare target of 15%	Achieva, Behavioural Supports

### Change Ideas

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

Methods	Process measures	Target for process measure	Comments
1) ADOC/Nursing leadership 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) # of education sessions provided to PSW and Registered staff 2) # of audits completed on Falling star program monthly 3) # of audits on Falling star program with no deficiencies	1) Education sessions for PSW and Registered staff will be completed by December 31, 2025 2) Audits on Falling star program will begin by March 30, 2025	

## Change Idea #2 Enhance lighting at bedside and in bathrooms for residents who fall between 7 pm- 7 am

Methods	Process measures	Target for process measure	Comments
1) Fall team to review falls data for residents who would benefit from enhanced lighting at bedside /bathroom 2) Environmental assessment of room completed by falls team for placement of lights 3) Order lighting and install 4) monitor pre and post data for improvement	1) # of residents identified as benefiting from enhanced lighting 2) # of environmental assessments completed 3) # of lights installed at bedside, and in bathroom	1) Residents will be reviewed for enhanced lighting by June 30 2025 2) Environmental assessments of each of the identified resident rooms will be completed by June 30, 2025 3) Lights will be ordered by July 15, 2025, and installed by August 15, 2025 4) Review baseline vs post installation data for falls for residents with enhanced lighting by September 30 2025	

**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	14.79	7.00	Continued improvement to theoretical best and maintain performance better than Extencicare target of 17.3%	Medisystem, Behavioural Supports

**Change Ideas****Change Idea #1 Education for Registered Staff on antipsychotics**

Methods	Process measures	Target for process measure	Comments
Nurse Practitioner or Pharmacy consultant to provide education session for registered staff on antipsychotic medications including usage, side effects, alternatives etc.	# of registered staff who attended training session on antipsychotic medications.	75% of registered staff will have attended training on antipsychotic medications by December 31 2025	

**Change Idea #2 Enhance collaboration with Behavioral Supports Ontario (BSO) Lead and interdisciplinary team.**

Methods	Process measures	Target for process measure	Comments
1. Invite BSO lead to PAC meeting and other interdisciplinary meetings for increased visibility 2. Remind staff to refer to BSO for supports	1). # of interdisciplinary meetings BSO invited to attend. 2.) # of monthly referrals to BSO	BSO will have increased collaboration and visibility in home by July 15, 2025	

**Measure - Dimension: Safe**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents-worsening pressure ulcers 2-4 (PUR-06)	C	% / LTC home residents	In house data collection / Oct- Dec 2024	2.09	2.00	To have the percentage of residents-worsening pressure ulcers 2-4 to be at or below target of 2.0	Solventum/3M, Wounds Canada

**Change Ideas**

Change Idea #1 Mandatory education for all Registered staff on correct staging of Pressure ulcers

Methods	Process measures	Target for process measure	Comments
1) Communicate to Registered staff requirement to complete education. 2) Registered staff to complete online modules or in class education on wound staging by end of third quarter of year. 3) DOC/designate to monitor completion rates	1) # of communications to Registered staff mandatory requirement to complete education. 2) # of Registered staff who have completed online modules or classroom sessions on wound staging on a monthly basis. 3) # of audits of completion rates completed by DOC/designate and follow up as required.	1) Communication on mandatory requirement will be completed by September 30, 2025 2) 100% of Registered staff will have completed education on correct wound staging by September 30, 2025 3) Audits of completion rates will be completed monthly with required follow up will occur by 1st week of each month and process is to be in place by August 15 2025	

## Change Idea #2 Turning and repositioning re-education

Methods	Process measures	Target for process measure	Comments
1) Educate staff on the importance of turning and repositioning to off load pressure 2) Night staff to audit those resident that require turning and repositioning 3)Review this during the Skin and Wound committee meetings for trends "	1)# of staff that have been educated 2)# of audits completed 3)# of reviews completed by Skin and Wound committee	1) 100% of PSW will have attended education sessions on turning and repositioning by September 30, 2025. 2) Check in with staff and will be correctly completed on a monthly basis by April 30, 2025, 3) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by April 30, 2025	