

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	% / LTC home residents	In-house survey / 2023	70.80	85.00	Corporate target	

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	Number 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	100.00	Continue to maintain excellent results and perform better than Corporate target of 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	% / Residents	In-house survey / 2023	41.00	65.00	Continue to improve results toward Corporate target of 85%	

Change Ideas

Change Idea #1 To improve Interdisciplinary Care Conference Meetings and ensure that they are meaningful, focused and resident centered.

Methods	Process measures	Target for process measure	Comments
1. The home will begin holding the IDTC meetings in the LTC home. 2. Invite Residents and family to attend the meetings in person. 3. Schedule meetings to allow for sufficient time for meaning full discussions and to provide opportunities for resident and family to ask questions.	1. The number of in house meetings held. The number of family and residents in attendance.	Invitation to the May in house meetings will be sent to Residents and families in April 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	68.80	85.00	Corporate 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
I am satisfied with the quality of care from doctors.	C	% / LTC home residents	In-house survey / 2023	40.90	65.00	Continue to improve toward Extencicare target of 85%	

Change Ideas

Change Idea #1 To improve the working relationship between with families and physicians by offering more opportunities to connect with physician.

Methods	Process measures	Target for process measure	Comments
1. Physician will take time to acknowledge all residents during physician rounds and ensure completion of documentation. 2. The home will develop a physician's referral form for family members request to speak with physician and place on chart for MD to follow up.	1. Number of Residents seen by MD monthly 2. number of family requests to speak with the MD.	Plan to be reviewed at the next PAC meeting in April 2024. Referral form will be developed and implemented by May 31st 2024	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication from home leadership is clear and in timely manner	C	% / Family	In-house survey / 2023	62.50	85.00	Corporate target	

Change Ideas

Change Idea #1 To improve the communication in the home between Residents and home leaders by 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 residents 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 #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	85.00	Corporate target	

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
1. Dietary manager will post meeting dates and times in the home to notify Residents and family members of the quarterly food committee meetings. 2. Discuss food and beverage options at meeting and allow time for input and suggestions.	1. Number of family members who attend the food committee meetings 2. Number of suggestions provided by family for food and beverage options 3. 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
The resident has input into the recreation programs available.	C	% / Family	In-house survey / 2023	0.00	50.00	Improve toward Corporate target of 85%	

Change Ideas

Change Idea #1 The home will initiate a monthly program calendar club

Methods	Process measures	Target for process measure	Comments
Resident program manager will post dates and times for the monthly program calendar club and invite residents and families to attend.	1. Number of Residents who attend the meetings 2. Number of suggestions received for activity calendar 3. Number of suggestions implemented as a result of the feedback received.	Monthly program calendar club to begin meeting in April 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	22.50	15.00	Extencicare Target	Achieva

Change Ideas

Change Idea #1 Conduct Environmental Risk Assessments of resident spaces to identify potential fall risk areas and address areas for improvement

Methods	Process measures	Target for process measure	Comments
1. Designated Team member to complete Enviromental Risk Assessment at the time of the fall to identify potential causative factors in a timely manner. 2. Environmental Risk Assessment outcomes to be reviewed during the post fall huddles and incorporated into the areas for improvement.3. Education for all Nursing Team members.	Number of completed Environmental Risk Assessments. Number of identified deficiencies corrected. Number of Nursing Team members who receive the education	Education for all Nursing Team members to be completed by May 31st 2024.Enviromental Risk Assessments to be completed following every fall.	

Measure - Dimension: Safe

Indicator #10	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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	20.26	17.30	Extencicare target	Medisystem Pharmacy, Behavioral Supports Ontario

Change Ideas

Change Idea #1 Medication reviews completed for all residents currently prescribed antipsychotics

Methods	Process measures	Target for process measure	Comments
review residents who are currently prescribed antipsychotics, review plan of care for supporting diagnosis. if no diagnosis team will review and implement reduction strategy process	# of resident reviewed monthly # of plans of care reviewed that have supporting diagnosis # of reduction strategies implemented monthly	All residents currently prescribed antipsychotics will have a medication review completed by July 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 in daily physical restraints over the last 7 days	C	% / LTC home residents	POC/PCC Audits / October-December 2023	0.00	0.00	Continue to maintain results and perform better than 2.5% Corporate benchmark.	Achieva, Behavioural Supports Ontario

Change Ideas

Change Idea #1 Review restraint use with all applications received through the NELHIN. If a restraint is in use, begin communication through the NELHIN before admission to inform the potential resident and family on our least restraint policy and the home's use of alternatives to restraints.

Methods	Process measures	Target for process measure	Comments
Admission Coordinator to review each application received. To flag Restraint lead when restraint is identified and send information to indicate that our home is a least restraint home and will trial alternatives upon admission.	# of applications monthly where a restraint is in use # of communications sent back to applicant and family through LHIN to explain our least restraint policy.	Process for review of LHIN applications for restraint use and communication followed to inform/educate on our policy will be in place by July 2024.	strive to always maintain 0% restraints in the home or below corporate target

Measure - Dimension: Safe

Indicator #12	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 / October-December 2023	0.00	0.00	Continue to maintain results and perform better than Corporate target of 2.0%	3M/Solventum, NSWOC

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 innjuries	Number of Residents with PURS of 3 or greater. Number of Residents who develop an acquired pressure injury Number of worsened pressure injuries.	All residents will be reviewed with preventative measures in place by December 31th 2024.	