

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
My care conference is meaningful discussion that focuses on what's working well and what can be improved, and potential solutions. Resident	C	% / LTC home residents	In house data collection / 2023	33.00	65.00	To continue to move toward Coporate target of 85%	

Change Ideas

Change Idea #1 Ask Resident and Family council for input on how to improve care conference process.

Methods	Process measures	Target for process measure	Comments
1)Add as an agenda item to encourage open discussions on care conference process and recommendations for improvement 2) Based on recommendations for improvement do a trial of new process and evaluate 3) share progress with Resident and Family council .	increased input from Residents and Families, # of meetings held and # of resident involvement	Care conference process will be added to the next Council meeting which is held in April of 2024. Recommendations will be implemented by July 2024.	

Change Idea #2 Have all departments attend and participate in care conference so there is a holistic approach for discussions.

Methods	Process measures	Target for process measure	Comments
1. Provide education to staff at monthly staff meetings regarding the importance of the care conference for the resident and family 2. Administrator to have all departments ensure there is representation at care conferences. 3. Ensure each department completes required documentation prior to meeting.	# of staff educated on importance of care conference. # of departments attending care conference % of documentation completed prior to care conference	Education for staff and attendance by all departments at care conference will be 100% by September 2024.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Overall, i am satisfied with the recreation and spiritual care services. Family	C	% / Family	In house data collection / 2023	35.70	85.00	Extencicare Target	Bible Study groups, Our Lady of Good Council Catholic Church, Reverend Earl Burke

Change Ideas

Change Idea #1 Purchase and install Communication Boards for Residents and Families so there is a more visual means of communication.

Methods	Process measures	Target for process measure	Comments
Purchase and install Council boards to post information for residents and families. Post relevant information monthly about recreational and spiritual activities occurring in the home. Provide opportunities for suggestions for activities from residents and families.	# of communication boards purchased and installed # of activity calendars that have been updated and posted monthly # of suggestions for activities from residents and families # of suggestions implemented for activities.	Communication boards for residents and families to increase means of communication for recreational and spiritual activities will be installed by August 2024.	

Change Idea #2 Communication Boards/Magnetic Boards to be purchased for all resident rooms so they have easy access to recreational and spiritual activities occurring in the home.

Methods	Process measures	Target for process measure	Comments
Purchase magnetic boards and have them installed in each resident room Activity staff will post activity calendar and communication for each resident room and change on a monthly basis. Track participation at activities to see if improvement.	# of communication boards/magnetic boards purchased and installed # of activity calendars updated and posted monthly % of residents attending activities monthly	Communication boards/Magnetic boards will be purchased and installed in all resident rooms by August 2024. There will be increased awareness and attendance at recreational and spiritual activities by December 2024.	

Change Idea #3 Increase the choices of spiritual services available to residents based on their individual needs and preferences.

Methods	Process measures	Target for process measure	Comments
1. Review demographics to determine gaps in service based on resident needs and preferences. 2. Contact community partners to arrange services based on gaps identified. 3. Track attendance to see if increased participation at services.	# of new spiritual services identified. Number of new services offered. Number of residents attending services	There will be increased spiritual services organized and available by July 1, 2024. There will be increased participation at spiritual services by Dec 2024.	

Change Idea #4 Develop and introduce new Activities/Programs based on resident needs and preferences.

Methods	Process measures	Target for process measure	Comments
1. Program manager will survey Resident council for ideas, activities they would like, and outings they would like to be offered. 2. Organize and introduce a new activity at minimum quarterly based on current census.	# of suggestions for activities from resident council # of suggestions implemented # of new activities offered quarterly.	New Activities/Programs based on resident needs and preferences will be organized starting June 2024.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Would you recommend this home? Family	C	% / Family	In-house survey / 2023	62.50	85.00	Strive to achieve Corporate Target of 85%	

Change Ideas

Change Idea #1 To improve Would you recommend this home by addressing the top areas for improvement from the Family survey.

Methods	Process measures	Target for process measure	Comments
Implement action plan items pertaining to each of the 3 lowest quality question resident satisfaction results. Monitor and track implementation. Evaluate success of strategies.	# of actions from workplan pertaining to resident survey implemented # of strategies that were successful	We will achieve target of 85% for Would you Recommend this home from Family survey by next Family Satisfaction Survey Result in October 2024	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Would you recommend this Home - Resident	C	% / LTC home residents	In-house survey / 2023	80.00	85.00	To achieve Corporate Target	

Change Ideas

Change Idea #1 Improve the overall resident experience in the home by addressing the 3 survey questions that require the most improvement.

Methods	Process measures	Target for process measure	Comments
Implement action plan items pertaining to each of the 3 lowest quality question resident satisfaction results. Monitor and track implementation. Evaluate success of strategies.	# of actions from workplan pertaining to resident survey implemented # of strategies that were successful	% of residents who would recommend our Home to others will improve to target by next survey October 2024.	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am updated regularly about changes in the Home Resident	C	% / LTC home residents	In house data collection / 2023	50.00	85.00	Corporate Target	

Change Ideas

Change Idea #1 to improve communication in the Home between Residents, Families, and the Home having more opportunities for meetings

Methods	Process measures	Target for process measure	Comments
1) Communication board for Residents and Families to be placed in the Home 2) Newsletter to be developed for residents and families and distributed by email from Resident Programs 4) town hall meetings to be scheduled to provide updates about changes in the Home 5) increase social media presence to provide families and residents with regular updates	Number of town halls scheduled, number of families attending events, number of followers on social media	Communication boards, newsletters and town halls to be started by September of 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 - Family	C	% / Family	In house data collection / 2023	23.10	65.00	Continue to improve to reach Extendicare Target of 85%	

Change Ideas

Change Idea #1 invite families to the food committee meetings to provide input in to the food and beverage options

Methods	Process measures	Target for process measure	Comments
Dietary Manager to include resident and families in quarterly food committee meetings. Discuss food and beverage options at meetings and allow time for input and suggestions.	# of family members that attend food committee meetings, number of suggestions provided by family for food and beverage options and # of suggestions implemented	Process for inviting families to attend food committee meetings will be fully implemented by September 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 - FAMILY	C	% / Family	In house data collection / 2023	18.20	50.00	Continue to strive to reach Extendicare Target of 85%	

Change Ideas

Change Idea #1 The home will initiate a Calendar club so that times and dates of recreation and spiritual activities are more readily shared.

Methods	Process measures	Target for process measure	Comments
Resident program manager will post dates and times for program calendar club and invite residents and families 2) magnetic calendar holders will be purchased for each room to ensure each resident has a calendar posted in their rooms 3) activity boards will be posted on all units to ensure families are aware of activities	Number of suggestions provided for activities, Number of family members that attend, Number of suggestions that are implemented monthly.	Calendar club will be 100% in place by June of 2024.	

Measure - Dimension: Patient-centred

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident survey: I have good choice of continence products in the home.	C	% / LTC home residents	In-house survey / 2023	43.30	85.00	Extendicare Target	Prevail

Change Ideas

Change Idea #1 Have Vendor attend Resident council and townhall meeting to discuss products available.

Methods	Process measures	Target for process measure	Comments
1. Schedule time for vendor to attend Resident council meeting 2. Schedule townhall for residents and families and add Prevail to the agenda 3. Prevail representative will discuss different products available and usage 4. Include information about prevail in the monthly newsletter and communication board.	# of meetings held where Prevail discussed continence products # newsletters that were sent with information about available continence products. # of times information about continence products were posted on communication board	Vendor will attend Resident council and townhall meeting to discuss continence products that are available by fall of 2024	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with Restraints	C	% / LTC home residents	Other / October to December of 2023	0.00	0.00	Continue to maintain better than Corporate target of 2.5%	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
Admissions to review each application received. To flag restraint lead when a 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 Home and Community Care to explain our policy	Process and review of HCC applications for restraint use and communication followed to inform/educate our Policy will be in place by fall of 2024	

Measure - Dimension: Safe

Indicator #10	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	13.96	13.00	To achieve target of 13% and to remain below Corporate Targets	Achieva

Change Ideas

Change Idea #1 Continue with comfort rounds and education to meet corporate target.

Methods	Process measures	Target for process measure	Comments
Provide education on 4 Ps, review policies and process with care staff. Review monthly falls to determine if process is preventing falls.	number of education sessions provided to staff on 4 Ps. Number of falls occurring monthly. run PCC insight data	Education sessions and comfort rounds implemented by August of 2024.	

Measure - Dimension: Safe

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The percentage of Residents with new or worsening Stage 2 to 4 Pressure injuries during the 7 days preceding the assessment	C	% / LTC home residents	Other / October to December of 2023	0.00	0.00	Continue to maintain better than Corporate Target of 2.5%	3M, SWAN, NSWOC

Change Ideas

Change Idea #1 Consistent approach to wound round days and completion of weekly assessments

Methods	Process measures	Target for process measure	Comments
1) Review PURS scores for all residents 2) initiate preventative measures for all residents with PURS scores of 3 or higher. Providers to assist registered staff to identify factors in the event that the PI does occur and ensure the factor is eliminated 3) WCC to complete montly audits to ensure that interventions in place to decrease the risk of acquired pressure injuries 4) WCC to complete audits to ensure appropriate interventions are in place for those with PI. Provide education to all disciplines regarding prevention of skin impairments 5) Review each floor scheduled IDTCc and Physician rounds, have a specific day assigned for their weekly wound round assessment day	Number of residents with PURS of 3 or greater, # of residents who develop an acquired pressure injury, # of worsened PU, # of worsened pressure injuries of education sessions held. # of staff who attend	Consistent approach to wound round days will be in place by June 2024. 100% of residents with PURs of 3 or higher will have preventative measures in place and there will be a decrease in acquired pressure injury by December 31 2024.	

Measure - Dimension: Safe

Indicator #12	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents without psychosis on antipsychotics in the last 7 days	C	% / LTC home residents	POC/PCC Audits / October-December 2023	13.73	13.00	Continue to improve and perform better than Extendicare target of 17.3%	Medisystem Pharmacy, Behavioural Supports Ontario

Change Ideas

Change Idea #1 Improve the Antipsychotic Reduction Meetings by ensuring BSO RPN and other Registered staff are present and included in the meetings

Methods	Process measures	Target for process measure	Comments
1) Review current schedule to identify suitable days and times for all 2) Schedule dates for meetings for 2024. 3) Track attendance to ensure BSO RPN and Registered staff are in attendance.	Number of meetings scheduled/attended % of meetings where BSO RPN and Registered staff were in attendance.	New meeting dates to be scheduled by April 30, 2024 with meetings to be begin with 100% required participants in attendance by June 2024.	

Change Idea #2 Medication reviews completed for all residents currently prescribed anti-psychotic medication

Methods	Process measures	Target for process measure	Comments
Review all residents who are currently prescribed antipsychotics 2) review plan of care for diagnosis 3) if no diagnosis, team with review and implement reduction strategy	# of residents reviewed monthly, # of plans of care that have supporting diagnosis, # of reduction strategies implemented monthly	All residents currently prescribed antipsychotics will have medication review completed by July 2024	