

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from the doctors.	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	65.00	70.00	Improvement to quality resident care and to continue to strive to reach corporate target of 85%	

### Change Ideas

#### Change Idea #1 Communicate role of Medical Director and Physicians and give opportunity for feedback

Methods	Process measures	Target for process measure	Comments
Feedback on services and areas for improvement will be discussed at PAC, and update at CQI meeting on action plan in Quarter 2. Follow up on action plan will be reviewed at PAC and CQI in following Quarter 3 for further feedback and update on plan.	number of CQI meetings where action items were discussed with Medical Director and provider number of action items implemented	Action items and plan will be discussed at CQI committee with Medical Director by April 30, 2025 and then again by September 30, 2025. At least 2-3 action items will have been implemented by September 30, 2025	

#### Change Idea #2 Improve visibility of physicians in home with residents and families

Methods	Process measures	Target for process measure	Comments
Order Extendicare name tags for physicians, Utilize a communication board for families /residents so they are aware of when physician is going to be onsite	# of name tags ordered, % of communication boards with physician visits included	Name tags will be ordered for all physicians in home by April 30, 2025 Process for utilizing communication board for posting of visit schedules will be 100% implemented by June 30, 2025	

**Measure - Dimension: Patient-centred**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from the Dietitian	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	69.60	75.00	to improve care to our residents and continue to strive to improve to corporate benchmark of 85%	

**Change Ideas****Change Idea #1 Higher visibility of Dietitian in the Home**

Methods	Process measures	Target for process measure	Comments
1) invite Dietitian to Resident council and Food Service committee meetings to introduce her to residents. 2) Remind Dietitian to introduce herself and her role to residents when meeting with them	# of meetings with residents and # of food service committee meetings attended.	The Dietitian will attend 2 Food Service committee meetings/council meetings by September 30, 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 Care of the Social Worker	C	% / LTC home residents	In house data collection / Sept 2024-Oct 2025	50.00	70.00	Continue to improve and strive to reach corporate target of 85%	

**Change Ideas****Change Idea #1** Recruit and onboard a Social Worker

Methods	Process measures	Target for process measure	Comments
Recruitment and Talent Aquisition to assist with hiring and onboarding of a Social Worker. Meet with Resident council and CQI committee and provide updates re: new Social Worker position.	# of FTE for Social Worker # of meetings held with Resident council and CQI committee # of updates given re: Social Worker	1 Social Worker to be successfully recruited and fully onboarded by September of 2025. ED will attend Resident council and CQI committee to give update re: Social Worker position by June 2025	

**Change Idea #2** Social worker will assist with Resident transition to the home on admission.

Methods	Process measures	Target for process measure	Comments
Social worker will review process for resident admissions/transition to home and role in process with CQI committee. Social worker will receive notice of new admission so they can implement transition plan. Meet with new resident upon admission within first 24 hours.	# of resident admissions, # of CQI meetings where admission process was discussed with Social Worker # of times Social worker met with new resident upon admission	Action items and admission process will be discussed at CQI committee with Social Worker by October 30, 2025 100% of new admissions will have assistance by social worker with transition within first 24 hours of admission. Transition plan process will be fully implemented by Social Worker by October 30, 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	14.10	13.50	to continue to improve and remain better than corporate target of 15%	

### Change Ideas

#### Change Idea #1 Education for PSW and Registered staff on post Fall huddles

Methods	Process measures	Target for process measure	Comments
Schedule education sessions with PSW's and Registered staff to review post fall huddle process. Track attendance. Audit post education to ensure huddles are occurring as per training.	Number of education sessions provided to PSWs and Registered staff Number of PSW's and Registered staff who completed education on Post fall huddles. Number of audits completed to ensure post fall huddles are occurring.	Education sessions for 100% PSW and Registered staff will be completed by December 31, 2025 Audits of documentation will show a 75% improvement in completion of post fall huddles by December 31, 2025.	

## Change Idea #2 Complete environmental risk assessments of resident spaces to identify potential harms and correct before falls occur

Methods	Process measures	Target for process measure	Comments
Provide education to registered staff on how to complete environmental assessment for falls. Track completion rates. Post education have staff complete environmental assessment monthly in each resident room that is deemed a high risk for falls. Any gaps will be corrected during assessment.	Number of education sessions completed monthly with registered staff for environmental risk assessments Number of environmental risk assessments completed post education Number of gaps that were identified and corrected.	100% of registered staff will have completed education on environmental risk assessments by September 2025. By September 2025 registered staff will complete environmental risk assessments every month for 100% of residents deemed high risk. By December 30, 2025 there will be 0 gaps identified during environmental risk assessments .	

**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	11.35	11.00	Continued improvement and maintain performance better than corporate target of 17.3%	Medisystem, GPA

**Change Ideas****Change Idea #1** GPA education for training for responsive behaviours related to dementia

Methods	Process measures	Target for process measure	Comments
Train Staff to become Certified GPA Coaches to roll-out home-level education. Develop training schedule and arrange GPA sessions	Total # of GPA Sessions provided, and # number of staff that complete the education	GPA sessions will be provided for 60% of staff by end of third quarter. There will be at least 1 certified GPA coach within the home by September 2025.	