

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction - Would I Recommend the Home	C	% / LTC home residents	In-house survey / Most Recent 12-month period	88.40	100.00	Corporate Target	

Change Ideas

Change Idea #1 Celebrate this indicator result by creating a program to elaborate on examples of why they would recommend our home and create a quality board with all the reasons.

Methods	Process measures	Target for process measure	Comments
1)Program Manager to prepare an activity to celebrate this indicator. 2) create a quality board with all of the reasons to celebrate to communicate this across the home.	# program sessions held # residents participated # of positive examples posted on board.	85% of our residents will participate in this celebration and creation of our board by May 30, 2024.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Overall, I am satisfied with communication from home leadership.	C	% / LTC home residents	In-house survey / Most recent 12-month period	75.40	85.00	Extencicare target	

Change Ideas

Change Idea #1 Discuss this indicator at Resident Council meeting and at townhall meetings to gain better insight on how the Home can improve communication within the home.

Methods	Process measures	Target for process measure	Comments
Add topic of Leadership communication to the agenda for resident council meeting Ask residents how they would like Leadership to improve communication. Track and implement suggestions provided by residents.	# meetings held # residents involved in discussion. # of suggestions provided by residents on improving communication # of suggestions implemented	The discussion of this indicator at Resident Council will occur by April 30, 2024. Overall improvement by next satisfaction survey Oct 2024.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction: I am updated regularly about any changes in my home.	C	% / LTC home residents	In-house survey / Most recent 12-month period	72.40	85.00	Extencicare target	

Change Ideas

Change Idea #1 Plan Town Hall meetings where all residents and families can attend.

Methods	Process measures	Target for process measure	Comments
Place communication signs in the elevator's and home care areas to let residents and visitors know the date and time of the Town Hall meeting Have opportunity for feedback and discussion at meetings Implement suggestions as able.	# of residents attending Town Hall meetings will increase each month # of town hall meetings held # of suggestions/feedback received # of suggestions implemented	Process of inviting residents and families to Town Hall meetings to be in place by September 2024	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
There is a good choice of continence care products.	C	% / Family	In-house survey / Most recent 12-month period	56.00	80.00	Corporate Target	Prevail

Change Ideas

Change Idea #1 Have Prevail visit the home to provide information for residents about available continence products and allow opportunity for questions.

Methods	Process measures	Target for process measure	Comments
1) Arrange for Prevail to attend Resident meeting either virtual or on site. 2) Circulate their product information prior to their visit 3) Residents given opportunity to ask questions at meeting	Number of residents happier by next survey # audits conducted by prevail and internal staff. # of residents attending sessions with Prevail # of questions asked about continence products	Information session for residents will be arranged and completed by June 2024	all 3 family survey indicators regarding continence products will be addressed by this indicator.

Change Idea #2 Create one or two lead positions for measuring and assessment for right product fit and comfort.

Methods	Process measures	Target for process measure	Comments
1)Post for the lead position role for product assessment and fit. 2) Have Prevail provide train the trainer approach for new lead(s) 3) Lead(s) to measure and reassess residents for right product fit 4) Audit monthly for compliance	# of resident in the proper product # of residents measured and reassessed # of train the trainer sessions provided by Prevail # of follow up audits completed monthly	100% of Residents will be measured and reassessed by July 2024 New position(s) will be hired by ? and training provided by Prevail by ?	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of resident's unhappy with the number of friends they have within the home	C	% / LTC home residents	In-house survey / Most recent 12-month period	71.30	75.00	Corporate Target	

Change Ideas

Change Idea #1 Development of a resident "Welcoming Committee" from resident council

Methods	Process measures	Target for process measure	Comments
1) Approach Resident council and ask if any would like to participate in a welcoming committee. 2) Create welcoming package which includes toiletries, recreational activities calendar etc. 3) Distribute to residents upon admission.	# residents wishing to participate in this program # of packages distributed monthly	100% of new admissions will have a Welcome package given to them starting July 2024.	

Change Idea #2 Place new admissions at the dining table with resident of same age, likes and abilities

Methods	Process measures	Target for process measure	Comments
1) BSO and Program staff to review Resident personhood information on Admission. 2) New admissions to be seated at table in dining room with like-minded individuals and similar interests.	# of residents placed at table with like-minded individuals thus changing our focus away for placing residents based on assistance needed # of new admissions reviewed monthly by BSO and Program staff	Process for placing new admissions at table with resident of similar interests will be in 100% in place by August 2024	

Safety

Measure - Dimension: Safe

Indicator #6	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	21.07	15.00	Corporate target	Achieva

Change Ideas

Change Idea #1 Conduct environmental assessments of resident spaces to identify potential fall risk areas and address areas for improvement.

Methods	Process measures	Target for process measure	Comments
1. Staff to do environmental assessments for all residents at high risk for falls at minimum monthly 2. Address any identified deficiencies from completed assessment.	# of environmental assessments completed monthly # of identified deficiencies from assessments that were corrected monthly.	Environmental risk assessments of resident spaces to identify fall risk will be completed by June 2024.	

Change Idea #2 Improve our Fall Prevention Committee membership by including staff from all 3 shifts and all departments to assist in managing falls occurring in late evening and nights.

Methods	Process measures	Target for process measure	Comments
Fall committee to host a staff information session to learn more about the committee and have interested staff attend the following committee meeting.	# staff attended information sessions # new staff interested in becoming a member of the Falls Reduction committee.	Information session for staff will be held by May 1, 2024.	

Change Idea #3 Re-establish our monthly Nursing Restorative/PT meetings to ensure we are focusing on our residents who are at high risk for falls.

Methods	Process measures	Target for process measure	Comments
Schedule monthly meetings with our Restorative Care staff and Physiotherapy staff and review the Restorative Care/Nursing Rehab/PT policies and procedures.	# meetings held monthly.	Our team will have first meeting by Feb 30, 2024 and monthly thereafter.	

Measure - Dimension: Safe

Indicator #7	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	15.00	14.50	Continue to maintain results and remain better than Corporate target 17.3%	Medisystem Pharmacy, Behavioural Supports Ontario

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
1) Review all residents who are currently prescribed antipsychotics 2) Review plan of care for supporting diagnosis 3) If no diagnosis, team will review and implement reduction strategy process.	# of residents 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 #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC resident with restraints.	C	% / LTC home residents	CIHI CCRS / Most recent 12-month period	0.00	0.00	Corporate target	Achieva

Change Ideas

Change Idea #1 Review current restraints and determine plan for trialing alternatives to using a physical restraints..

Methods	Process measures	Target for process measure	Comments
Review all residents currently utilizing restraints 2) Meet with families/residents to discuss alternatives that could be trialed and determine action plan in collaboration with family/resident.	# residents reviewed monthly # of meetings held with families/residents to discuss alternatives monthly # of action plans in place for reduction of restraints in collaboration with family/resident. monthl	100% of restraints will be reviewed and plans implemented for trialing alternatives by May 2024	

Change Idea #2 Review restraint use with all applications received through the LHIN. 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 restraint.

Methods	Process measures	Target for process measure	Comments
DOC/Admissions coordinator to review each application received focusing on the restraint section of the assessment; if a restraint is in use, 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.	100% LHIN applications will be reviewed for restraint use and communication followed to inform/educate on our policy.	

Measure - Dimension: Safe

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with worsened ulcers stages 2-4	C	% / LTC home residents	CIHI CCRS / Most recent 12-month period	2.50	2.00	Corporate target	

Change Ideas

Change Idea #1 Re-educate Registered and PSW staff on basic skin care and wound care.

Methods	Process measures	Target for process measure	Comments
Organize education sessions with staff on our skin/wound policies.	# education sessions held.	100% of staff will be re-educated on skin/wound policy by Sept 2024.	

Change Idea #2 Review current bed systems/surfaces for residents with PURS score 3 or greater.

Methods	Process measures	Target for process measure	Comments
1) Develop list of residents with PURS score 3 or greater 2) Skin/wound team to review residents list to determine if surface meets their needs 3) Replace mattress/surface if required.	# of residents with PURS score 3 or greater # of reviews completed of bed surfaces/mattresses monthly # of bed surfaces /mattresses replaced monthly.	A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by August 2024.	

Change Idea #3 Continue with our early detection of potential pressure ulcers by re-starting of utilizing Arjo's Provizio scanning device to measure the moisture level under the skin of the heels and sacrum to identify residents who have high risk for developing a pressure injury if interventions are not implemented.

Methods	Process measures	Target for process measure	Comments
Wound care RN will follow the Provizio program by scanning residents at time of admission, readmission, change in status, and as required by the reading of the scans.	# residents scanned monthly # residents with a high delta score with implementation of interventions # residents discharged from program as successfully decreased scanning score.	Once this is re-started - Wound care RN will provide a monthly summary to Skin/Wound Committee, CQI meetings and others as identified by the committees.	This is a collaboration between Extencicare and Arjo.