

## Experience

**Measure - Dimension: Patient-centred**

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident and family satisfaction with the quality of care from social worker	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	20.60	50.00	To improve quality of care provided and continue to strive to meet corporate target of 85%	

**Change Ideas****Change Idea #1** Improve visibility of Social Worker in home with residents and families

Methods	Process measures	Target for process measure	Comments
1) Social Worker to meet at minimum annually with Family and Resident councils 2) Feedback on services and areas for improvement will be discussed 3) update at CQI meeting on action plan 4) Incorporate Social Worker into Resident handbook given at admission to identify worker and role	1) # of meetings with Councils where Social Worker attended 2) # of suggestions provided by councils 3) # of CQI meetings where action items were discussed with Social Worker 4) Social worker and role identified in revised resident handbook	1) Social Worker will attend Family Council by June 30th 2025 2) Social Worker will attend Resident Council by June 30th 2025 3) Action items and plan will be discussed at CQI committee with Social Worker by September 30th 2025 4) Social Worker and role identified in revised resident handbook by May 30th 2025	

**Change Idea #2** Social Worker to schedule visits with different residents each month

Methods	Process measures	Target for process measure	Comments
1) Social Worker will set up schedule for visiting current residents monthly	1) # of residents visited monthly basis	1) Social Worker will coordinate visit schedule by March 30th 2025 2) 60% of residents will have had a Social Worker visit by May 30th 2025	

**Measure - Dimension: Patient-centred**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident satisfaction into input into recreational programs	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	27.00	50.00	To improve quality of care provided and ensure residents have a voice in programs chosen. We strive to continuously improve and work towards corporate target of 85%	

**Change Ideas****Change Idea #1** Implement monthly Program Planning Meetings to inform and engage residents in program decision making

Methods	Process measures	Target for process measure	Comments
1) Add Program Planning Meetings on the calendar, 1x/month for each unit 2) Document on meeting minute template 3) Share and post minutes in common area	1) # of meetings throughout the year 2) # of change ideas provided in meeting that were implemented 3) # of residents participating on each home area	1) Program will be introduced and implemented as of March 30th 2025 2) Residents will meet monthly on each unit, providing feedback on programs and selecting upcoming events throughout 2025	

**Change Idea #2** Use real-time feedback tools such as evaluations of programs, seeking resident feedback on enjoyment and satisfaction of program in real time

Methods	Process measures	Target for process measure	Comments
1) Select up to 5 programs per month to audit. 2) Use evaluation templates, activitypro, or other documentation to complete 3) Review and action after each evaluation	1) # of audits completed throughout the year 2) Rate of satisfaction of program 3) # of Change actions	1) 3 of audits will be completed monthly directly after programs to evaluate level of enjoyment/satisfaction 2) There will be a 23% improvement with satisfaction of program on the 2025 resident satisfaction survey	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family satisfaction with the quality care from the physiotherapist	C	% / Family	In-house survey / Sept 2024- Oct 2025	14.30	50.00	To improve quality of care provided and communication to families and continue to strive to meet corporate target of 85%	

**Change Ideas****Change Idea #1** Improve visibility of physiotherapist in home with residents and families (and therefore communication)

Methods	Process measures	Target for process measure	Comments
1) PT to meet at minimum annually with Family and Resident councils 2) Feedback on services and areas for improvement will be discussed 3) update at CQI meeting on action plan 4) Increasing families awareness of our PT and PT role via circulated email	1) # of meetings attended # of feedback from Resident and Family Council 2) # of PT awareness emails shared with families	1) PT will attend Family Council by September 30th 2025 2) OT will attend Resident Council by September 30th 2025 3) Action items and plan will be discussed at CQI committee with OT by November 30th 2025 4) PT awareness email shared with families by April 30th 2025	

**Change Idea #2** Tracking referrals made to PT on admission to ensure her ability to assess all residents

Methods	Process measures	Target for process measure	Comments
1) PT will receive a referral for every admission in order to be able to assess new residents' needs and then communicate with their families 2) Audit each resident admission on a monthly basis to ensure they were referred to PT	# of referrals sent to PT for new admission # of communications with families by PT for new admissions # of audits completed	1) Monthly audits of PT admission referrals will take place ongoing throughout December 31st 2025	

Change Idea #3 Physiotherapy assessments and Assistive Devices Program (ADP) applications completed promptly.

Methods	Process measures	Target for process measure	Comments
1) PT assessments will be completed within 1 month of referral 2) ADP applications will be completed within 1 month of referral	1) Audit each PT referral on a monthly basis to ensure they were assessed within 1 month of being referred. 2) Audit each ADP application on a monthly basis to ensure they were assessed within 1 month of being referred.	1) Monthly audits of PT assessments vs. referrals and ADP application vs. referral time will take place ongoing throughout December 31st 2025	

### Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident satisfaction with the statement "In my care conference we discuss what is going well, what could be better, and how we can improve things"	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	67.60	75.00	To improve quality of care provided and ensure residents have a voice in their plan of care. Identified by residents as an area of focus. We strive to continually improve and work toward corporate target of 85%	

### Change Ideas

## Change Idea #1 Obtain feedback on annual care conference process from residents and families

Methods	Process measures	Target for process measure	Comments
1) Determine survey questions to ask post care conference for feedback. 2) Post care conference ask for feedback via survey or discussion with families and residents on how process can be improved. 3) Review responses and determine plan of action for improvement 4) Communicate feedback results and actions to Resident and Family council.	1) # of survey questions 2) # of feedback responses received monthly 3) # of improvement actions implemented 4) # of Resident and Family council meetings attended where results discussed	1) Survey questions will be developed by May 30th 2025 2) Process for post care conference feedback will be in place by June 30th 2025 3) Feedback/survey results will be shared with resident and family council with action for improvement by September 30th 2025	

## Change Idea #2 Review annual care conference process

Methods	Process measures	Target for process measure	Comments
1) Complete review of current care conference process including scheduling , agenda 2) Adjust agenda if required to include time for discussions with resident 3) Ask resident if they felt their needs and feedback were addressed	1) # of reviews of care conference process completed 2) # of modifications to agenda 3) % of postive feedback resident responses post care conference	1) Review of care conference process, including changes to agenda will be completed by April 30th 2025 2) There will be a 50% improvement in overall postive responses post care conference by October 30th 2025	

## Safety

### Measure - Dimension: Safe

Indicator #5	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	22.10	15.00	To meet Extendicare benchmark	

### Change Ideas

#### Change Idea #1 Improving Post fall huddles

Methods	Process measures	Target for process measure	Comments
1) Review policy on post fall huddles with staff 2) Falls lead and Falls committee members in home to attend and /or review post fall huddles documentation and provide further education as needed	1) # of staff who reviewed policy for post fall huddles 2) # of post fall huddles that were completed as per policy on a monthly basis by reviewing PCC FALLS MANAGEMENT - Post Fall Assessment - V 12	1) Staff education on post fall huddles will be completed with 100% participation by June 30th 2025 2) By September 30th, 90% of post fall huddle documentation will be completed as per policy.	

**Change Idea #2** Increased communication during shift report for newly admitted residents, residents with medication changes, residents with increased behaviours, residents with mobile decline, and during outbreaks

Methods	Process measures	Target for process measure	Comments
1) Remind staff about increased risk of falls when in outbreaks and during admission period. 2) Registered staff to communicate list of residents on isolation and/or new admissions during each shift report to oncoming staff 3) Residents identified as being at increased risk of falls d/t isolation, increased behaviours, medication changes, declining mobility, or new admission will have enhanced monitoring by all staff when identified . 4) enter task in POC for enhanced monitoring and plan of care updated	1) Review and improve communication tools used to "remind staff of increased risk of falls" during the next Registered Staff meeting. 2) # of shift reports where registered staff communicated list of high risk residents 3) # of residents identified on shift report as requiring enhanced monitoring 4) # of residents who had enhanced monitoring entered as task in POC and plan of care updated.	1) Reminders for staff will be communicated by April 30th 2025 2) Shift report process for communicating high risk residents will be in place by May 30th 2025 3) Process for enhanced monitoring for those on isolation or newly admitted will be in place by May 30th 2025	

### Measure - Dimension: Safe

Indicator #6	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	10.19	10.00	Our Home is performing better than the Extendicare benchmark of 17.3% and we want to maintain below target	

### Change Ideas



### Change Idea #1 Gentle Persuasive Approaches (GPA) education for training for responsive behaviours related to dementia.

Methods	Process measures	Target for process measure	Comments
1) Engage with Certified GPA Coaches to roll-out home-level education 2) Contact Regional Manager, LTC Consultant or Manager of Behaviour Services & Dementia Care for support as needed 3) Register participants for education sessions including refreshers.	1) # of GPA sessions provided 2) # of staff participating in education 3) # of referrals to Regional Managers, LTC Consultants or Manager of Behaviour Services & Dementia Care. 4) Feedback from participants in the usefulness of action items developed to support resident care.	1.) GPA sessions will be provided for 80% of staff by October 30th 2025 2.) Feedback from participants in the session will be reviewed and actioned on by November 30th 2025	

### Change Idea #2 Continue to collaborate with the physician, nurse practitioner, clinical pharmacist, and specialists to ensure all residents using anti-psychotic medications have a medical diagnosis and rationale identified.

Methods	Process measures	Target for process measure	Comments
1) complete medication review for residents prescribed antipsychotic medications 2) Review diagnosis and rationale for antipsychotic medication . 3) consider alternatives as appropriate	1) # of medication reviews completed monthly 2) # of diagnosis that were appropriate for antipsychotic medication use 3) # of alternatives implemented	1) 75% of all residents will have medication and diagnosis review completed to validate usage by April 30th 2025 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by May 30th 2025	