

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction – Would Recommend Home	C	% / LTC home residents	In-house survey / most recent 12-month period	100.00	100.00	Striving to maintain performance better than Extendicare target of 85%	

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
Program Manager to prepare an activity to celebrate this indicator.	# 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 #3	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 / Most recent 12-month period	35.30	85.00	Corporate Target	

Change Ideas

Change Idea #1 Recruitment of a permanent Medical Director/Attending Physician to fill our vacancy that was temporarily covered.

Methods	Process measures	Target for process measure	Comments
Utilize various recruitment strategies: job posting both local and online, word-of-mouth in our community, assistance of our Chief Medical Officer and Corporate Team.	# applications received through various recruitment strategies.	The Medical Director/Attending Physician position(s) will be filled by December 31, 2023.	The survey was conducted during the time the Home was without a permanent doctor. Prior to receiving the survey results, the position was filled. This change idea was included as it was the most important change idea required to improve this indicator.

Change Idea #2 Create a secondary survey/quality improvement exercise with our residents to explore and obtain more specific examples on how the quality of care is not meeting satisfaction.

Methods	Process measures	Target for process measure	Comments
Conduct this survey/exercise with our residents at a Resident Council meeting to gather examples and develop a plan for improvement for the top 3 areas identified.	# residents able to participate in the secondary survey/exercise (as per CPS score of 3 or greater) # residents who participated in the secondary survey/exercise	85% of residents with a CPS of 3 or greater will participate in the survey/exercise by April 15, 2024.	This is a very broad measure/indicator that the team feels requires more detailed data; once specific areas are identified, a more specific improvement change idea(s) can be developed.

Change Idea #3 Use the data collected from the secondary survey/quality improvement exercise to improve the top three areas identified as being unsatisfactory.

Methods	Process measures	Target for process measure	Comments
Our CQI team, Resident Council and the residents who participated in the exercise will review the results and focus on the 3 areas with the highest # of resident response rate.	# of areas identified from secondary survey/exercise # of resident responses in each area identified	A secondary improvement plan will be created and include the 3 areas with the highest resident response rate by May 1, 2024	

Change Idea #4 Hold a townhall meeting virtually and in-person for residents and families to meet our new Medical Director/Attending Physician.

Methods	Process measures	Target for process measure	Comments
Schedule a townhall meeting with invites to both residents and families.	# townhall meetings held & # residents/families attended	A townhall meeting will be scheduled and invites sent out by April 30, 2024	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
My care conference is a meaningful discussion that focuses on what's working well, what can be improved, and potential solutions.	C	% / LTC home residents	In-house survey / Most recent 12-month period	47.10	85.00	Corporate 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 the care conference experience to be more meaningful.

Methods	Process measures	Target for process measure	Comments
Add this indicator to the agenda for each meeting and have an open discussion on the care conference current process and change ideas to improve it.	# meetings held # residents involved in discussion	The discussion of this indicator at Resident Council will occur by April 30, 2024.	

Change Idea #2 Create a checklist for conducting a care conference that our residents feel is meaningful by using the information gathered at the Resident Council meeting.

Methods	Process measures	Target for process measure	Comments
CQI team will create a checklist based on the feedback from residents and present it back to Resident Council for final approval.	Checklist created for a meaningful care conference.	Checklist will be created and implemented by May 1, 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 social worker(s)	C	% / LTC home residents	In-house survey / Most recent 12-month period	57.10	85.00	Corporate Target	

Change Ideas

Change Idea #1 Create, recruit and hire a Social Worker.

Methods	Process measures	Target for process measure	Comments
Utilize various recruitment strategies: job posting both local and online, word-of-mouth in our community, assistance of our Chief Medical Officer and Corporate Team.	# applications received through various recruitment strategies.	The home will hire a social worker by April 15, 2024.	The home has not had this position in-house previously; this is likely the cause for the low response rate.

Change Idea #2 Implement a townhall meeting virtually and in-person for residents and families to meet our new Social Worker.

Methods	Process measures	Target for process measure	Comments
Schedule townhall meetings and send invites to our residents and families.	# townhall meetings held & # residents/families attended	A townhall meeting will be scheduled and invites sent out by April 30, 2024	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction Would you recommend.	C	% / Family	In-house survey / Most recent 12-month period	50.00	85.00	Corporate Target	

Change Ideas

Change Idea #1 Establish a Family Council: The home will convene a meeting semi-annually with residents' families and persons of importance to residents to advise of the importance and their right to establish a Council.

Methods	Process measures	Target for process measure	Comments
Host resident/family social events that include educational sessions on Family Council and the importance of having one in the Home (May and September).	# social/educational events held # of family member attendance # of family member willing to join Family Council	The Home will host two meetings by October 31,2024.	

Change Idea #2 Host monthly in-person and virtual townhall meetings to engage and inform family members in the home's quality improvement plan

Methods	Process measures	Target for process measure	Comments
Host monthly Townhall meetings each month to have a forum to provide updates/obtain feedback.	# Townhall meetings held # of family members attended each monthly meeting	The home will see family participation at the monthly townhall meetings through 2024.	

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction: I have an opportunity to provide input on food and beverage options.	C	% / Family	In-house survey / Most recent 12-month period	25.00	85.00	Corporate Target	

Change Ideas

Change Idea #1 Invite family members to the Food committee meetings held between the dietary department and our residents.

Methods	Process measures	Target for process measure	Comments
Communicate upcoming meetings to families through various communication methods: posters at entrances, email communication and/or phone calls to family members by program department, on our quality boards.	# of monthly invitations sent out prior to meeting date # of family member attendance monthly	The home will see an interest in family attendance to the Food Committee meetings with an improvement in their opportunity to provide input on food and beverage options through 2024.	

Safety

Measure - Dimension: Effective

Indicator #1	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 / Oct-Dec 2023 PCC Data	1.45	1.00	Striving to maintain performance better than Extendicare target of 2.5%	Arjo, 3M, Medline

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 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	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 Extendicare and Arjo

Measure - Dimension: Safe

Indicator #8	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	15.41	15.00	Corporate Target	Achieva Health

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 assessments	# 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 May 30, 2024 and monthly thereafter.	

Measure - Dimension: Safe

Indicator #9	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	16.32	14.30	Striving to maintain performance better than Extendicare target of 17.3%	Behavioural Supports Ontario, Medisystem Pharmacy

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 #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with restraints	C	% / LTC home residents	CIHI CCRS / Oct- Dec 2023 PCC data	1.41	1.00	Striving to maintain performance better than Extendicare target of 2%	Achieva Health

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 monthly	100% of restraints will be reviewed and plans implemented for trialing alternatives by Sept 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 restraints.

Methods	Process measures	Target for process measure	Comments
DOC/Social Worker 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	