

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Resident who responded, "I would recommend this home to others."	C	% / LTC home residents	Other / 2023	68.20	85.00	Extencicare target	

Change Ideas

Change Idea #1 Improve the overall admissions process to improve resident and family satisfaction, which will be reflected through answers on the annual resident and family satisfaction survey with recommendations of the home to others.

Methods	Process measures	Target for process measure	Comments
<p>1. Improve information sharing at time of HCCS application process to the home and admissions coordinator. This will allow home to identify needs and questions from the new residents and their families regarding suitability of the home of their needs and appropriate fit.</p> <p>2. Create a video that will be about 10-15 minutes long and will be shared with all new residents and their families prior to the admission to the home. The video will provide an introduction to key contacts in the home, their roles and their contact.</p> <p>3. Improve current initial welcome email with links to the video, resident and family handbook, and other forms to be filled out prior to day 1 of admission to assist with further</p>	<p># of surveys returned post admission with positive feedback, # of surveys returned post admission with negative feedback, # of initial IDTCs that resident and their family are satisfied with, # of resident scans surveys completed within 3 months of admission</p>	<p>will have 75% of surveys returned by residents and their families by October 31, 2024 with an overall improvement in results.</p>	

information regarding the home at their own pace. 3. Create and provide a survey to all new residents and their families post admission on their experience with the admissions process and look for areas of improvement through their feedback to continually improve the quality of this process from the experiences of our residents and their families. 5. Prepare the residents and their families over a 6 week period, 2 weeks prior to admission and 4 weeks after admission on what to expect at the initial IDTC including discussions about what is advanced care planning, how do we discuss goals of care, the my wishes portion of the admissions process and how this will reflect the journey of the residents and their family when medical conditions change. The admissions coordinator will also assist with forming important questions about care and other areas of importance. 6. Having residents and their families bring in their personal items the day before the admission to alleviate the stress of the move and concentrate on the assessments and files that need to be completed in collaboration with their resident and their family with less distraction and also having a more home like feel on arrival.

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the food and beverages served to me.	C	% / Residents	In house data collection / 2023	46.60	68.90	Home target	

Change Ideas

Change Idea #1 Evaluation of present services for food and beverages

Methods	Process measures	Target for process measure	Comments
1. Create a Medex specific culinary audit tool 2. Create a Medex specific Culinary interview Guide	# of interviews held # of Audits completed	Interviews and surveys to be completed by April 30, 2024 on all residents with a CPS scores of 0 to 2	

Change Idea #2 Enhance residents' dining experience by diversifying menu options, implementing themed meal days and incorporating at least one new culturally inspired dish per week.

Methods	Process measures	Target for process measure	Comments
1. Using results from the Diversity Survey sent to all staff incorporate feedback and utilize staff talents to create diversity in menu offered 2. Establish a resident-led "Cultural Food Committee" to provide input on menu planning and suggest dishes from their heritage. 3. Implement a "Taste of the World" event quarterly, featuring a buffet of dishes from various countries and regions. 4. Feature a "Resident Spotlight" section on the menu, highlighting a resident's favorite dish and its cultural significance.	# of new culturally inspired dishes # of residents who provide positive feedback on post meal survey	Achieve a 30% increase in resident satisfaction scores related to the variety and cultural diversity of meals by December 31, 2024	Partner with local cultural organizations to host monthly cooking demonstrations showcasing dishes from different regions.

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of laundry services for my personal clothing	C	% / Residents	In house data collection / 2023	63.20	79.30	Home target	

Change Ideas

Change Idea #1 Improving the labelling process for personal clothing to enhance efficiency, organization, and resident satisfaction.

Methods	Process measures	Target for process measure	Comments
1. Gather data on the current labelling process. This might include: How many items go missing or get misplaced. Staff and resident feedback on the current system. Time spent by staff dealing with lost items. 2. Interdisciplinary team review of current process and researching best practices 3. Based on research, gaps analysis and team discussion develop new labelling process 4. Pilot, refine the process and then implement across home. 5. Monitor and evaluate.	# of surveys completed # of lost or misplaced items reported	80% of those surveys will be satisfied with the quality of personal clothing laundry services by June 30, 2024	Staff Training: Provide comprehensive training to all staff members involved in the labelling process. Regular Audits: Conduct regular audits of the labelling system to ensure it is being followed correctly. Feedback Loops: Establish mechanisms for ongoing feedback from staff, residents, and families to make continuous improvements.

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents in daily physical restraints over the last 7 days	C	% / LTC home residents	Other / Q3 2023	0.55	0.00	Continue to maintain results which are better than 2.5% Extencicare Target	Achieva, Home and Community Care Services

Change Ideas

Change Idea #1 To maintain current indicator at or below 1% for the upcoming calendar year. Continue to use current process within the home that has been successful.

Methods	Process measures	Target for process measure	Comments
1. Continue to work with HCCS to ensure residents and families of new admissions are aware of our least restraint/restraint free home. 2. If a restraint is required, it will be assessed and limited to a 2-week duration related to acute illness that is being treated and the goal to eliminate within the short timeframe. 3. New admission's with wheelchairs will be evaluated and assessed by the physiotherapist for proper positioning and eliminate the use of restraint being applied.	# of residents who have a restraint and reason for the restraint will be reviewed monthly. Ensure the plan of care is appropriate for the use of the restraint.	Maintain current indicator at 1.0% with goal to eliminate restraints and reach 0% by December 31, 2024	Maintain current indicator. Only 1 resident of 193 has a restraint related to risk of injuries without the use.

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 2023– September 2023 (Q2 2023/24), with rolling 4-quarter average	17.14	15.00	Extencicare Target	Achieva, BSO, Dietician, Medisystem- pharmacist

Change Ideas

Change Idea #1 Reduce the number of falls or risk of injury from falls for residents who have been identified as having multiple falls. Implement resident specific strategies to address the root cause analysis.

Methods	Process measures	Target for process measure	Comments
1. Rename current RAPS meetings to GROW (Guiding Residents towards Optimal Wellbeing) meetings, to converse with direct care staff about short and long-term goals for residents identified as having a fall or frequent falls in the past quarter. GROW meetings are interdisciplinary and occur weekly on the home area with the direct staff who care for the resident, as well as the RD, PT, RCA, FSS, BSO. 2. Grow meetings will include discussions of other resident who have had a fall in the last 7 days. Discussion will focus on root cause and analysis and specific intervention. 3. Reducing time for shift report and a new shift report designed, allowing staff to be on the home area sooner.	# of residents who have fallen with specific details will be evaluated weekly. Compare # of residents with improved risk or number of falls related to early identification and intervention from weekly GROW meetings	Frequent fallers will be identified and reduced by 75% before September 1, 2024	

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 2023– September 2023 (Q2 2023/24), with rolling 4-quarter average	17.56	17.30	Extencicare Target	Medisystem-pharmacist, Achieva, BSO, Royal Ottawa Hospital

Change Ideas

Change Idea #1 Continue to reduce the use of antipsychotic medications and to remain under 10% for our target indicator.

Methods	Process measures	Target for process measure	Comments
<p>1.GROW meetings are interdisciplinary and occur weekly on the home area with the specific direct care staff of the resident. 2. At GROW meetings will include weekly discussion of residents who have received antipsychotic medication in the last 7 days. Review any behaviour exhibited within the last 7 days. 3. Residents who are on Antipsychotic who do not meet exclusion criteria will be reviewed for appropriate usage. 4.Each resident will have their ABS, CPS, CMAI, PainV5 and DRS data reviewed to see if AP usage is supported. 5.Residents who do not meet exclusion criteria are presented and discussed with the BSO Champion, ROH Outreach Team (as Applicable) Care Team, Physician and Pharmacist to see if resident is a candidate for reduction. 6.New Admission's medications are reviewed for use of Antipsychotic and further evaluation for appropriateness will be conducted by the Lead of this program.</p>	<p># of residents taking an antipsychotic will be reviewed weekly with the Grow team. # of resident on a reduction program including new admissions will be evaluated monthly by the Lead to the program. Will be fully implemented by end of April 2024</p>	<p>Process will be reviewed monthly, and targets reviewed quarterly with a goal to meet or exceed Extencicare's target by September 30, 2024</p>	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	C	% / LTC home residents	CIHI CCRS / Q2 2023	1.10	1.00	Maintain and continue to exceed Extencicare's target.	Achieva, Dietician

Change Ideas

Change Idea #1 Maintain current indicator and continue to reduce by June 2024 with some change ideas from our current process. Will focus on early detection and reducing risk of wound infection.

Methods	Process measures	Target for process measure	Comments
1. Improve and early detect identification of wound infection that would contribute to wound healing. Educate all registered nursing staff by June 2024 on NERDS and STONEEs and adding this information to the wound resource binder. The education will also include early identification of etiology of wounds and removing cause immediately to prevent infection and potential worsening of ulcers. 2. Education for direct care staff with care for a ROHO cushion to eliminate improper use of equipment as a cause of pressure injury.	# of residents with existing pressure injuries to include inherited and acquired will be tracked weekly by the Wound Care Champion. 100% of all new admission or readmission will be assessed by the WCC and registered staff for early implementation of positioning device and skin care regime within 72hrs of admission/readmission.	Will improve current target and continue to exceed Extencicare's target by end of Dec 2024.	