

Experience

Measure - Dimension: Patient-centred

| Indicator #1 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|------------------------|---------------------------------|---------------------|--------|-----------------------|------------------------|
| Percentage of residents who respond positively to the question "I would recommend this home to others" | C | % / LTC home residents | In-house survey / Calendar Year | 75.00 | 85.00 | organizational target | |

Change Ideas

Change Idea #1 Establish regular quality and satisfaction assessments during food committee meetings, focusing on reviewing meals, beverages, and dining services.

| Methods | Process measures | Target for process measure | Comments |
|--|---|----------------------------|---|
| 1. Add quality and satisfaction reviews as a standing agenda item to Monthly Food Committee Meetings. 2. Identify areas of opportunity from monthly quality and satisfaction reviews and address any required actions. | # of quality and satisfaction assessments during food committee meetings # of actions/improvements made as a result of quality and satisfaction assessments | | Enhance residents' overall experience and foster collaboration with meal, beverage, and dining services through an improved review process, set to commence in May 2024 during the Monthly Food Committee Meetings. |

Change Idea #2 Collaborate on implementing an enhanced home communication and update process for residents.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|----------|
| 1. Engage with Residents Council for review and feedback on current process for communication and updates. Identify opportunities for improvement on communication processes and implement measures to enhance communication. 2. Launch redevelopment communication sessions and provide resident resources for review. | # of measures to enhance communication # of redevelopment sessions and resources provided. # of townhalls completed related to home updates and redevelopment | Improve communication within the home for residents regarding updates and redevelopment activities. Planned implementation by May 2024. | |

Safety

Measure - Dimension: Safe

| Indicator #2 | 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 | 9.47 | 9.00 | Organizational Target is 17.3% we will continue to strive to improve and to perform better than Extendicare's goal. | Medisystem, BSO |

Change Ideas

Change Idea #1 Enhance collaboration with Behavioral Supports Ontario (BSO) Lead and interdisciplinary team.

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|---|
| 1. Integrate BSO leads participation in Professional advisory meetings, to improve overall collaboration with physicians and interdisciplinary team. | # of Professional Advisory meetings the BSO lead attends | BSO lead will be a permanent contributing member of the Professional Advisory meetings. | Home is currently meeting target on this indicator and will maintain or exceed Extendicare's target by end of 2024. |

Measure - Dimension: Safe

| Indicator #3 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|------------------------|-------------------------------|---------------------|--------|---|------------------------|
| Percentage of residents with worsening stage 2-4 pressure ulcer. | C | % / LTC home residents | Other / October-December 2023 | 1.67 | 1.00 | Will continue to exceed Extendicare's target while improving on current target. | 3M, Achieva |

Change Ideas

Change Idea #1 Increase education with staff, families and residents regarding wound prevention to reduce the number of residents who trigger worsened pressure injury.

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|---|
| 1. Identify internal and external learning opportunities for staff, families and residents.. | # of staff who received educational opportunities # of families who received education on maintaining skin integrity, pressure injury prevention and intervention strategies # of residents who received education on maintaining skin integrity, pressure injury prevention and intervention strategies | To enhance the overall understanding of maintaining skin integrity, pressure injury prevention and intervention strategies for residents, families and staff. | Home is currently meeting target on this indicator and will maintain or exceed Extendicare's target by end of 2024. |

Change Idea #2 Enhance education sessions for Registered Staff on completing post falls huddles to determine root cause of falls and improve proactive approach to falls preventions.

| Methods | Process measures | Target for process measure | Comments |
|---|---|--|---------------------------------------|
| 1. Provide enhanced education sessions for registered staff on post falls huddles and root cause analysis at nursing practice and through education sessions. | # of education session completed monthly # of staff who received education monthly. | Plan to be fully implemented by June 2024 with a goal of 100% of registered staff to receive education by December 2024. | Will work with our physiotherapy team |

Measure - Dimension: Safe

| Indicator #4 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|---------------------------------|---------------------|--------|--|------------------------|
| % of LTC Residents with Daily Physical Restraints | C | % / LTC home residents | Other / October - December 2023 | 0.00 | 0.00 | Will continue to maintain performance and exceed organizational target | |

Change Ideas

Change Idea #1 Conduct refresher education with registered staff to maintain a restraint free environment.

| Methods | Process measures | Target for process measure | Comments |
|--|---|--|---|
| 1. Provide education sessions related to resident' specific needs and implementing alternative interventions such as assistive devices to promote the quality of life for all residents. | # of education sessions completed monthly # of staff who attended education sessions monthly | Plan to be fully implemented by June 2024 with a goal of 100% of registered staff to receive education by December 2024. | Homs is currently meeting target on this indicator. |

Measure - Dimension: Safe

| Indicator #5 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|------------------------|---|---------------------|--------|--|------------------------|
| Percentage of resident's who have had a fall within the last 30 days leading up to their assessment. | C | % / LTC home residents | CIHI CCRS / July 2023 - September 2023 (Q2 2023/24), with rolling 4-quarter average | 17.90 | 15.00 | To meet Extendicare's target and maintain by end of 2024 | Achieva, Medisystem |

Change Ideas

Change Idea #1 Implement environmental assessment of resident rooms for resident's who experience falls.

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|---------------------------------------|
| 1. Fall lead to conduct monthly review of resident who have fallen and complete an environmental risk mitigation assessment. 2. Identify environmental risk to be address when deficiencies noted. | # of environmental risk mitigation assessments completed monthly. # of deficiencies corrected monthly. | All resident who experience a fall will receive an environmental risk mitigation assessment completed monthly, process planned to be fully implemented by June 2024 | Will work with our physiotherapy team |

Change Idea #2 Enhanced education sessions for Registered staff on completing post falls huddles to determine root cause of falls and improve proactive approach to falls prevention.

| Methods | Process measures | Target for process measure | Comments |
|---|---|--|----------|
| 1. Provide enhanced education sessions for registered staff on post falls huddles and root cause analysis at nursing practice and through education sessions. | # of education sessions completed monthly # of staff who received education monthly | Plan to be fully implemented by June 2024 with a goal of 100% of registered staff to receive education by December 2024. | |