

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction- Would Recommend Home	C	% / LTC home residents	Other / most recent 12-month period	85.40	86.00	Corporate Target is 85%. We continue to strive to perform better than benchmark.	

Change Ideas

Change Idea #1 Residents living at Extendicare Port Hope will continue to respond positively to "I would recommend this home."

Methods	Process measures	Target for process measure	Comments
1) Management of the home will maintain their open door policy for all residents 2) Encourage Resident Participation in life of the home through being involved in Resident Council, Continuous Quality Improvement meetings and Program Planning meetings.	1) Number of complaints/Compliments provided to the home from residents 2) Track resident participation in Council and committee meetings	Resident Response to "I would recommend this Home" on annual survey will remain above the corporate target	Our current change idea has been effective, our percentage has increased and will continue to monitor.

Measure - Dimension: Patient-centred

Indicator #2	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	Other / most recent 12-month period	37.50	68.00	LTC Divisional Average 2023	

Change Ideas

Change Idea #1 Ensure a Full Time Social Service Worker is available to provide support to residents and family members.

Methods	Process measures	Target for process measure	Comments
1)Promote and educate residents on the role of the SSW through newsletter articles while recruiting to fill this position. 2)Residents will be introduced to our new Social Service Worker with details of how she can support them. 2) Social Service Worker will meet each new resident and family member who moves into the home within the first week to support with a smooth transition into Long Term Care.	1)Number of Newsletter articles sharing the new position of Social Service Worker that will be filled in our home. 2)Number of referrals to Social Service Worker per month to be reviewed at CQI meetings 3)Number of new admission contacts made by Social Service within the first week of moving into the home via progress notes.	100% of New admissions will be followed up with by Social Service Worker by July 2024	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction- Would recommend this home	C	% / Family	Other / most recent 12-month period	86.10	87.00	Corporate Target is 85%. We continue to strive to perform better than benchmark.	

Change Ideas

Change Idea #1 Family Members who have loved ones living at Extendicare Port Hope will continue to respond positively to "I would recommend this Home to others"

Methods	Process measures	Target for process measure	Comments
1) Management of the home will maintain their open door policy for all family members. 2) Encourage Family Participation in the life of the home by being involved in Family Council, our Continuous Quality Committee and Family Information Sessions	1) Number of Concerns/Compliments provided to the Home 2)Number of Family Council/Information Sessions held each year	1) Family response to " I would recommend this home" to others on our 2024 survey will remain above our corporate target.	Our current change idea has been effective, our percentage has increased and will continue to monitor.

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The resident has input into the recreation programs available	C	% / Family	In-house survey / most recent 12-month period	49.10	60.00	2022 Survey Results	

Change Ideas

Change Idea #1 Include Residents in Planning of Programs to implement on the Monthly Calendars.

Methods	Process measures	Target for process measure	Comments
1) Quarterly resident program planning meetings will be held with Resident involvement to look ahead at upcoming season and plan based of there input. 2) Recreation team will seek verbal input from residents during their quarterly assessments.	1) Number of Meetings held with Resident Involvement 2) Number of ideas collected during each quarter.	1) Four Program Planning meetings will be held by December 2024 2) 100% of ideas reviewed by recreation team.	

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 the doctors	C	% / LTC home residents	In-house survey / most recent 12-month period	58.50	65.50	LTC Divisional Overall Score 2023	

Change Ideas

Change Idea #1 Provide more visibility of the Doctors to residents.

Methods	Process measures	Target for process measure	Comments
1) Implement a Welcome to your Home Area Doctor signage with dates he/she is in the home. 2) Communicate and Encourage Doctors to do regular rounding of the home area each time they visit.	1) Number of complaints/concerns brought forward by residents regarding Doctors		Resident response to "I am satisfied with care from doctors will improve by 15% during the next annual survey.

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have an opportunity to provide input on food and beverage options.	C	% / Family	In-house survey / most recent 12-month period	54.30	80.90	2022 Survey results	

Change Ideas

Change Idea #1 Family Members will have the opportunity to provide input into food and beverages

Methods	Process measures	Target for process measure	Comments
1) Newsletter articles and emails sent out to family prior to implementation of new menu cycles asking for favourite recipes that can be added. 2) Family input will be sought to be included for special menu planning.	1) Number of unique suggestions received after newsletter/emails sent out 2) Number of Resident Choice meals provided	1) 10% of suggestions provided by family members will be utilized in the menu cycles by December 2024	

Safety

Measure - Dimension: Safe

Indicator #7	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	17.88	15.00	Corporate target	Achieva

Change Ideas

Change Idea #1 Root cause analysis of falls occurring in the home to determine strategies to decrease incidence of risk and severity of falls

Methods	Process measures	Target for process measure	Comments
1) Post Fall Huddles will be completed with all interdisciplinary team members in the vicinity of each fall that occurs. 2) Wobbly Wednesday huddles will occur weekly to review, implement and evaluate strategies to reduce falls. 3) Education provided to all staff on appropriate falls interventions	1) Number of post fall huddles completed monthly. 2) Number of Wobbly Wednesday falls completed monthly with Multidisciplinary involvement 3) Achieva Health will provide education on safe and appropriate Falls interventions.	75% of Falls will have a Post Fall Huddle completed by May 2024 100% of falls will be discussed with multidisciplinary team during Wobbly Wednesday huddles. 60% of staff will have appropriate Fall intervention education by June 2024 and 100% will have education completed by December 2024.	

Measure - Dimension: Safe

Indicator #8	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	10.17	10.00	To perform better than Extendicare Corporate Target of 17.3%	Medisystem Pharmacy, Behavioural Supports Ontario

Change Ideas

Change Idea #1 Maintain monthly multidisciplinary meetings.

Methods	Process measures	Target for process measure	Comments
Review residents currently taking antipsychotic medication to discuss non-pharmacological interventions.	# of monthly meetings held and % of residents on antipsychotic medication reviewed each month	One meeting held each month in 2024. 100% of residents on antipsychotic medication reviewed each month.	We are currently below the Target for this indicator. We will continue with our current processes to monitor and sustain these results.

Measure - Dimension: Safe

Indicator #9	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 / Oct-Dec 2023	0.00	0.00	To continue to perform better than 2.5% Corporate Target	

Change Ideas

Change Idea #1 Sharing least restraint policy with all stakeholders prior to resident admission.

Methods	Process measures	Target for process measure	Comments
Sharing least restraint policy with Home and Community Care Support Services placement coordinator, admission applicants and on tours of the home. Highlighting and educating residents and families on restraint alternatives.	1) % of admission applicants given least restraint policy 2) % of residents/families requesting restraints education on alternatives.	1) 100% of admission applicants given least restraint policy by May 2024 2) 100% of residents/families requesting restraints receiving education on alternatives by June 2024	We currently do not have restraints in our home. We will continue with our current processes to monitor and sustain these results.

Measure - Dimension: Safe

Indicator #10	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	Other / Oct-Dec 2023	1.70	1.70	To continue to perform better than 2% Corporate Target	

Change Ideas

Change Idea #1 Implementation of a pressure injury tacking tool to assess resident risk for worsening wounds.

Methods	Process measures	Target for process measure	Comments
Skin & Wound Nurse completes weekly updating of the pressure injury tracking tool. The tracking tool tracks resident wounds and assesses risk of worsening wounds. Skin & Wound nurse can take immediate interventions. Monthly the multidisciplinary team meets to review residents with wounds or at risk and discuss any further interventions or education opportunities.	% of residents assessed for increased wound risk with successful early interventions.	75% of residents assessed for increased wound risk will have successful early intervention by June 2024. 100% by December 2024.	We will continue with our processes to monitor and sustain this.