

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	In-house survey / Sept 2023 to Sept 2024	86.60	88.00	Continue to progress above the corporate target of 85%.	

Change Ideas

Change Idea #1 Have a list of residents interested in welcoming new residents and families and a process for feedback on process.

Methods	Process measures	Target for process measure	Comments
1. Continue having long term residents welcoming new residents 2. admission coordinator to notify management team of new admission dates and to give a set time for the team to meet the new resident and families 3. Review with families and residents during the post admission care conference to see how their experience was and suggestions that can improve the process	# of long term residents who are welcoming new residents # of time admission coordinator notified management of new admission dates and time % of families who gave positive feedback of the admission experience.	To reach 88% in the 2024 resident and family satisfaction survey. List of residents will be developed who welcome new residents and families and process for feedback in place by June 2024	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction – I have input into the recreation programs available	C	% / LTC home residents	In-house survey / Sept 2023 to Sept 2024	39.40	45.00	Working towards the corporate target of 85%.	

Change Ideas

Change Idea #1 Increase opportunities for residents to choose which programs are being offered in the home.

Methods	Process measures	Target for process measure	Comments
1. Collect suggestions during resident council meetings on what programs residents would like to see. 2. Suggestion box to be installed in activity room for residents and families. 3. Conduct focus groups on each home area before monthly activity calendar is created to get input from residents that don't attend resident council meetings.	# of resident suggestions implemented # of care conferences where resident experience was reviewed # of suggestions implemented following care conference # of suggestions provided during resident council meetings # of programs implemented based on resident choice # of focus groups in each home area that were held before monthly activity calendar created	To reach 45% in the 2024 resident and family satisfaction survey. Increased opportunities for residents to choose which programs are offered in the home will be in place by June 2024	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction – 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 / Sept 2023 to Sept 2024	51.40	75.00	Working towards the corporate target of 85%.	

Change Ideas

Change Idea #1 Ensure resident care conferences are meaningful and provide solutions if issues arise. Admission coordinator to notify department heads of issues that arise

Methods	Process measures	Target for process measure	Comments
1. Admission coordinator continues to organize and to begin conducting the care conferences. 2. Review suggestions on what went well during care conferences and what can be improved on. 3. Conduct focus groups to review planned improvements with residents and families and make adjustments as needed.	# of suggestions for improvement provided during care conferences monthly # of focus groups held # of improvements implemented based on feedback	To reach 75% in the 2024 resident and family satisfaction survey. Resident care conferences will be more meaningful and provide solutions to issues by June 2024.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction – Would Recommend Home	C	% / Family	In-house survey / Sept 2023 to Sept 2024	85.00	90.00	Improvement to be better than the corporate target of 85%.	

Change Ideas

Change Idea #1 DOC and Administrator to have a standing invitation on agenda to family council, and will continue to attend on a rotational basis

Methods	Process measures	Target for process measure	Comments
1. Continue to have a good partnership with Family Council to ensure good communication and resolutions to issues in the Home. 2. Continue having management team meeting family during admission process and attending conferences as needed	# of post admission care conference # of suggestions that can improve the process # of suggestions implemented # of times DOC and Admin attended family council # of times 100% of management team had meeting with family during admission process	To reach 90% in the 2024 resident and family satisfaction survey. DOC and Administrator will regularly attend family council on a rotational basis as a standing agenda item by Sept 2024	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction – I am satisfied with the variety of spiritual care services.	C	% / Family	In-house survey / Sept 2023 to Sept 2024	23.50	59.00	Working towards the corporate target of 85%.	

Change Ideas

Change Idea #1 To provide more services that will meet the spiritual and emotional needs of the residents in the home.

Methods	Process measures	Target for process measure	Comments
1. Work with family council to determine what spiritual services they would like to see for their loved ones. 2. Home to work with community partners to bring spiritual care services back to the home based on feedback.	# of programs reviewed # of family council meetings # of recommendations from family council # of changes made as result of family council recommendations # of community partners who do spiritual care services in the home monthly	To reach 59% in the 2024 resident and family satisfaction survey.	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction – I am updated regularly about any changes in the home.	C	% / Family	In-house survey / Sept 2023 to Sept 2024	50.00	80.00	Working towards the corporate target of 85%.	

Change Ideas

Change Idea #1 To provide families with regular updates to ensure everyone is informed about what is happening in the home.

Methods	Process measures	Target for process measure	Comments
1. Home to send consistent newsletters to all families. 2. Administrator to send extra communication each month with input from all department heads.	# of family council meetings # of suggestions made by family council # of new suggestions implemented # of newsletters sent to families monthly # of times Admin sent extra communication each month with input from department heads	Home to meet corporate target of 80% in 2024 Family Survey results. Families will have regular updates to ensure everyone is informed by June 2024	

Measure - Dimension: Patient-centred

Indicator #7	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 / 2024	30.80	60.00	Working towards the corporate target of 85%.	

Change Ideas

Change Idea #1 Residents within the home will have a broader spectrum of recreational programs of their individual choice.

Methods	Process measures	Target for process measure	Comments
1. Meet with residents monthly to determine the activity calendar. 2. Attend Resident/Family Council and present the calendar for review and suggestions. 3. Place a suggestion box in lobby for residents and families. 4. Incorporate the calendar into the Newsletter, Facebook page, and IDTC for resident family input.	# of resident meetings where the calendar was reviewed prior to posting. # of Resident/Family Council meetings attended. # of recommended changes to the calendar. # of recommended changes made to the calendar. # of suggestions from residents and families. # of residents attending new programs.	Improvement in program choices by the residents will be seen by August 1, 2024.	

Measure - Dimension: Patient-centred

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from social worker.	C	% / LTC home residents	In-house survey / 2024	37.50	50.00	Working towards the corporate target of 85%.	

Change Ideas

Change Idea #1 Increased use of social worker services or awareness of social worker services

Methods	Process measures	Target for process measure	Comments
1. Include services information in admission package. 2. Partner with local available services and make these services available to our residents. 3. Develop social programs that will enable residents to meet their social needs.	% of referrals to social worker services. # of admission who received the information package. # of social service programs. # of residents attending social service programs.	Overall improvement in the provision of social services within the home by September 1, 2024.	

Safety

Measure - Dimension: Safe

Indicator #9	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	Other / Oct to Dec 2023	5.10	2.00	Corporate target 2.0%	

Change Ideas

Change Idea #1 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 4. Admissions coordinator to advise SWAN nurse when having a PURS of 3 or higher	# of residents with PURS score 3 or greater # of reviews completed of bed surfaces/mattresses monthly # of bed surfaces /mattresses replaced monthly SWAN nurse to complete section M of RAI assessments	A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by August 2024 registered staff will have received education on identification and staging of pressure injuries by Sept 2024	

Change Idea #2 Implement Weekly Wound huddles by SWAN nurse.

Methods	Process measures	Target for process measure	Comments
1. Wound days to be held every Wednesday in the home where SWAN nurse can discuss wound care with all home areas.	# of wound care meetings held.	Home to reach 32 meetings by Dec 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	Other / Oct to Dec 2023	0.00	0.00	To perform better than Corporate target of 2.5%.	Achieva

Change Ideas

Change Idea #1 Continue educating families and or residents on the risks of restraints and Extencicare's least restraint policy.

Methods	Process measures	Target for process measure	Comments
1. Meet with families/residents to discuss alternatives that could be trialed and determine action plan in collaboration with family/resident	# of meetings held with families/residents to discuss alternatives quarterly # of action plans in created if indicator changes for reduction of restraints in collaboration with family/resident quarterly	Home to continue to be at 0% by Sept 2024	

Change Idea #2 Re-educate staff on restraint policy and use of alternatives to restraints

Methods	Process measures	Target for process measure	Comments
1. Organize education sessions with all staff on restraint policy and alternatives to restraints	# of education sessions held monthly	100% of nursing staff will be re-educated on restraint policy and alternatives to restraints by Sept 2024	

Change Idea #3 Continue with multidisciplinary team discussions as issues arise with restraints and use of alternatives

Methods	Process measures	Target for process measure	Comments
1. Monthly resident safety meeting to continue with review of restraints.	# of meetings held	Home to reach 10 meetings by Dec 2024	

Measure - Dimension: Safe

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	C	% / LTC home residents	Other / Oct to Dec 2023	11.76	10.00	Continue to perform better than the corporate target of 17.3%	

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	

Change Idea #2 Provide educational material to families and/or residents on antipsychotics and the importance of minimizing use.

Methods	Process measures	Target for process measure	Comments
1. Provide families with information on reducing antipsychotics 2. Add information on reducing antipsychotics to tour and admission packages	# of families provided with information on reducing antipsychotics monthly # of tour and admission packages provided with antipsychotic reduction information included monthly	Educational material will be provided to families and/or residents on antipsychotics and important of minimizing use by Sept 2024	

Measure - Dimension: Safe

Indicator #12	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents who fell in the 30 days leading up to their assessment	C	% / LTC home residents	Other / Oct to Dec 2024	16.80	15.00	Corporate Target of 15%.	

Change Ideas

Change Idea #1 Continue with Trip Tuesday meetings on all units to review data from the previous week and develop strategies with all departments having input.

Methods	Process measures	Target for process measure	Comments
1. Review current high-risk residents for falls to identify their needs/preferences for activities. 2. Implement purposeful rounding on high fallers 3. Review holistic approach monthly at resident safety/quality meetings	# of residents reviewed at trip Tuesday meetings and # of new strategies implemented. # of high risk residents for falls who have had their needs/preferences for activities determined	Trip Tuesday meetings will be held on all units using data from previous week and strategies from all departments will be in place by June 2024	

Change Idea #2 Conduct environmental assessments of resident spaces upon admission to identify potential fall risk areas and address them before falls occur.

Methods	Process measures	Target for process measure	Comments
1. Staff to do environmental assessments for all residents and new admissions 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	Meet benchmark of 16% in 2024 Environmental risk assessments of resident spaces to identify fall risk will be completed by June 2024	