

## Experience

### Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percent of residents who would recommend this home.	C	% / LTC home residents	In-house survey / 2024	71.40	85.00	Currently working towards the corporate target of 85%.	

### Change Ideas

Change Idea #1 Plan to improve continuity of care within the home by reviewing and updating the staffing compliment.

Methods	Process measures	Target for process measure	Comments
1. Ensure primary care assignments are in place and followed by the PSW's. 2. Actively recruit for all vacant positions. 3. Ensure contingency plan is up to date and in place to ensure continuity of care.	# of audits conducted on primary care assignments. # of vacant positions. # of new hires. # of times the contingency plan was updated. # of times the contingency plan was utilized.	Improvement in continuity of care and updated staffing compliment to be in place by September 1, 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 the social worker(s)	C	% / LTC home residents	In-house survey / 2024	33.30	85.00	Currently 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.	

**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 care from the doctors(s)	C	% / LTC home residents	In-house survey / 2024	42.90	85.00	Currently working towards the corporate target of 85%.	

**Change Ideas**

Change Idea #1 Plan to increase communication between the physicians and residents/family/SDM.

Methods	Process measures	Target for process measure	Comments
1. Interview 10 residents each quarter to ensure their needs are being met by their physician. 2. Attend Resident Council meetings quarterly, updating resident/family/SDM, allowing them an opportunity to discuss concerns. 3. Discuss resident concerns at the quarterly PAC meeting.	# of residents interviewed. # of concerns from residents. # of resident council meetings attended. # of PAC meetings.	Improvement in continuity of care and residents will feel they have better communication with physician by June 1, 2024.	monthly family communication by email from Administrator

**Measure - Dimension: Patient-centred**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family would recommend this home to others.	C	% / Family	In-house survey / 2024	85.70	88.00	Extendicare target 85% but we strive to be better than target.	

**Change Ideas**

Change Idea #1 Improved communication with residents families between all departments in the home.

Methods	Process measures	Target for process measure	Comments
1. Administrator will send out a monthly email to all resident families with communications and updates from all departments. 2. Discussions at family council on topics as per the family council request.	Number of emails sent out. Number of family council meetings attended. Number of topics discussed at family council meetings.	The frequency of communication with families will be improved by August 1, 2024.	

## 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 / 2024	14.30	85.00	Currently working towards the corporate target of 85%.	

## Change Ideas

Change Idea #1 Involve families in menu planning.

Methods	Process measures	Target for process measure	Comments
<p>1. Residents will be invited to attend resident council meeting where meal and beverage choices will be reviewed.</p> <p>2. Residents will approve the season menus prior to their implementation.</p> <p>3. Communication to residents and family via monthly newsletter asking for ideas or suggestions.</p>	<p># of resident council meeting attended.</p> <p># of menus changes. # of seasonal menus approved. # of newsletters provided</p>	<p>Overall improvement of meal, beverage and dining services will be improved by September 1, 2024.</p>	

**Measure - Dimension: Patient-centred**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from the dietitian.	C	% / Family	In-house survey / 2024	50.00	85.00	Currently working towards the corporate target of 85%.	

**Change Ideas**

Change Idea #1 Improved communication between the dietitian and families.

Methods	Process measures	Target for process measure	Comments
1. Dietitian will introduce self to families on admission and attend admission IDTC or quarterly meetings. 2. Dietitian will respond to referrals in a timely manner. 3. Dietitian will perform regular audits of the dining room and meal service.	% of referrals made to dietitian. # of IDTC attended. # of audits conducted in the dining room and at meal service.	Overall improvement of communication between the dietitian and families by August 1, 2024.	

## Measure - Dimension: Patient-centred

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who are satisfied with the timing and schedule of spiritual care services.	C	% / LTC home residents	In-house survey / 2024	50.00	85.00	Currently working towards the corporate target of 85%.	

## Change Ideas

Change Idea #1 To increase spiritual care services within the home to any residents based on their preferences.

Methods	Process measures	Target for process measure	Comments
1. CCAC to update file with spiritual denomination. 2. On admission staff to ask about spiritual background and input into profile (add to admission checklist. 3. Develop Questionnaire for residents to provide feedback on types of activities/spiritual programming they would like to have available. 4. Ensure My Wishes program is completed for all residents.	# of admission files that have spiritual denomination included. # of residents who attend spiritual programs on monthly basis. # of residents who have completed My Wishes program. # of in house questionnaire responses on activities/spirituality provided. # of programs related to designated multifaith on a monthly basis.	Overall improvement in the provision of spiritual care services within the homes based on their preferences will be shown by July 31st, 2024.	

**Measure - Dimension: Patient-centred**

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of families who are satisfied with quality of care from doctors.	C	% / Family	In-house survey / 2024	33.30	85.00	Currently working towards the corporate target of 85%.	

**Change Ideas**

Change Idea #1 Plan to improve the communication between the physicians and families/SDM.

Methods	Process measures	Target for process measure	Comments
1. Interview 10 families each quarter to ensure the residents needs are being met by their physician. 2. Send monthly newsletter to families, encouraging them to bring concerns forward to the care team. 3. Review family concerns quarterly at PAC meetings.	# of families surveyed. # of concerns. # of PAC meetings.	Improvement in continuity of care and family/SDM feel they are better communicating with physicians by June 1, 2024	Monthly family communication by email from the Administrator.



## 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 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 / 2024	0.00	0.00	Continue to perform better than the corporate target of 2.0%.	Achieva, 3M

### 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	# 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 #2 Improve Registered staff knowledge on identification and staging of pressure injuries

Methods	Process measures	Target for process measure	Comments
1. Provide education for Registered staff on correct staging of pressure injuries	# of education sessions provided monthly for Registered staff on correct staging of pressure injuries	100% of registered staff will have received education on identification and staging of pressure injuries by Sept 2024	

**Measure - Dimension: Safe**

Indicator #10	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	33.55	15.00	Continue to strive toward corporate target of 15.0%.	Achieva

**Change Ideas**

**Change Idea #1** Implement specific activity program at afternoon change of shift for residents who are high risk for falls

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 program during afternoon change of shift to engage residents and prevent falls	# of residents reviewed for activity needs/preferences weekly # of activity programs that occur during change of shift in afternoon weekly	Specific activity program at afternoon change of shift will be implemented by June 2024	

**Change Idea #2** 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	

**Measure - Dimension: Safe**

Indicator #11	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	14.29	14.00	Continue to perform better than the corporate target of 17.3%.	Medisystem Pharmacy, BSO

**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 best practice information on reducing antipsychotics such as – Family Fact sheet from Canadian Geriatric Society, Pharmacy etc. 2) Add information on reducing antipsychotics to tour and admission packages	# of families provided with best practice 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
Percentage of long-term care home residents in daily physical restraints over the last 7 days	C	% / LTC home residents	CIHI OMHRS / 2024	0.00	0.00	Continue to perform better than the corporate target of 2.5%.	Achieva, BSO

### Change Ideas

Change Idea #1 Provide restraint free education to residents and families on admission and as needed from then on.

Methods	Process measures	Target for process measure	Comments
1. Provide handouts in admission package. 2. Attend resident council and family council providing education. 3. Involve physiotherapy to assess and provide recommendations.	% of residents who use restraints. # of residents who currently use a PDSA. # of resident council and family council meetings attended. # of referrals to physiotherapy.	Extencicare Haliburton will continue to be restraint free in 2024.	