

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to "I am satisfied with the quality of care from the Social Worker"	C	% / LTC home residents	In-house survey / Most recent 12-month period	72.00	85.00	Corporate target	

Change Ideas

Change Idea #1 Social Worker to meet with new admissions and approach different residents each month

Methods	Process measures	Target for process measure	Comments
Social worker will track how many new admissions and different existing residents approached each month	# of residents visited by Social Worker in a month/# of new admissions monthly		New admissions to be approached by Social Worker starting May 1, 2024 and tracking of residents visited monthly to be implemented by June 2024.

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents "Who would recommend this home to others"	C	% / LTC home residents	In-house survey / Most recent 12-month period	80.00	85.00	Corporate target	

Change Ideas

Change Idea #1 Obtain suggestions and ideas from Residents council on how to improve quality and satisfaction in the home.

Methods	Process measures	Target for process measure	Comments
Review all suggestions and ideas from the Residents council and create an action plan based on priorities and available resources.	# of ideas and suggestions for improvements received monthly.	50% of suggestions to be implemented by October 30th, 2024 and 70 percent by December 31st, 2024, based on priorities and available resources	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of families "Who would recommend this home to others"	C	% / Family	In-house survey / Most recent 12 month period	79.00	85.00	Corporate Target	

Change Ideas

Change Idea #1 Obtain suggestions and ideas from family members on how to improve quality and satisfaction in the home

Methods	Process measures	Target for process measure	Comments
Review all suggestions and ideas from family members and create action plan based on priorities and available resources.	# of suggestions and ideas for improvement received monthly	Town Hall meetings will be held on a monthly basis to engage family member feedback by May 2024	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of families responding positively to "The resident has input into the recreation programs available."	C	% / Family	In-house survey / Most recent 12 month period	33.30	43.00	Home specific target	

Change Ideas

Change Idea #1 Resident program planning to be scheduled monthly for the following month's Activity calendar to maximize resident's input for programs.

Methods	Process measures	Target for process measure	Comments
Activity manager to observe and monitor resident involvement/engagement in scheduled Activities.	Monitor # of attendance for program planning. Resident program Manager Observes and monitors 4 programs a month.	Resident program planning days to implemented on Calendar by June 2024. Audits of programs to be implemented by July 2024.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to "I am satisfied with the quality of laundry services for my personal clothing."	C	% / LTC home residents	In-house survey / Most consecutive 12-month period	78.50	85.00	Extendicare target	

Change Ideas

Change Idea #1 Enhance personal laundry process to reduce lost clothing

Methods	Process measures	Target for process measure	Comments
Use room numbers instead of names on labels of personal clothing.	Audit 8 resident rooms monthly and track # of complaints received	Label change process to be implemented by June 2024	

Safety

Measure - Dimension: Safe

Indicator #6	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	11.04	10.50	Corporate target is 15% but we are continuing to strive to improve to maintain results better than target.	Achieva

Change Ideas

Change Idea #1 Continue In-depth discussions and review for frequent fallers on a monthly basis.

Methods	Process measures	Target for process measure	Comments
Review frequent fallers current interventions and reassess effectiveness with interdisciplinary team. In depth discussion and tracking implementation.	# of frequent fallers interventions are reviewed at monthly meeting. # of successful intervention with decrease falls and risk of injuries. Implemented by end of June, 2024	Discussions and review process will continue on monthly basis to meet target goal of 10.5% by end of 2024	

Measure - Dimension: Safe

Indicator #7	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	13.74	12.50	Corporate target is 17.3% but we want to maintain better than target results.	Medisystem Pharmacy, BSO

Change Ideas**Change Idea #1** Interdisciplinary review of Antipsychotic medication usage throughout the home

Methods	Process measures	Target for process measure	Comments
Meeting with RAI Coordinator, Physician, BSO lead, pharmacist, Director of Care monthly to review residents	# of resident each month who have antipsychotic without a diagnosis. # of resident each month who are on reduction program Monthly meeting with the Interdisciplinary team to be implemented June 2024	Interdisciplinary review of antipsychotic medication usage will be in place with plan to meet target of 12.5% by December 2024	

Measure - Dimension: Safe

Indicator #8	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-Dec	3.57	2.00	Corporate target	Achivea, 3M, Dietician

Change Ideas

Change Idea #1 Reassess and enhance use of skin and wound photography program effectively. Include dietician, physiotherapy and 3M for intervention measures

Methods	Process measures	Target for process measure	Comments
Weekly review of residents that have pressure injuries through the use of the program. Referrals made to dietician for wound healing. Physiotherapist to be included for feedback on appropriate positioning for offloading. Use of 3M representative to help with education for product options.	# of residents reviewed weekly, interventions for offloading and treatment plan is updated, will be implemented by June 2024 # improved, current or worsen ulcers will shared at monthly skin and wound committee with the interdisciplinary team.	Reassessment and enhancement of use of skin and wound photography program will be in place and we Will have exceeded Extendicare's target by Dec 2024	

Measure - Dimension: Safe

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with restraints	C	% / LTC home residents	Other / Oct-Dec	0.00	0.00	Corporate target is 2.5% but we strive to maintain better than target results.	Achieva

Change Ideas

Change Idea #1 Educate all families and residents upon admissions on zero restraint policy and alternatives.

Methods	Process measures	Target for process measure	Comments
Track and document all discussions with new admissions with request for use of a restraint.	# of request for restraints will be monitored and shared at restraint committee meeting. Implement by end of April, 2024.	All families and residents on admission will have education on zero restraint policy and alternatives and we will maintain current target by Dec 2024.	