

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
would you recommend this home?	C	% / Family	In-house survey / Jan-Sept 2023	50.00	70.00	Continued improvement towards Coporate target of 85%.	

Change Ideas

Change Idea #1 Plan to improve the home by updating the home with small improvements.

Methods	Process measures	Target for process measure	Comments
1. Ensure rooms are clean and tidy and move in ready prior to tours. 2. Ensure general maintenance issues are submitted to Maintenance Care, for proper maintenance. 3. Educate all staff on the importance of reporting maintenance issues in the home. 4. All Management conduct weekly rounds of their departments. 5. Attend Family Council and ask for suggestions, and to provide updates.	# of education sessions for staff # of tours # of family council meetings # of maintenance issues identified # of maintenance issues rectified	Improvements to the home will be in place by September 2024.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
If I need help right away, I can get it	C	% / Residents	In-house survey / Jan-Sept 2023	50.00	80.00	Continued improvement towards corporate target 85%.	

Change Ideas

Change Idea #1 Plan to improve response time by all staff in home when residents ask for assistance using their call bell.

Methods	Process measures	Target for process measure	Comments
1. Home will remind staff during general staff meetings that every staff is expected to check on residents when the call bell is going. 2. Ensure primary care assignments are in place and followed by the PSW's. 3. Actively recruit to vacant positons. 4. Review, update and initiate the staff contingency plan when needed.	# of call bells # of call bells lasting more than 5 minutes # of call bells lasting less than 5 minutes # of vacancies # of new hires # of in services with staff regarding responding to resident's needs.		Improvement in response time will be reviewed June 2024.

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have input into the recreation programs available.	C	% / Residents	In-house survey / Jan-Sept 2023	32.60	60.00	Continued improvement towards corporate target of 85%.	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
1. Form a monthly and/or quarterly calendar planning meeting with residents to get input regarding programs to be offered in the home. 2. Reviewed programs calendar at Resident Council meeting. 3. Receiving input from residents and families at admission.	# of new admission recreation assessments completed. # of new programs implemented. # of residents attending programs.	Improvement in program choices of the residents will be seen by August 2024.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the food and beverages served to me.	C	% / Residents	In-house survey / January-September 2023	42.90	50.00	Continued improvement towards corporate target 85%.	

Change Ideas

Change Idea #1 Provide opportunity for residents' feedback on food and beverage satisfaction by discussing monthly at resident food committee meetings.

Methods	Process measures	Target for process measure	Comments
1. Allow time for resident feedback on areas of improvement during monthly committee meetings 2. Implement changes as able based on feedback from residents 3. Home will continue to discuss residents' food and beverage variety options during monthly food committee meetings.	# of suggestions for improvement for food and beverage service from residents monthly # of suggestions implemented	There will be overall improvement in results for service and food and beverage options by September 2024.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Would you recommend this home?	C	% / LTC home residents	In-house survey / Jan-Sept 2023	63.30	80.00	Continued improvement towards Extendicare target 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 2024.	

Measure - Dimension: Patient-centred

Indicator #6	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	% / Family	In-house survey / 2024	40.00	80.00	Continued improvement towards the corporate target of 85%.	

Change Ideas

Change Idea #1 Increase contact between Social worker with residents and families so more visibility and opportunities for communication.

Methods	Process measures	Target for process measure	Comments
1. Social Worker to meet resident and family within two weeks of admission 2. Consult with peer group 3. Attend Resident & Family Council as requested 4. Social Worker to attend IDTC care conferences as available. Document progress notes	# of conferences attended by Social worker per month. # of inputs on social worker specific questions. # of assessments completed and actioned. # of resident and family council meetings Social worker attends.	There will be increased contact between Social Worker with resident and families by June 2024.	

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The resident receives courteous service in the dining room.	C	% / Family	In-house survey / Jan-Sept 2023	40.00	60.00	Continued improvement towards corporate target of 85%.	

Change Ideas

Change Idea #1 In order to improve courteous service in the dining room staff will be retrained on pleasurable dining experience.

Methods	Process measures	Target for process measure	Comments
1. Staff will complete annual training on pleasurable dining. 2. Staff will be educated on proper plating techniques. 3. Dining room seating plans will be reviewed to ensure a caring community where companionship and friendships thrive. 4. Supervisors will be present and monitor the dining rooms at all meal times.	# of staff completing training. # of staff who can demonstrate proper plating techniques during meal audits. # of meal audits. # of dining room seating plan changes.	Overall improvement, beverage and dining service will be improved by September 2024.	

Measure - Dimension: Patient-centred

Indicator #8	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 / Jan - Sept 2023	33.30	60.00	Continued improvement towards corporate target 85%.	

Change Ideas

Change Idea #1 Involve families in menu planning.

Methods	Process measures	Target for process measure	Comments
1. Families are provided an opportunity for input into food and beverage options at the monthly Food Committee. 2. The spring/summer and fall/winter menus are reviewed with input from Resident Council, the Food Committee and Family Council. 3. Data captured during walkabouts at different meals times to monitor service and obtain feedback from residents	# of concerns with food and beverage options by families. # of family council meeting attended. # of menus changes. # of seasonal menus approved. # of newsletters	Food and beverage options will be reviewed by September 2024.	

Safety

Measure - Dimension: Safe

Indicator #9	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	22.22	15.00	Continue towards the corporate target of 15%.	Achieva

Change Ideas

Change Idea #1 Continue to implement root cause analysis of falls to identify why residents are having repeated falls.

Methods	Process measures	Target for process measure	Comments
1. Provide education to all staff on the falls toolkit and policy. 2. Conduct post fall meetings. 3. Continue to have Tuesday falls meetings, reviewing all residents who have fallen and implement intervention. 4. Implement the Falling Star Program. 5. Conduct a Shoe clinic. 6. All hands on deck, managers and staff on the floor assisting during peak times.	# of education sessions provided. # of staff receiving education. # of Tuesday falls meetings. # of residents on the falling star program. # of residents receiving new shoes as a result of the shoe clinic.	Programs will be fully implemented by September 2024.	

Measure - Dimension: Safe

Indicator #10	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	13.78	7.00	Continue to perform better than the corporate target of 17.3%.	Medisystem, BSO, GMHOT

Change Ideas

Change Idea #1 Medication reviews completed for all residents currently prescribed antipsychotics.

Methods	Process measures	Target for process measure	Comments
1. Continue to speak with the home and community coordinator about resident's history prior to admission. 2. Review of the medication in collaboration with the nurse, pharmacy consultant and the physician. 3. Review the rationale for prescribing antipsychotic medications and develop a plan for reduction. 4. Pharmacy review quarterly with management and other departments. 5. Complete the antipsychotic tracker.	# of discussions held with home and community coordinator. # Number of medication reviews completed monthly. # of antipsychotic medications reduced monthly. # of residents placed on the tracker each month.	All residents currently prescribed antipsychotics will have a medication review completed by September 2024.	

Measure - Dimension: Safe

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Worsened Pressure Injury	C	% / Residents	Other / October-December 2023	0.00	0.00	Home Continue to maintain results and perform better than the Extendicare target of 2.0%.	3m, NLOT, ET Nurse

Change Ideas

Change Idea #1 Continue to enhance assessment process for pressure injuries.

Methods	Process measures	Target for process measure	Comments
1. Wound rounds and assessment are being completed on a standardized day (Wednesday). 2. The results of the wounds assessment are inputted in a skin/ wound tracker. 3. Based on the result of the assessments, proper treatment selection is being put in place.	# of wounds rounds are being completed on a standardized day (Wednesday). # of wounds assessment are inputted in a skin/ wound tracker. # of treatment selection is being put in place.	Wound assessment and treatment process will be enhanced by September 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	% / Residents	Other / October-December 2023	0.00	0.00	Continue to maintain results and perform better than corporate target of 2.5%.	Achieva

Change Ideas

Change Idea #1 Continue to educate residents and their family on the goal to continue being a restraint free home and alternatives to restraints.

Methods	Process measures	Target for process measure	Comments
1. Reeducate staff on restraint minimization and PASD. 2. Involve Physio to assess and to provide recommendations.	# of staff reeducated on restraint minimization and PASD. # of assessments completed Physiotherapist monthly.	Reeducation on restraint minimization and PASD will be completed by September 2024.	We currently have no restraints in our LTC home.