

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Residents would recommend this home to others.	C	% / Residents	In-house survey / 2023	89.50	90.00	Continue to exceed the corporate target of 85%.	

### Change Ideas

Change Idea #1 Increased satisfaction by residents who would recommend this home to others by improving continuity in care and staffing.

Methods	Process measures	Target for process measure	Comments
1. Continue to improve staffing complement for PSWs and Nurses on days, evenings, and night shifts. 2. Continue with actively recruiting nursing staff.	1. # of times monthly the staff complement was 90% and above. 2. # of staff recruited monthly.	Improvement in the continuity of care and staffing to be in place by September 2024.	

## Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family would recommend this home to others.	C	% / Family	In-house survey / 2023	83.30	85.00	Working towards the corporate target of 85%.	

## Change Ideas

Change Idea #1 Increased satisfaction with families recommending this home to others by improving continuity of care

Methods	Process measures	Target for process measure	Comments
1. Continue to improve staffing compliment for PSWs and Nurses on days, evenings, and night shifts. 2. Continue with actively recruiting nursing staff.	1. # of times monthly the staff complement was 90% and above. 2. # of staff recruited monthly	Improvement in the continuity of care to be in place by September 2024.	

### Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the relevance of the recreation programs.	C	% / LTC home residents	In-house survey / 2023	50.00	60.00	Working towards the corporate target of 85%.	

### Change Ideas

Change Idea #1 Increase the number of programs that are meaningful and suitable to residents.

Methods	Process measures	Target for process measure	Comments
1. Collect information from residents through an in-person meeting discussing about their needs and wants on recreation programs. 2. Implementing new programs.	1. # of responses from residents on preferences for recreation programs. 2. # of new programs added based on resident's feedback and fully completed by 100%		New recreation programs based on resident feedback will be implemented by September 2024.

## Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of spiritual care services.	C	% / Residents	In-house survey / 2023	55.60	60.00	Working towards the corporate target of 85%.	

## Change Ideas

Change Idea #1 Increase the variety of spiritual care services to residents.

Methods	Process measures	Target for process measure	Comments
1. Collect information from residents on their needs and wants on spiritual care services. 2. Contact spiritual agencies based on the resident's feedback.	1. # of responses received from residents. 2. # of new spiritual care services are added based on resident's feedback and fully completed by 100%.	At least 2 new spiritual care services will be provided for residents by June 2024.	

## Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of spiritual care services.	C	% / Family	In-house survey / 2023	48.00	55.00	Working towards the corporate target of 85%.	

### Change Ideas

Change Idea #1 Increase the variety of spiritual care services to residents by obtaining feedback.

Methods	Process measures	Target for process measure	Comments
1. Collect information on residents needs and wants on spiritual care services. 2. Contact spiritual agencies based on the feedback.	1. 100% on resident's needs on spiritual care services. 2. Spiritual agencies will be contacted 100% based on feedback. 3. # of recommendations and feedback received	At least 2 new spiritual care services will be provided for residents by June 2024.	

Change Idea #2 Collect information from existing resident's family members by calling them to confirm the resident's preferred religion.

Methods	Process measures	Target for process measure	Comments
1. Reception will call families to ask spiritual care services questions and document in point click care. 2. Variety of spiritual care services will be identified and action plan will be made accordingly and the data will be shared with activities manager.	# of families contacted # of spiritual care services identified and included in action plan.	Reception will get a list of residents - call one POA of resident and ask questions by complete by March 29, 2024.	

**Measure - Dimension: Patient-centred**

Indicator #6	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 / 2023	25.00	40.00	Working towards the corporate target of 85%.	

**Change Ideas**

Change Idea #1 Raise family member awareness on resident's input on programs.

Methods	Process measures	Target for process measure	Comments
Communicate the collected information from resident's program review to family members.	# of monthly communication sent out to family members by 100%.	Communication will be included and sent by first business day of the month starting April 2024	

**Measure - Dimension: Patient-centred**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the food and beverages served to me.	C	% / LTC home residents	In-house survey / 2024	68.40	75.00	Working towards the corporate target of 85%.	

**Change Ideas**

Change Idea #1 Provide opportunity for residents' feedback on food and beverage satisfaction by discussing bi-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 bi-monthly food committee meetings.	1. # of suggestions for improvement for food and beverage service from residents bi-monthly 2. # 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 #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Continence care products are comfortable.	C	% / Family	In-house survey / 2024	66.70	75.00	Working towards the corporate target of 85%.	

## Change Ideas

Change Idea #1 Ensuring our resident and families are educated and aware of their options and choices of continence products in the home.

Methods	Process measures	Target for process measure	Comments
1. Include education in the admission process for families and residents 2. Resident council and townhall, we will give opportunities to discuss Prevail and continence concerns 3. Discuss any concerns with continence products in the nursing portion of the IDTC 4. Include Prevail education in the Newsletter	1. # of education sessions provided to families and residents. 2. # of resident council and townhall meetings where continence products were discussed. 3. # of IDTC meetings where continence products were discussed. 4. # of newsletters.	Measures will be in place by October 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	11.24	9.00	Home Target set for continued improvement and better than Corporate target of 15%.	Achieva, Arjo, Physiotherapist, GTA Extensicare Homes

### Change Ideas

Change Idea #1 Decrease in the number of falls 2. Increase monitoring during report change.

Methods	Process measures	Target for process measure	Comments
1. Review and update current high-risk residents for falls to identify their needs/preferences. 2. Two PSWs on the floor during shift report to monitor residents.	1. # of high risk residents reviewed and updated will be 100%. 2. # of falls during report time decreased by 50%.	Process for increased monitoring during report change will be in place 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	8.07	8.00	Home Target to continue to improve to be better than Corporate target of 17.3%	PRC, Behavioral Support Ontario, Medisystem

**Change Ideas**

Change Idea #1 Decrease in the number of residents prescribed antipsychotics without a diagnosis by implementing a process for review and tracking.

Methods	Process measures	Target for process measure	Comments
1. Review and track all residents that are on antipsychotics without a diagnosis of psychosis. 2. Continue to review and document newly admitted residents on antipsychotics and discuss how to de prescribe as appropriate.	1. # of residents reviewed at the end of each month by 100%. 2. # of residents newly admitted to the home on antipsychotics reviewed by 100%. # of residents de prescribed monthly	Process for review and tracking of antipsychotic medications will continue through to December 2024 and results will be maintained.	

**Measure - Dimension: Safe**

Indicator #11	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with restraints	C	% / LTC home residents	CIHI CCRS / 2023	0.55	0.00	Home Target to maintain results and be better than Extensicare target of 2.5%	HME, Physiotherapists, Pharmacist

**Change Ideas**

Change Idea #1 Maintain current QI score for resident with restraints by continuing with process for quarterly review of restraints and providing education on policy.

Methods	Process measures	Target for process measure	Comments
1. continue process for Quarterly review of residents with a restraint 2. Provide staff education on least restraint policy.	1. # of quarterly reviews completed by 100%. 2. # of staff educated on least restraint policy completed by 100%.		Process for quarterly review of restraints will continue and results maintained through to December 2024. 100% Staff education will be provided on least restraint by December 2024.

**Measure - Dimension: Safe**

Indicator #12	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	CIHI CCRS / 2023	0.56	0.00	Home Target to maintain results and continue to perform better than Extendicare target of 2%	ET Nurse, MIP Inc, Solventum, Physiotherapists

**Change Ideas**

Change Idea #1 Maintain the number of residents with worsened pressure ulcers (stages 2-4).

Methods	Process measures	Target for process measure	Comments
1. Review PURS score on a quarterly basis. 2. Continue to provide education to staff on prevention of pressure injuries.	1. 100% of residents reviewed with PURS score of 3 or greater with interventions in place. 2. # of education sessions provided for staff on prevention of pressure injuries.	Review of residents with PURS score of 3 or greater will be reviewed on an ongoing basis. Staff will have received education on prevention of pressure injuries by Sept 2024.	