

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident response: I have input into the recreation programs available	C	% / Residents	In-house survey / Sept 2024- Oct 2025	63.60	65.60	Continue to improve toward corporate target of 85%	

Change Ideas

Change Idea #1 Recreation staff will work with the residents to have an increased input into the recreation program by increasing opportunities for communication.

Methods	Process measures	Target for process measure	Comments
(1) Recreation staff will continue to share the monthly calendar in a group setting and ask the residents for their input (2) Recreation staff will reach out to the residents who don't attend large gatherings for a 1:1 visit and ask them for their input. 3) implement activities based on resident feedback	Audits will be conducted to measure how the residents are attending the programs. Measure the participation rate of attendance at offered programs # of residents who had 1:1 visit # of activities implemented based on resident feedback	1) Audits will be 100% completed by June 2025 2. Process for tracking and measuring participation rates for programs will be 100% in place by June 2025 3. All residents that do not attend large programs will have had a 1:1 visit by September 2025 4. 2 new activities /quarter will be implemented based on resident feedback by September 2025	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience, I am satisfied with the quality of cleanliness of the residents room	C	% / Residents	In-house survey / Sept 2024 - Oct 2025	80.80	86.80	Continued improvement with goal to exceed corporate target 85%	

Change Ideas

Change Idea #1 To collaborate with the resident council on change ideas for improvement in cleanliness of resident rooms through review of audits

Methods	Process measures	Target for process measure	Comments
1)Audit all resident rooms for cleanliness 2) Re-educate housekeeping staff on deep cleaning and use of equipment to clean 3) Develop a schedule to identify areas of deficiencies and target dates to resolve issues. 4)Discuss results and progress at resident council.	Number of audits completed. Number of education sessions conducted for housekeeping staff Number of resident council meetings where plan was discussed.	Residents will indicate improved satisfaction in the quality of cleanliness of resident's room Target is 86.8 percent on the 2025 satisfaction survey Oct 2025. 100% education to be completed by April 30, 2025. Target for audits 100% completion by July 15, 2025.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Experience: Communication from home leadership (Administrator, Executive Director, and Managers) is clear and timely.	C	% / Family	In-house survey / Sept 2024- Oct 2025	75.40	78.30	Continued improvement toward corporate target of 85%	

Change Ideas

Change Idea #1 Increase the frequency of family townhall meetings to improve communication and provide opportunity for feedback

Methods	Process measures	Target for process measure	Comments
1. Plan 4 meetings (Townhalls) with the family members over the calendar year 2025. 2. Emails to be sent out to the families by the Administrator, Social Worker and Program Manager, IPAC Manager (and other managers as required). 3. Agenda to be determined in advance of meetings. 4. Provide opportunity for families to share concerns/feedback. 5. Action any feedback and update families on actions during the meetings.	# of townhall meetings annually # of family members in attendance at each townhall # of concerns identified and acted on	1. Townhall meetings to increase to 4 over the calendar year by December 2025. 2. There will be a 20% increase in attendance by family members by October 2025. 3. Process for taking feedback and sharing of action plan with families will be in place by June 2025.	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents with restraints with daily restraints	C	% / Residents	Other / October - December 2024	0.80	0.50	Continue to improve and maintain results better than corporate target of 2%	Achieva, Behavioural Supports

Change Ideas

Change Idea #1 communicate facility is restraint free to residents, families and community LIHN hospital etc. Develop a restraint committee to review facility restraints.

Methods	Process measures	Target for process measure	Comments
Review all residents currently utilizing restraint's Discuss alternative to restraints with POA/residents. Develop pamphlet to communicate message restraint free, risk to restraints and alternatives.	number of residents reviewed monthly number of meeting held with family/resident to discuss alternatives. number of pamphlets printed	100 percent of restraint's will be reviewed and plans implemented for trialing alternatives by September 2025 Pamphlet will be developed by June 2025	continue to work with LIHN to communicate that home is restraint free

Measure - Dimension: Safe

Indicator #5	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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	15.55	15.00	Extencicare target	Achieva, Behavioural Supports

Change Ideas

Change Idea #1 Falls lead to arrange for education sessions for the staff and to reduce the number of falls from previous year.

Methods	Process measures	Target for process measure	Comments
(1) track all falls utilizing a tracker and audits to be reviewed by interdisciplinary team in the monthly meeting. (2) Identify education for the frontline staff and for it to be completed.	Number of education sessions held for front line staff on fall prevention strategies. Number of fall audits completed. Number of updates to fall tracker completed.	100% of education sessions to be completed by August 30th, 2025. Monthly tracker updates to begin in April 2025.	

Measure - Dimension: Safe

Indicator #6	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 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	6.71	5.00	Continue to improve and maintain better results than Extencicare target of 17.3%	Medisystem, Behavioral Supports

Change Ideas

Change Idea #1 Engaging BSO staff to continue to review the potential triggers for all residents on prescribed antipsychotic medications.

Methods	Process measures	Target for process measure	Comments
1)BSO staff will identify residents who would benefit from having specific interventions to reduce responsive behaviours.2) Education to be provided for front line staff to identify residents who BSO could work with. 3) The front-line staff will send the BSO team referrals to share this information. 4)BSO team will create non-pharmacological interventions to help residents who are experiencing responsive behaviors to reduce the need for pharmacological interventions.	Number of residents that the BSO has on their list. Number of BSO referrals sent. Number of staff attending education.	BSO will begin tracking residents they are seeing and interventions put in place by April 2025. BSO referral training will be 100% completed by April 2025.	

Measure - Dimension: Safe

Indicator #7	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	Other / October - December 2024	6.70	2.00	Corporate target	Solventum/3M, Wounds Canada

Change Ideas

Change Idea #1 To have the skin/wound and continence champions in place to oversee program and increase expertise within the home.

Methods	Process measures	Target for process measure	Comments
(1) Skin and wound care leads put into place (both full time and part time) and enroll them in SWAN program. (2) Skin and Wound leads to work closely with our partnership of vendors, for eg. ET Nurses, Nurse Practitioner and 3M. (3) Leads to identify any program gaps and action plan 4) Education to be completed with nursing staff related to wound care based on identified needs.	Number of staff certified by SWAN program. Number of skin and wound education sessions held through the year. Number of Registered staff who attended the training # of identified gaps in program that were actioned and corrected	SWAN certified nurses to be in place by December 1st, 2025. 100% Education for staff to be completed by November 2025. Review of program will be completed and gaps identified and corrected by October 2025	