

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience: Would you recommend the home.	C	% / LTC home residents	In-house survey / Annual survey 2023	75.00	85.00	To commit towards improving our current performance towards customer excellence and Extencicare target of 85%	

### Change Ideas

Change Idea #1 To increase collaboration with the residents in order to address, embrace and implement change ideas.

Methods	Process measures	Target for process measure	Comments
1) To have management and family attendance in Townhall meetings with residents in order to develop conversations and that bring forth new ideas. 2) Host a mini survey to ask residents the question, "Would you recommend the Home?" twice per year to gather feedback.	# of meetings # of residents in attendance and # of new initiatives brought forward # of mini survey results received # of change ideas implemented based on feedback	Host monthly townhall meetings for resident in order to answer questions and supply information/updates. Townhall meetings to begin in April 2024.	To enhance customer excellence.

## Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Experience: Would you recommend the home	C	% / Family	In-house survey / Annual Survey 2023	74.50	85.00	To commit towards improving our current performance towards customer excellence	

## Change Ideas

Change Idea #1 To collaborate with our family representatives in order to address, embrace and implement change ideas and develop a family council.

Methods	Process measures	Target for process measure	Comments
(1) To have quarterly family meetings in order to develop conversations and that bring forth new opportunities. (2) encourage family members to form a Family Council, (3) Have quarterly communications from the Administrator sent to the Family representatives (Identified POA). (3) The Administrator will also do "walk abouts" in the building each day to have conversations with the residents/families in the building.	Number of meetings per year and 3 communications with Family representatives (POA) per year. Walkabouts daily by Administrator	Create a robust Family Council in 2024 to be able to represent the voice of the family and bring new opportunities to the home through the council. Family Council to be created and Communications be sent to families by June 2024.	

## Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience: Percentage of residents who respond positively to the question, "I am updated regularly about any changes in my home."	C	% / LTC home residents	In-house survey / Annual Survey	48.40	85.00	To increase the customer/resident satisfaction to meet Extencicare target of 85%	

## Change Ideas

Change Idea #1 To increase the frequency of updated information for the residents.

Methods	Process measures	Target for process measure	Comments
<p>1)Updates from Management are provided to the Program Manager to enlarge the print and put on the activity boards in each of the RHA.</p> <p>2)Communications are also with Monthly Resident Council Meetings.</p> <p>3)The Administrator or any other manager will accept all invitations to attend the resident's council meetings to bring information and answer questions.</p>	<p>Number of residents that had the opportunity to receive and have an opportunity to ask questions about any changes in the organizations Number of ideas implemented based on feedback given.</p>	<p>The residents' response to this question would be 85% or higher on the next satisfaction survey for 2024.</p>	

## Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Experience- I am satisfied with the quality of cleanliness of the residents rooms	C	% / Family	In house data collection / 2023	52.00	85.00	Corporate target	

## Change Ideas

Change Idea #1 To collaborate with family council on change idea for improvement in cleanliness of resident rooms through review of audits results.

Methods	Process measures	Target for process measure	Comments
1)Audit 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 family council.	Number of audits completed. Number of education sessions conducted for housekeeping staff Number of family council meetings where plan was discussed.	Families will indicate improved satisfaction in the quality of cleanliness of resident's room Target is 85 percent on the 2024 satisfaction survey. Education to be completed by April 30, 2024. Target for audits completion is July 15, 2024.	

## Safety

### 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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	13.72	15.00	Extencicare Target but we continue to strive for excellence and improvement in our results.	Achieva, Behavioural Supports Ontario

### Change Ideas

Change Idea #1 Falls Prevention Action Plan to be enhanced by having designated Falls leads.

Methods	Process measures	Target for process measure	Comments
1) Hire Fall Program Leads (both full time and part time). 2) Track all falls utilizing a tracker and audits to be reviewed by interdisciplinary team in the monthly meeting. 3) Identify education for the frontline staff and for it to be completed.	Number of staff hired into the falls lead positions. 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	Fall Leads to be hired by June 30, 2024. Education sessions to be completed by August 30th, 2024. Monthly tracker updates to begin in April 2024.	

**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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	7.41	17.30	Extencicare target but we continue to strive for excellence and improvement in our results.	Behavioral Supports Ontario, Medisystem Pharmacy

**Change Ideas**

Change Idea #1 Restart the "Community Meetings" for the BSO staff to meet with the Champions on each RHA unit to review the residents on Antipsychotic medications.

Methods	Process measures	Target for process measure	Comments
1)The BSO staff will meet with the champions from each of the RHA monthly to discuss the residents on their assignments to bring them up to date. 2)Pharmacy to complete a medication review for all residents who are currently on an antipsychotic without an acceptable diagnosis and provide feedback and suggestions to the interdisciplinary team.	Number of medication reviews completed by consultant pharmacist. Number of monthly "Community Meetings" held on the Resident home Areas.	Medication reviews for residents to be completed by September 30th, 2024. Monthly "Community Meetings" to begin in April 2024.	

Change Idea #2 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 behaviours 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 by April 2024. BSO referral training will be completed by April 2024.	

**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 worsening pressure ulcer stage 2 to 4	C	% / LTC home residents	CIHI portal / 2023	4.20	2.00	Corporate target for this indicator	3M/Solventum, NSWOC

**Change Ideas**

Change Idea #1 Enhance the process for Skin and Wound Care program by having a Registered staff in house SWAN trained, wound care lead in the home, and education to front line and registered staff.

Methods	Process measures	Target for process measure	Comments
1)Skin and Wound care leads put into place (Both full time and part time).2) Enroll lead(s) in SWAN program. 3)Working closely with our partnership of vendors, for eg. ET Nurses, Nurse Practitioner and using 3M to enhance our assessments.4) Education to be completed with nursing staff related to wound care.	Number of staff certified by SWAN program. Number of skin and wound education sessions held through the year.	SWAN certified nurses to be in place by December 1st, 2024 Education to be completed by November 2024.	



**Measure - Dimension: Safe**

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents with restraints with daily restraints.	C	% / LTC home residents	POC/PCC Audits / Oct-Dec 2023	0.80	0.00	Continuing to maintain improvement better than 2.5 % corporate target working towards zero target	Achieva

**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	100 percent of restraint's will be reviewed and plans implemented for trialing alternatives by September 2024	continue to work with LIHN to communicate that home is restraint free