

## Experience

### Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience: Would you recommend this home	C	% / LTC home residents	In house data collection / 2023	75.00	85.00	Corporate target 85%	

### Change Ideas

Change Idea #1 hold two residents meetings to review survey would you recommend this home

Methods	Process measures	Target for process measure	Comments
two meetings to be held for residents to express their input/concerns related to the home	number of participates at two resident meetings		These two resident meetings to be completed with residents by May 15th, 2024.

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family experience - Would you recommend this home	C	% / Family	In house data collection / 2023	83.70	85.00	To meet or exceed Extencicare's target of 85%.	

**Change Ideas**

Change Idea #1 Hold quarterly townhall meetings for families and residents.

Methods	Process measures	Target for process measure	Comments
Organize and host Townhall meetings with standing agenda items to provide updates to families and residents within the home.	# of townhall meetings held through 2024.	Host 4 meetings throughout the year of 2024- completed in December.	

## Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience: I have input into the recreation programs available.	C	% / LTC home residents	In-house survey / 2023 Satisfaction Survey	40.00	85.00	To meet or exceed the Extencicare target of 85%.	

## Change Ideas

Change Idea #1 Create and distribute a survey to residents to gain insight on programs and activities they would like to see within the home.

Methods	Process measures	Target for process measure	Comments
1. Provide residents with a CPS of 3 or less an opportunity to complete the survey with a home volunteer. 2. Gather the data from the surveys and make changes to the programs available.	# of surveys completed # of changes made to the program calendar.	Survey to be completed by April 30th, 2024. New programs and program calendar implemented by July 1st, 2024	

Change Idea #2 Program Team will complete program audits to ensure program plans and program delivery are implemented and carried out in a standardized method.

Methods	Process measures	Target for process measure	Comments
Annual Program Plan Audits will be expedited to be completed by recreation staff.	# of Program Plans that require updating.	Annual Program Plan Audits will be completed by June 30th, 2024.	

**Measure - Dimension: Patient-centred**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience: I am updated regularly about any changes in my home.	C	% / LTC home residents	In-house survey / 2023 Survey	51.30	85.00	To meet or exceed Extencicare target of 85%.	

**Change Ideas**

Change Idea #1 Send new monthly email to families and residents of updates within the home

Methods	Process measures	Target for process measure	Comments
Implement monthly email communication from management to all residents and families on updates within the home.	# of emails sent in a month.	Improved communication system to alert residents and families of changes in the home by May 1st, 2024.	

Change Idea #2 Home team to post updates in the home on information boards.

Methods	Process measures	Target for process measure	Comments
Obtain updates from the management team and post the updates on information boards throughout the home for residents and families to read.	# of posted updates in a month.	Improved communication system to alert residents and families of changes in the home by May 1st, 2024.	

**Measure - Dimension: Patient-centred**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Experience: There is good choice of continence products available.	C	% / Family	In-house survey / 2023 Survey	41.90	85.00	To meet or exceed Extencicare Target of 85%.	

**Change Ideas**

Change Idea #1 Provide families with education related to the available continence products within the home.

Methods	Process measures	Target for process measure	Comments
Invite the Prevail Representative to present at a Family Council Meeting to educate families on the different continence products within the Home.	# of attendees at the Family Council meeting.	To have the Prevail Representative booked in for a Family Council meeting by May 2024.	

Change Idea #2 Invite the Prevail Representative to complete staff education regarding the different continence products used in the home.

Methods	Process measures	Target for process measure	Comments
The Prevail Representative will provide classroom education to train nursing staff on how to select the correct continence product for a resident.	# of staff educated.	Education regarding continence products to be completed by December 2024.	

**Measure - Dimension: Patient-centred**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Experience: The resident has input into the recreation programs available.	C	% / Family	In-house survey / 2023 Survey	50.00	85.00	To meet or exceed the Extencicare Target of 85%.	

**Change Ideas**

Change Idea #1 Present home specific action plans to improve resident satisfaction related to “I have input into the recreational programs available.” at Family Council.

Methods	Process measures	Target for process measure	Comments
Bring action plans to the Family Council Meeting to allow for discussion and input to the action item.	# of suggestions provided by family.		Attend Family Council meeting to present action items by June 2024.

## Safety

### Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 since their previous resident assessment.	C	% / Residents	In house data, interRAI survey / October - December 2023	2.10	2.00	To meet or exceed the Extendicare target of 2.0%.	3M/Solventum, NSWOC

### Change Ideas

Change Idea #1 To monitor and review all of the residents with Stage 2 to 4 acquired within the home weekly.

Methods	Process measures	Target for process measure	Comments
Review the residents with acquired stage 2 to 4 with the use of the tracker weekly.	Total number of residents with worsened stages 2 to 4 pressure ulcer divide by the number of residents whose pressure ulcers acquired in house.	To have 100% of internally acquired wounds tracked and monitored weekly starting March 2024.	

Change Idea #2 To educate all Nursing Staff on Skin and Wound Care program.

Methods	Process measures	Target for process measure	Comments
To educate all Nursing Staff on Skin and Wound Care program and policies.	Total number of active Nursing Staff divide by the total number of Nursing Staff educated.	To have 100% of active Nursing Staff educated in Skin and Wound Care Program by December 15, 2024.	

Change Idea #3 To monitor and review all of the residents with skin breakdown acquired within the home.

Methods	Process measures	Target for process measure	Comments
Using the wound tracker, Wound Care Coordinator will monitor progress of each wound weekly.	Total number of residents with worsened pressure ulcers divide by the number of residents whose pressure ulcers acquired internally and are healed.	To have 100% of internally acquired acquired wounds tracked and monitored, and reviewed weekly starting March 2024.	

### Measure - Dimension: Safe

Indicator #8	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	17.72	15.00	To meet the Extencicare Target of 15%	Achieva

### Change Ideas

Change Idea #1 To educate all Nursing Staff on the Falls Prevention Program.

Methods	Process measures	Target for process measure	Comments
Staff will be educated on the Falls Prevention Program.	Total number of active Nursing Staff divide by the total number of Nursing Staff educated.	To have 100% of active Nursing Staff educated on the Falls Prevention Program by December 15, 2024.	



Change Idea #2 To conduct medication reviews for residents at moderate to high risk for falls.

Methods	Process measures	Target for process measure	Comments
A list of residents who are at moderate to high risk for falls will be given to the Pharmacy Consultant for review. The Pharmacist Consultant will collaborate with the Physician and recommend/order medication changes. The residents who are deemed to be at low risk will have their medications assessed every 3 months.	Total Number of residents with moderate to high risk for falls divide by the number of medication reviews conducted.	Our goal is to assess 100% of our residents who are moderate to high risk for falls by December 15, 2024.	

### Measure - Dimension: Safe

Indicator #9	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	9.55	9.00	Goal is to maintain and improve current performance to be below both provincial and 17.3% corporate targets.	Medisystem Pharmacy, Behavioural Supports Ontario

### Change Ideas

Change Idea #1 To educate all Nursing Staff on Responsive Behaviour Management and Mental Health.

Methods	Process measures	Target for process measure	Comments
Staff will be educated on Responsive Behaviour Management and Mental Health.	Total number of active Nursing Staff dividde by the total number of Nursing Staff educated.	To have 100% of active Nursing Staff educated on Responsive Behaviour Management and Mental Health by December 15, 2024.	

Change Idea #2 Medication reviews for all residents identified on antipsychotics without diagnosis of psychosis.

Methods	Process measures	Target for process measure	Comments
A list of residents who are identified on antipsychotic medication without a diagnosis of psychosis will be given to the Pharmacist Consultant for review. The Pharmacist will collaborate with the Physician and will recommend/order medication changes as identified and appropriate.	Number of residents on antipsychotic medications divide by the number of residents whose medications were adjusted or discontinued.	Our goal is to review 100% of the residents identified on antipsychotics without a diagnosis of psychosis by December 15, 2024.	

**Measure - Dimension: Safe**

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with restraints	C	% / LTC home residents	POC/PCC Audits / Oct-Dec 2023	0.00	0.00	To continue to meet and exceed the Extencicare Target of 2.5%	Achieva

**Change Ideas**

Change Idea #1 To continue to exceed the target for residents utilizing restraints throughout 2024.

Methods	Process measures	Target for process measure	Comments
1)Work with community stakeholders to discuss the home's goals of being a restraint free home. 2)Review all resident applicant information to ensure they are not utilizing a restraint. If they are, begin discussion around removing the restraint prior to admission. 3)Meet with families and residents where needed, to discuss the home goals of continue to be a restraint free home and discuss risks of restraints.	The number of residents utilizing a restraint in the home throughout the year. the number of applications reviewed requiring a discussion about removal of restraints	The home will continue to meet the target for restraints within the home through 2024.	