Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "I am satisfied with the food and beverages served to me".	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	58.80	68.20	The LTC Division Overall 2024	

Change Ideas

Change Idea #1 Commencement of a Food Committee in addition to the standing dedicated time during Resident Council meetings to discuss food complaints and recommendations

Methods	Process measures	Target for process measure	Comments
1) Continue allotted time during Resident Council meetings to discuss feedback on food and beverages 2) Formalize a Food Committee that will occur on a monthly basis, scheduled the day after each Resident Council 3) The Food Committee will agree upon actions that will be taken and specify a timeline 4) The Food Committee will follow-up on improvement and reassess actions as needed	1) # of Food Committee there is allotted specified time during Resident's Council meeting 2) # of Feedback and recommendations discussed with the Food Committee and # of corresponding actions documented and monitored ongoingly	1) Food Committee meetings will be held 12 times per year, occurring monthly - starting on March. 26th, 2025 2) Recommendations will be documented and actioned on within 10 days and feedback on those actions obtained within 14 days post implementation	When reviewing the Satisfaction Survey results with Residents council, they emphasized that the food is too cold across the entirety of meal service. This will be addressed and further action planned within the Food Committee.

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "If I need help right away, I can get it".	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	41.90	69.10	The LTC Division Overall 2024	

Change Ideas

Change Idea #1 Increase staff awareness of call bell response times

Methods	Process measures	Target for process measure	Comments
1) Nurse Management will review call bell response times at minimum on a weekly basis 2) Nurse Management will communicate results to staff and leadership team on a weekly basis 3) The team will incorporate on the spot monitoring by leadership walkabouts to observe response times 4) Leadership will follow up with staff for any areas of improvement for response times	1) # of call bell response time reviews completed 2) # of times results communicated to staff and to leadership team 3) # of leadership walkabouts completed monthly 4) # of staff follow ups required	1) Call bell response review process will be in place by April. 1st, 2025 2) Communication of call bell responses to staff and to leadership will be in place by April. 1st, 2025 3) Process for leadership walkabouts will be in place by April. 1st, 2025	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "In my care conference, we discuss what's going well, what could be better and how we can improve things".	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	53.60	66.90	The LTC Division Overall 2024	

Change Ideas

Change Idea #1 Encourage residents to attend their annual care conference

Methods	Process measures	Target for process measure	Comments
1) Communicate to residents when their annual care conference is scheduled in advance of meeting 2) Remind resident morning of meeting and assist as needed to meeting 3) Provide copy of plan of care 4) Allow time for discussion and obtain feedback on what could be improved	1) # of annual care conferences where residents attend 2) # of care conferences where plan of care was discussed with resident	1) Residents will be encouraged to attend their annual care conferences beginning April. 1st, 2025 2) Beginning April 1st, 2025 100% of care conferences will have plan of care discussed with residents attending.	

Safety

Measure - Dimension: Safe

Indicator #4	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	11.89	11.00	Continued improvement with a realistic target.	Achieva, Pharmacy

Change Ideas

Change Idea #1 Implement 4 P's rounding

Methods	Process measures	Target for process measure	Comments
1) Educate staff on 4 P's process 2) Provide 4 P's cards to staff as reminder 3) Inform resident council and family council what 4 P's process is	1) # of staff educated on the 4 P's process 2) Resident council and family council informed of process	1) 100% of front line staff will be educated on the 4 P's process by May. 23rd, 2025 2) 4 P's cards will be distributed to staff by May. 23rd, 2025 3) Resident council and Family council will be informed of process by May. 23rd, 2025	On February. 23rd 2025 we moved to Crossing Bridge. With an influx of new team members, we aim to ensure comprehensive understanding of the 4 P's process. Target of May. 23rd, 2025 is 3 months post move.

Change Idea #2 Ensure each resident at risk for falls has an individualized plan of care for fall prevention

Methods	Process measures	Target for process measure	Comments
1) Determine residents at risk for falls 2) Review plan of care for each resident at risk 3) Discuss strategies with falls team and staff 4) Update plan of care 5) Communicate changes in plan of care with care staff	1) # of plans of care reviewed 2) # of plans of care updated	1) Residents at risk for falls will be identified by April. 1st, 2025 and maintained on an at minimum quarterly basis 2) Care plans for high-risk residents will be reviewed and updated by April. 1st, 2025 and maintained on an at minimum quarterly basis 3) Changes in plans of care will be communicated to staff within 24-hours of making updates as of April. 1st, 2025	The Falls Prediction and Prevention Report will guide this process in tandem with our Friday Falls Meetings.

Change Idea #3 Medication review of residents who are assessed as being at risk of falls

Methods	Process measures	Target for process measure	Comments
1) Determine residents at risk for falls 2) Review prescribed medications for residents at risk of falls 3) Determine medications that have side effects that could potentially contribute to falls 4) Notify staff of potential risks and incorporate into plan of care for monitoring 5) Discuss with physician if there are alternatives to prescribed medications that might decrease risk of falls	1) # of residents identified as being at risk for falls 2) # of medication reviews completed for residents at risk for falls 3) # of medication changes /alternatives prescribed to decrease fall risk	1) Residents at risk for falls will be identified at minimum on a quarterly basis, starting April. 1st, 2025 2) As of April. 1st 2025, 100% of Medication reviews will be completed for those residents at risk for falls at minimum on a quarterly basis	Medication review and the impact on falls is an area we want to focus on this year. Quarterly to align with our MDS assessments.

Measure - Dimension: Safe

Indicator #5	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	12.37	10.00	Continued improvement with a realistic target.	Medisystem, BSO, Royal Ottawa Hospital - psychogeriatric team

Change Ideas

Change Idea #1 Implement Extendicare's Antipsychotic Reduction Program which includes using the Antipsychotic Decision Support Tool (AP-DST).

Methods	Process measures	Target for process measure	Comments
1) Re-evaluate AP Home Team/ Committee meeting members 2) Action plan for residents inputted into decision support tool 3) Educate and provide training as needed	1) Home team/ committee meeting members established 2) Monthly meetings for antipsychotic review 3) Percentage of residents with an action plan inputted (100% of Residents Triggering AP QI, Res on AP NOT Triggering AP QI as needed)	1) Home team/ committee meeting members will be established by April. 23rd, 2025 2) Antipsychotic review meetings will occur on a monthly basis - commencement of April, 2025 (once per month, more if needed) 3) Residents triggering the Antipsychotic QI have an action plan inputted into the decision support tool within 3 to 6 months of admission starting April. 1st, 2025	

Change Idea #2 Enhance collaboration with Behavioral Supports Ontario (BSO) Lead and interdisciplinary team			
Methods	Process measures	Target for process measure	Comments
1) Invite BSO lead to PAC meeting and corresponding interdisciplinary meetings for increased visibility 2) Remind staff to refer to BSO for support 3) Ensure monthly Responsive Behaviour's Committee/ BSO meetings occur	1) # of interdisciplinary meetings BSO invited to attend 2) # of monthly referrals to BSO	1) BSO will have increased collaboration and visibility in home by May. 23rd, 2025	

Change Idea #3 Education for Registered Staff on antipsychotics			
Methods	Process measures	Target for process measure	Comments
1) Nurse Practitioner or Pharmacist will provide an education session for registered staff on antipsychotic medications (including usage, side effects, and alternatives)	1) # of registered staff who attended a training session on antipsychotic medications	1) 75% of registered staff will have attended a training session on antipsychotic medications by December. 31st, 2025	

Change Idea #4 Collaborate with the physicians to ensure all residents using antipsychotic medications have a medical diagnosis and rationale identified			
Methods	Process measures	Target for process measure	Comments
1) Complete medication review for residents prescribed antipsychotic medications 2) Review diagnosis and rationale for antipsychotic medication 3) Consider alternatives as appropriate	1) # of medication reviews completed monthly 2) # of diagnosis that were appropriate for antipsychotic medication use 3) # of alternatives implemented	1) 75% of all residents will have medication and diagnosis review completed to validate usage by September. 30th, 2025	Crossing Bridge will be at full resident capacity by July. 1st, 2025. Target date of September. 30th, 2025 is three months post full occupancy.

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents with worsened staged 2 to 4 pressure injuries	C	% / LTC home residents	CIHI CCRS / PCC/ February	1.94	1.50	Continue to improve and perform better than corporate target of 2%	3M, Acheiva

Change Ideas

Change Idea #1 Education on product selection for wound care

Methods	Process measures	Target for process measure	Comments
1) Education sessions set up for all registered staff on products on wound care protocol 2) Sessions to be arranged for all shifts 3) Audits to be completed by Wound Care Champion and QRM for correct usage of products	1) # of education sessions /shift 2) # of audits completed monthly	1) Education sessions on products and selection of products will be completed for all Registered staff by December. 31st, 2025	

Change Idea #2 Focus on continence to keep skin clean and dry- toileting, appropriate brief selection

Methods	Process measures	Target for process measure	Comments
1) The Wound Care Champion will review the number of residents on a toileting routine and compare it with the wound list 2) The Wound Care Champion will work with the Continence Care lead to ensure that the correct incontinence products are being used for each resident 3) The Continence Care lead will work synergistically with the Prevail representative to provide education sessions as required for brief selection 4) The Restorative Care Lead and Restorative Care Aide will review restorative goals for residents on restorative toileting programs 5) Members of the corresponding committees (Skin and Wound Committee, Continence and Bowel Management Committee) will audit this process and implement subsequent action plans	1) # of residents with skin issues 2) # of brief audit checks completed 3) # of education sessions provided 4) # of residents on restorative toileting program	1) The Wound Care Champion will complete their resident review by May. 31st, 2025 2) Review of correct sizing and type of incontinences products will be completed by May. 31st, 2025 3) Education sessions for product selection will be completed by December. 31st, 2025 4) Annual review of continence program will be completed by December. 31st, 2025	

Change Idea #3 Mandatory education for all registered staff on correct staging of Pressure ulcers

Methods	Process measures	Target for process measure	Comments
1) Communicate to registered staff requirement to complete education 2) Registered staff to complete the "Skin and Wound Care for Registered Staff" online module by September. 30th, 2025 3) QRM to monitor completion rates on Surge Learning portal 4) The Wound Care Champion, with support from the Community of Practice Skin Safety team (and home SWANs if needed), will provide registered staff additional education on correct staging of Pressure Ulcers as needed	1) # of registered staff who have completed online modules on wound staging on a monthly basis 2) % of registered staff who have attended education on correct staging of Pressure Ulcers hosted by the Wound Care Champion	1) 100% of Registered staff will have completed the "Skin and Wound Care for Registered Staff" online module by September. 30th, 2025 2) Audits of completion rates will be completed monthly and required follow up will occur within the 1st week of each corresponding month by April. 1st, 2025	