

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: Overall satisfaction	C	% / Residents	In-house survey / most recent 12-month period	92.30	95.00	To continue to maintain performance better than Extendicare's Target of 85%.	

Change Ideas

Change Idea #1 To continuously engage our residents through councils and committees to ensure each resident has an equal opportunity to express their thoughts and opinions.

Methods	Process measures	Target for process measure	Comments
Continue to engage in resident council, food council, and other committees to ensure they are able to advocate about the care they are receiving.	Number of feedback items taken at resident council meetings; number of repeated concerns brought up at resident council.	Metrics from 2024 resident satisfaction survey continue to improve, and metrics for resident engagement and participation for survey to increase. Resident Council repeated concerns are satisfied and addressed. Target goal - September 2024	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
If I need help right away, I can get it (e.g. when I ring the call bell or ask for help, I don't have to wait long).	C	% / Residents	In-house survey / 12-month period	33.30	85.00	Corporate Target	

Change Ideas

Change Idea #1 To improve call bell response times through audits, identifying gaps, and addressing the found gaps with the care teams.

Methods	Process measures	Target for process measure	Comments
1) Complete weekly call bell system audits to determine average call bell times for each shift. 2) Once an average call bell time has been determined, create a realistic goal response time. 3) With the audit data, identify gaps within each shift and talk to the team about why there may be a gap at specific times. 4) Create plans to reduce call bell response times with the information gathered from audits and team discussions.	1) # of call bell response time audits 2) # of times there was a reduction in call bell response times.	There will be an overall and consistent decrease in call bell response times by September 2024.	

Change Idea #2 Add call bell response times to standing agenda for Resident Council meetings until concerns have been fully addressed.

Methods	Process measures	Target for process measure	Comments
1) Discuss plan for auditing call bell response times at March 2024 Resident Council Meeting. 2) Encourage resident input and discussion into action plan items.	Number of concerns related to call bell response times brought up during discussion at Resident Council Meeting each month.	Concerns and complaints related to call bell response times are reduced overall. Resident council confirms satisfaction with action items and follow up. Target Date: July 2024	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of cleaning services	C	% / Residents	In-house survey / Most recent 12-month period	61.50	85.00	Corporate Target	

Change Ideas

Change Idea #1 Have minimum quarterly meetings with Housekeeping team to ensure goals are aligned with expectations of the facility.

Methods	Process measures	Target for process measure	Comments
Hold department meetings on a quarterly basis. The IPAC manager to join meetings to review IPAC specific audit results, provide updates, and help create a working plan to fill gaps.	Number of in-services provided. Number of audits completed including the gradual improvement of cleanliness in the facility.	Improved employee engagement as addressed through department meetings, one-on-one meetings. Target date: July 2024. Resident satisfaction metrics to improve by the 2024 survey.	

Change Idea #2 Completion of housekeeping audits to ensure protocols are being followed and any gaps can be addressed with the staff member at the time of.

Methods	Process measures	Target for process measure	Comments
Housekeeping and IPAC audits to be completed by Environmental Lead / Administrator, Maintenance Worker, and IPAC Manager.	Number of gaps found and number of times auditor has addressed concerns. Use of housekeeping binder and number of deep clean forms filled out on a monthly basis.	Deep cleaning is completed on a routine basis, housekeeping binder is completed on a timely basis. Target Date: May 2024. Number of gaps found through audits reduce as they are addressed. Target Date: 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 quality of care from physiotherapist/occupational therapist(s)	C	% / Family	In-house survey / most recent 12-month period	28.60	85.00	Corporate Target	

Change Ideas

Change Idea #1 To provide updates to Family council on a quarterly basis, share information with Achieva Health, and have the Physiotherapist Aide join inter-disciplinary care conferences.

Methods	Process measures	Target for process measure	Comments
1) Make physiotherapy care a running agenda topic, provide information to the physiotherapist and aide during monthly falls and pain team meetings, and invite physiotherapist aide to in-person inter-disciplinary care conferences.	Concerns and questions are addressed during family councils and continue to decrease throughout the year. Increased insight for physio from monthly team meetings. Families will receive feedback from physiotherapy team and will be able to ask questions during IDTCs.	Family Council is no longer a running agenda topic as concerns and questions are no longer brought up. Target Date: October 2024. Number of Physio team continues to join monthly team meetings and IDTC. Follow up target date: August 2024.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction - I would Recommend this home to others.	C	% / Family	In-house survey / most recent 12-month period	90.90	95.00	To continue to maintain performance above Extendicare's target of 85%	

Change Ideas

Change Idea #1 To maintain and continuously improve the percentage of families who would recommend others to the home by empowering families to participate and join the family council.

Methods	Process measures	Target for process measure	Comments
More participation and advocacy from the family council. Encouragement during IDTCs to join the family council or speak with the family council leads.	Number of attendees in family council are sustained and gradually grow throughout the calendar year.	Results from future family satisfaction survey. Comments from family council concerns/ questions are addressed in a timely manner. Target Date: July 2024	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction - The resident has input into the recreation programs available	C	% / Family	In-house survey / 2023	50.00	85.00	Corporate target 85%	

Change Ideas

Change Idea #1 Involve family council to implement new programs that are appropriate for residents to provide a variety of programs

Methods	Process measures	Target for process measure	Comments
receive continued feedback from family council after monthly meetings. implement feedback where able. collaboration with activities department and family council	family council involvement and number of feedback implementation of new activities for residents based on input from family council	family satisfaction metrics will improve with 2024 survey family council response to activities being implemented on monthly basis at meetings	

Safety

Measure - Dimension: Safe

Indicator #7	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	21.82	15.00	To meet or exceed Extendicare Target of 15%	Achieva

Change Ideas

Change Idea #1 Implementing Fall Huddles bi-weekly; rounding front line staff to Nurse's station to look over residents who have fallen in the past two weeks.

Methods	Process measures	Target for process measure	Comments
Review current high-risk residents for falls to identify their needs and trends that are a leading cause for falls within the home	number of fall interventions updated weekly for accuracy (audited by falls lead to ensure plan of care is appropriate for all residents and all falls interventions are in place) number of audits for fall assessments completed within the month	falls huddles bi weekly to improve interdisciplinary participation in falls prevention. encourage participation from all teams to ensure varied input. increased falls huddles and implementation of interventions ongoing throughout 2024	

Measure - Dimension: Safe

Indicator #8	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	22.02	17.30	To meet or exceed Extendicare Target of 17.3	Medisystem Pharmacy, BSO

Change Ideas

Change Idea #1 medication reviews completed for all residents who are prescribed antipsychotics with or without a diagnosis

Methods	Process measures	Target for process measure	Comments
1) Review all residents who are currently prescribed antipsychotics 2) Review plan of care for supporting diagnosis 3) If no diagnosis, team will review and implement reduction strategy process where appropriate	number of residents reviewed monthly number of plans of care reviewed that have supporting diagnosis number of reduction strategies implemented monthly	All residents currently prescribed antipsychotic medication will have a medication review completed by July 2024	

Measure - Dimension: Safe

Indicator #9	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 maintain performance better than Extendicare 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 home will continue to meet the target for restraints within the home through 2024.	

Measure - Dimension: Safe

Indicator #10	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	POC/PCC Audits / Oct-Dec 2023	0.00	0.00	To continue to maintain performance better than Extendicare Target of 2%	3M/Solventum

Change Ideas

Change Idea #1 Utilize the Pressure Tracking Tool to focus on prevention of worsening pressure injuries within the home.

Methods	Process measures	Target for process measure	Comments
1. Review the list of residents with PURS score 3 or greater 2. Skin/wound team to review residents list to determine if appropriate prevention measures are in place to meet the identified resident's needs. 3. update care plans as intervention requirements change.	# of worsened pressure injuries identified throughout the year.	To continue to exceed the target throughout 2024.	