

## Experience

**Measure - Dimension: Patient-centred**

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of the maintenance of the physical building and outdoor spaces.	C	% / LTC home residents	In-house survey / September 2024-October 2025	56.90	75.00	To continue to improve results and move closer to corporate target of 85%	

**Change Ideas**

Change Idea #1 1) Complete regularly scheduled audits for maintenance of building and outdoor spaces

Methods	Process measures	Target for process measure	Comments
1) Review schedule for audits of building maintenance and of outdoor spaces 2) Identify any areas or gaps based on audits 3) Create action plan to address	1) # of audits completed monthly 2) # of deficiencies identified and actioned 3) # of action items addressed	1) 1 (as per policy) audits will be completed monthly with 100% of audits being completed by Dec 31, 2025. 2) There will be a 10% improvement in identified deficiencies from audits by June 30, 2025 3) By the 15th of each month, 90 % of action items will be addressed.	

Change Idea #2 3) Improve communication re: capital planning to resident and family councils.

Methods	Process measures	Target for process measure	Comments
1) ED to attend Resident and Family council to discuss priority areas for capital planning for major equipment 2) Provide update in Townhall or newsletter to families and residents	1) # of resident and family council meetings where ED attended and discussed capital plans. 2) # of updates provided via newsletter or townhall	1) ED will attend resident and family council meeting by June 30, 2025. 2) Communication updates will be provided via Townhall or newsletter to families and residents by June 30, 2025	

**Measure - Dimension: Patient-centred**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of the laundry services within my room	C	% / LTC home residents	In-house survey / Sept 2024-October 2025	62.10	75.00	To improve resident and family experience and strive to move closer to corporate target of 85%	

**Change Ideas****Change Idea #1** 1) Review process for labelling clothing

Methods	Process measures	Target for process measure	Comments
1) Review process for labelling with staff 2) Attend Family and Resident councils to discuss labelling process 3) Put communication about labelling process in monthly newsletter to families and residents.	1) # of staff attending session about process for labelling 2) # of resident and family council meetings attended by Support Services manager/designate 3) # of newsletters where labelling process was communicated	1) Staff session about labelling process will be held by April 30, 2025 2) Support Services manager/designate will attend resident and family council meeting by May 31, 2025 3) Communication will be sent out about labelling process in newsletter by May 31, 2025	

**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 the cleaning service within my room	C	% / LTC home residents	In-house survey / Sept 2024-October 2025	62.10	75.00	To continue to improve results and strive to move closer to corporate target 85%.	

**Change Ideas**

Change Idea #1 2) Review deep clean schedules for resident rooms

Methods	Process measures	Target for process measure	Comments
1) Support Service manager to review deep clean schedules to ensure all resident rooms are included 2) Track resident rooms completed 3) Spot check audits of resident rooms to ensure deep cleaning completed, including checks of resident closets	1) # of times deep clean schedule reviewed 2) # of resident rooms who have had deep cleaning completed 3) # of audits completed of resident rooms to ensure deep cleaned. 4) # of deficiencies noted based on audit results.	1) Support Services manager will review deep clean schedule by April 30, 2025 2) 20% of resident rooms will have been deep cleaned by May 31, 2025, with 100% being completed by June 30, 2025 3) There will be a 20% improvement in completion of deep clean audits by June 30, 2025.	

## 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	8.23	7.00	The home currently is under Extencicare benchmark of 15% but we continue to strive for improvement to theoretical best.	Achieva, Behavioural Supports

### Change Ideas

#### Change Idea #1 Ongoing surveillance of environment in resident areas for fall risk

Methods	Process measures	Target for process measure	Comments
1) Educate staff on how to do environmental risk assessment 2 ) Staff to complete an environmental risk assessment monthly in each residents room deemed at risk for a fall 3) Any identified deficiencies are to be corrected	1) # of staff education sessions completed on environmental risk assessment 2) # of environmental risk assessments completed monthly 3) # of identified deficiencies corrected monthly	1) Staff education on completing an environmental risk assessment will be completed for 100% of staff by June 30, 2025 2) Process for Environmental risk assessments being conducted on a monthly basis for each high-risk resident will be in place by June 30, 2025	

## Change Idea #2 Review Safe Lift and Handling Policy and Procedures Program with Staff

Methods	Process measures	Target for process measure	Comments
Education sessions for staff on safe lift and handling procedures . 2) auditing of safe lift procedures by 2 residents on each shift three times per week 3) review of audit results by DOC /designate weekly 4) plan of action for improvement of identified deficiencies put into place.	1) # of education sessions held for staff on safe lift and handling procedures 2) # of audits completed each shift weekly 3) # of deficiencies identified 4) # of improvements required monthly	1) Staff education sessions will be 100% completed by June 30, 2025 2) Audits of safe lift and handling procedures will show 50% improvement by July 31 2025. And 75% improvement by Sept 30, 2025	

## Change Idea #3 Ensure each resident at risk for falls has a 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 fall team and staff 4) update plan of care 5) communicate changes in plan of care with care staff	1) # of residents at risk for falls 2) # of plans of care reviewed 3) # of new strategies determined 4) # of plans of care updated 5) # of sessions held to communicate changes with staff	1) Residents at risk for falls will be identified by May 31, 2025 2) Care plans for high risk residents will be reviewed and updated by June 30, 2025 3) Changes in plans of care will be communicated to staff by June 30, 2025	

## 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	13.43	12.00	To support the continued work of the new partnerships with our teams and Dr. Luthra and HSS Geriatric Psychiatry.	HSS Geriatric Psychiatry

## Change Ideas

**Change Idea #1** Collaborate with the physician to ensure all residents using anti-psychotic 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 May 31, 2025 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by May 31, 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, or other interdisciplinary meetings for increased visibility 2.) Remind staff to refer to BSO for supports)	1). Monthly interdisciplinary meetings BSO invited to attend. 2.) # of monthly referrals to BSO	1.) BSO will have increased collaboration and visibility in home by June 30, 2025	

**Change Idea #3** Education for Registered Staff on antipsychotics

Methods	Process measures	Target for process measure	Comments
Nurse Practitioner or Pharmacy consultant to provide education session for registered staff on antipsychotic medications including usage, side effects, alternatives etc..	All registered staff who attended training session on antipsychotic medications.	75% of registered staff will have attended training on antipsychotic medications by September 30, 2025	

**Measure - Dimension: Safe**

Indicator #6	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	0.90	0.50	To continue the work the team is doing to ensure residents do not develop new ulcers and continued improvement to theoretical best	Solvatum/3M, Wounds Canada

**Change Ideas**

Change Idea #1 Implement per Resident Home area tracking for all pressure ulcers to measure status and trends of pressure ulcers in the home.

Methods	Process measures	Target for process measure	Comments
"1) Provide education for staff on tracking tool on each unit. 2)Implement tracking tool on each unit and shift 3) Wound care lead to collect tools and do analysis for trends	1) # of education sessions held for Registered staff on tracking tools 2) # of tracking tools completed monthly 3) # of tracking tools that were reviewed on a monthly basis for trends "	1) 100% of Registered staff will have attended education sessions on tracking tool by September 30, 2025 2)Tracking tools will be correctly completed on a monthly basis by October 31, 2025 3) Process for review, analysis and follow up of trends from tools will be 100% in place by October 31, 2025	

Change Idea #2 Education on Product selection 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 lead of home for correct usage of products	1 of education sessions /shift # of audits completed monthly # of audits that identified areas for improvement monthly	Education sessions on products and selection of products will be completed for all Registered staff by July 31, 2025 2) Audits will show a 2% improvement in compliance by September 30, 2025	



## Change Idea #3 Focus on continence to keep skin clean and dry- toileting, appropriate brief selection

Methods	Process measures	Target for process measure	Comments
1) The skin and wound lead and continence lead to look at the number of residents on a toileting routine and compare with wound list already generated from PCC. 2)Wound Care lead will work with the continence lead internally to ensure that the correct incontinence product is being used for each resident 3) Provide education sessions as required for brief selection. 4) Review restorative goals if on restorative toileting program 5) DOC to audit this process and part of the evaluation process of the program	# of residents with skin issues # of residents with a toileting plan in place # of brief audit checks completed # of education sessions provided # of residents on restorative toileting program"	1) The leads for Skin/Wound and Continence will complete their resident review by May 31, 2025 2) Review of correct sizing and type of incontinence products will be completed by June 30, 2025 3) Education sessions for product selection will be completed by July 31, 2025 4) Annual review of continence program will be completed by July 31, 2025	