

## 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: 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 / 2024	54.00	65.00	Continued improvement as we strive to meet corporate target of 85%	

### Change Ideas

Change Idea #1 Obtain feedback on annual care conference process from residents and families

Methods	Process measures	Target for process measure	Comments
1) Determine survey questions to ask post care conference for feedback. 2) Post care conference ask for feedback via survey or discussion with families and residents on how process can be improved. 3) Review responses and determine plan of action for improvement. 4) Communicate feedback results and actions to Resident council and scheduled a Family forum meetings.	1) # of survey questions 2) # of feedback responses received monthly 3) # of improvement actions implemented 4) # of Resident and scheduled Family forum meetings attended where results discussed	1) Survey questions will be developed by April 1st, 2025. 2) Process for post care conference feedback will be in place by June 1st, 2025. 3) Feedback/survey results will be shared with resident and scheduled family forum meetings with action for improvement by June 1st, 2025.	

## Change Idea #2 Review annual care conference process

Methods	Process measures	Target for process measure	Comments
1) Complete review of current care conference process including scheduling, agenda 2) Ask resident if they felt their needs and feedback were addressed	1) # of reviews of care conference process completed 2) % of positive feedback resident responses post care conference	1) Review of care conference process, completed by July 1st, 2025. 2) There will be a 65% improvement in overall positive responses post care conference by September 30th, 2025.	

**Measure - Dimension: Patient-centred**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: I have input into the Recreation programs available.	C	% / LTC home residents	In-house survey / 2024	62.00	75.00	Continued improvement as we strive for corporate target of 85%	

**Change Ideas****Change Idea #1** Monthly planning meeting on every floor with the residents

Methods	Process measures	Target for process measure	Comments
1) Add Program Planning Meetings on the calendar, 1x/month for each unit 2) Document on meeting minute template. 3. Share and post minutes in common area	1) # of meetings throughout the year 2) # of change ideas provided in meeting that were implemented 3) # of residents participating on each home area	1) Program will be introduced and implemented as of June 1st, 2025.	

**Change Idea #2** Schedule bi-yearly meetings with all residents to discuss larger group programs such as entertainment, exercises and outings.

Methods	Process measures	Target for process measure	Comments
1) Add Program Planning Meetings on the calendar, 1x/month for each unit 2) Document on meeting minute template. 3. Share and post minutes in common area	1)# of meetings throughout the year 2) # of ideas provided in meeting that were implemented 3) # of residents participating in meeting	1) Program will be introduced and implemented as of June 1st, 2025. 2) Residents will meet bi-yearly in larger group programs, providing feedback and selecting upcoming event such as entertainment, exercises, outings.	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: Communication from home leadership is clear and timely	C	% / LTC home residents	In-house survey / 2024	56.30	65.00	Continued progressive improvement as we work toward 85% corporate target	

**Change Ideas**

Change Idea #1 Management team to have "Tea and Chats" or social sit-down programs with residents, families, and leadership teams to inform and engage on a regular basis.

Methods	Process measures	Target for process measure	Comments
1) Add program monthly to programs calendar 2) Add reminders to monthly newsletters 3) Advertise via poster throughout the home	1) # of times programs was implement 2) # of people participated in program	1) Program will be introduced and implemented as of April 1st, 2025.	

Change Idea #2 mplement communication board in main lobby for family and residents and add a TV.

Methods	Process measures	Target for process measure	Comments
1) Discuss board, location and, and content to be posted 2) Post announcements as required	1) # of times communication board was updated 2) Resources and information provided to residents and families	1) Communication board will be purchased and put up by April 1st, 2025. 2) Communication board will be updated at least 2x/month.	

## 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	15.93	15.00	Extendicare target	Achieva, Behavioral Supports

### Change Ideas

Change Idea #1 Provide staff education on conducting shift report to increase communication on high risk residents and their inventions

Methods	Process measures	Target for process measure	Comments
1. Staff educator will provide education on conducting shift report during her annual mandatory education 2. ADOC to streamline shift report document and will share it with each floor nurses 3. Managers to audit shift report during their daily walkabouts	1. # of education sessions provided to PSW and Registered staff 2. All 7 units will have the new shift report document 3. # of shift report audit completed by managers	1. Education sessions for PSW and Registered staff will be completed by June 1st, 2025 2. New shift report document will be implemented by April 1st, 2025 3. Audits on shift report will begin by April 1st, 2025	

## Change Idea #2 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 in residents room but also in common areas 2) Any identified deficiencies are to be corrected	1. # of staff education sessions completed on environmental risk assessment 2. # of identified deficiencies corrected monthly	1. Staff education on completing an environmental risk assessment will be completed for 100% of staff by June 1st, 2025 2. Continuous process for identification of deficiencies will be implemented by June 1st, 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	8.82	7.50	Continue to strive for excellence and maintain results better than corporate target of 17.3%	Medisystem, Behavioural Supports

## Change Ideas

Change Idea #1 Gentle Persuasive Approach (GPA) education for training for responsive behaviours related to dementia.

Methods	Process measures	Target for process measure	Comments
1). Engage with Certified GPA Coaches to roll-out home-level education 2). Contact Regional Manager, LTC Consultant or Manager of Behaviour Services & Dementia Care for support as needed. 3). Register participants for education sessions	1). # of GPA sessions provided 2). of referrals to Regional Managers, LTC Consultants or Manager of Behaviour Services & Dementia Care. 3). # of staff participating in education 4.) Feedback from participants in the usefulness of action items developed to support resident care.	1.) GPA sessions will be provided for 50 % staff by September 1st, 2025. 2.) Feedback from participants in the session will be reviewed and actioned on by October 1st, 2025.	

Change Idea #2 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) Ongoing reviews of medication and diagnosis will be completed monthly 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by July 1st, 2025.	

**Measure - Dimension: Safe**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who were physically restrained (daily)	C	% / LTC home residents	Other / October - December 2024	1.10	1.00	Continued improvement and maintain results better than corporate target of 2%	Achieva, Behavioral Supports

**Change Ideas**

Change Idea #1 Provide information to families and residents on Least Restraint.

Methods	Process measures	Target for process measure	Comments
1)Provide Restraint policy in admission packages for new admissions. 2)Meet with Resident and schedule a family forum meeting to provide education on Least Restraint and risks associated with restraint use.	1) # of admission packages with Restraint policy included. 2) # of meetings with Resident and scheduled Family forum meetings to discuss Least Restraint and Risks.	1) 100% of admission packages will have Restraint policy included for new admissions by June 1st, 2025. 2)Meetings with Resident and scheduled Family forum meeting will be attended to discuss Restraints by June 1st, 2025	

Change Idea #2 Provide resource for staff to use when discussing restraints with residents and families.

Methods	Process measures	Target for process measure	Comments
1) Staff Educator to educate nurses during mandatory training on our least restraint policy 2) During education, provide fast facts documents created for our Least Restraint policy	# of education sessions provided to Registered staff	1)Education sessions will be completed for all Registered staff by July 1st, 2025.	



**Measure - Dimension: Safe**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who had a pressure ulcer that recently worsened	C	% / LTC home residents	CIHI CCRS / October - December 2024	1.50	1.00	Continue to improve and maintain results better than corporate target of 2.0%	Solventum/3M, Wounds Canada

**Change Ideas****Change Idea #1** 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	# of education provided to all registered staff on wound care products and protocols # of education sessions per shift # of audits completed monthly # of audits that identified areas for improvement monthly	1) Education sessions on products and selection of products will be completed for all Registered staff by July 1st, 2025. 2) Audits will show a improvement in compliance by 50 % on September 1st, 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 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) 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	1) The leads for Skin/Wound and Continence will complete their resident review by June 1st, 2025. 2) Review of correct sizing and type of incontinence products will be completed by June 1st, 2025. 3) Education sessions for product selection will be completed by June 1st, 2025. 4) Annual review of continence program will be completed by July 15, 2025.	