

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction – Would Recommend	C	% / LTC home residents	In-house survey / 2024	96.20	75.00	Support Office target	

Change Ideas

Change Idea #1 Engage in regular discussion with residents on their satisfaction with recreation services.

Methods	Process measures	Target for process measure	Comments
Recreation Managers will identify key questions within recreation domain for improvement Recreation calendar will be revised based on resident input	Number of complaints related to recreation satisfaction received from residents.	We will aim to maintain percentages on survey "Would recommend" by engaging in regular discussion at Residents council by December 2024 and minutes will reflect focus on satisfaction with recreation.	Continual monitoring and track change idea process

Change Idea #2 Staff to become sensitive to resident perception to their requests through education.

Methods	Process measures	Target for process measure	Comments
Provide further education to staff on Person Centred care/ listening skills with a focus on the questions we want to improve in the survey results.	Maintain percentages on survey of staff listen to me by December 2024	We will aim to maintain positive ongoing feedback from residents on satisfaction with service being provided by staff by December 2024 by providing further education to staff on person centred care and listening skills.	Continue to monitor and track change idea progress

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Would recommend-Family	C	% / LTC home residents	In-house survey / 2024	96.80	85.00	Support office target	

Change Ideas

Change Idea #1 Engage families in regular discussions about services provided

Methods	Process measures	Target for process measure	Comments
Provide education to families through family council on topics of interest and information regarding services	Number of positive education sessions	We are aiming to maintain families would recommended percentage by December 2024 by provide education twice per calendar year	Ongoing feedback from families regarding services in the home

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Spiritual care is improving	C	% / LTC home residents	In-house survey / 2024	70.60	75.00	As per internal quality planning/targets	

Change Ideas

Change Idea #1 Families will be aware of all spiritual care services provided within the home

Methods	Process measures	Target for process measure	Comments
The home will attempt to recruit a casual chaplain to add more spiritual support to the home	Number of families satisfied with spiritual care provided by chaplain.	We are aiming to increase percentage of spiritual care is improving on survey by 20% by December 2024 by recruiting a casual chaplain.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the food and beverage services	C	% / LTC home residents	In-house survey / 2024	73.10	75.00	As per internal quality planning/targets	

Change Ideas

Change Idea #1 Engage in regular discussion with residents on their satisfaction with food served.

Methods	Process measures	Target for process measure	Comments
Managers will be present in dining room to actively ask resident about their meal. Focus will be on the key questions from the survey that need improvement. Process will ensure that all meals are monitored within the week. Rotation of residents to ensure broad input.	number of complaints residents satisfied with food served.		We are aiming to increase scores on survey for the question, 'I am satisfied with the food and beverage services' by 20% by December 2024, and discussion will occur 3 times a week on at least one meal with a manager.

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfied with continence care products	C	% / Family	In-house survey / 2023	73.10	75.00	As per internal quality planning/targets	

Change Ideas

Change Idea #1 Family to be aware of continence care products

Methods	Process measures	Target for process measure	Comments
Invite the current continence care provider to meet with family council to provide demonstration and product information	Number of education sessions provided by current continence care provider	We will aim to increase percentages on survey of satisfied with continence products by 20% by December 2024 and families will receive education.	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have input with food and beverage services	C	% / Family	In-house survey / 2024	79.30	85.00	As per internal quality planning/targets	

Change Ideas

Change Idea #1 Family will provide input to food and beverage services

Methods	Process measures	Target for process measure	Comments
Menu will be brought to family council for input as well as sent in family newsletter and ask for feedback	Number of concerns from families on food and beverage services		We are aiming to increase percentages on survey for the questions, 'I have input with food and beverage services' by 20% by December 2024 and families will provide input into menu.

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	12.68	12.68	Target for Extendicare is 17%	

Change Ideas

Change Idea #1 Share falls data with front line staff

Methods	Process measures	Target for process measure	Comments
Review Risk Management Module (RMM) for trends. Implement hourly rounds for high risk residents Review Achieva's report for trends. Monthly trend charts to be shared with staff to solicit ideas for improvement. Empower front line staff to test change ideas. Engage with front line staff/teams to determine the best schedule for breaks and shifts to increase staffing during peak fall times	Number of falls data shared and reviewed with all shifts daily at huddle	We are aiming to decrease number of falls during peak times by 20% by December 2024 during identified trends by reviewing RMM for trends and engaging staff.	

Change Idea #2 Recreation providing programs during break times.

Methods	Process measures	Target for process measure	Comments
Review monthly falls that occurred the prior month and identify frequent fallers and frequent times at which falls occur. ED/DOC completes monthly review. Falls lead conducts root cause analysis as need is identified. Weekly audits completed by falls lead. Risk management review completed by ED/DOC.	Numbers of residents who have fallen during break times for staff will decrease.	We are aiming to reduce the number of residents who fall during break times by 20% from now to December 31, 2024 by increasing the provision of recreational activities during staff breaktimes.	Identifying pain and other factors (such as pressure) that may be leading to falls. Determining the root cause for each individual resident and gearing interventions towards the root cause. For example, Dycem used to reduce risk of resident sliding out of chair.

Change Idea #3 Education for staff surrounding restorative care to help improve resident independence.

Methods	Process measures	Target for process measure	Comments
Staff educator tracks staff on the education tracker who have completed education and arranging education for those staff who have not been trained in restorative care	Number of staff who have completed restorative care will increase	We are aiming to increase the number of staff who have received restorative care education from now to December 31, 2024 by arranging more education opportunities with Achieva for all staff within the home.	Through additional training more staff will participate in restorative care programs to help improve resident independence and ability to ambulate with reduced risk. More staff will be able to assist in identifying who is appropriate for the program

Change Idea #4 Interdisciplinary fall rounds meetings will occur weekly with staff on the floor

Methods	Process measures	Target for process measure	Comments
Falls lead will continue to review falls weekly and identify and follow up with each fall. Falls lead will hold weekly meetings on the floor and discuss with staff the follow up from each fall.	Number of falls meetings occurring monthly will be four to five per month	We are aiming to increase staff involvement in falls meetings by 20%, from now to December 31, 2024 by ensuring weekly meetings are occurring and staff from alternate departments are represented.	

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	16.99	16.99	Extencicare target is 17.3%	

Change Ideas

Change Idea #1 Ensure that for any responsive behaviours the first interventions are nonpharmacological.

Methods	Process measures	Target for process measure	Comments
Review medications on admission and initiate review if antipsychotics triggered, review to include resident or POA. BSO/psychogeriatric and internal PSW behaviour team to provide input and monitor behaviors. Expand the number of staff with BSO training to ensure each shift has required skills to assess, develop and implement non-pharmacological interventions and to support staff through education. Weekly huddles (or as needed) to assess interventions effectiveness; Review resident with responsive behaviors, potential develop a plan with front line staff.	Number of residents with responsive behaviours that have non pharmacological interventions	We are aiming to maintain 100% of residents ordered antipsychotics will have education/information provided to families or resident on Nonpharmacological interventions by Dec 31, 2024.	

Change Idea #2 Utilizing external resources to assist in strategies for nonpharmacological interventions.

Methods	Process measures	Target for process measure	Comments
Responsive behaviour lead holds weekly meetings with behaviour lead PSW on site. Responsive behaviour lead holds meetings and education sessions with PRC.	Monitor antipsychotic indicator monthly Monitor DST tool monthly	We are aiming to maintain the number of residents receiving antipsychotics from now to December 31, 2024 through regular routine involvement of external resources.	

Change Idea #3 Staff to receive education on responsive behaviours and education geared towards individual resident responsive behaviours

Methods	Process measures	Target for process measure	Comments
PRC visits occasionally and provides identified education needs within the home Education opportunities provided from external providers are utilized within the home	Increased number of staff receiving external education Increased number of in house education opportunities	We are aiming to maintain the number of residents receiving antipsychotics from now until December 31, 2024 through providing additional education opportunities for staff	

Change Idea #4 New antipsychotic reduction program implemented within the home

Methods	Process measures	Target for process measure	Comments
DST tool reviewed monthly	Number of residents receiving antipsychotics without a diagnosis as part of DST tool Number of residents receiving antipsychotics with a diagnosis as part of DST tool CIHI QI percent of residents receiving an antipsychotic without a diagnosis	We are aiming to maintain the percent of residents receiving antipsychotics without a diagnosis from now until December 31, 2024 through monthly updates and review of antipsychotic reduction program DST tool.	

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 / 2024	5.60	2.50	Support Office target	

Change Ideas**Change Idea #1** Review current restraints and determine plan for trialing alternatives to restraints

Methods	Process measures	Target for process measure	Comments
Review all residents currently utilizing restraints Meet with families/residents to discuss alternatives that could be trialed and determine action plan in collaboration with family/resident	# residents reviewed monthly # of meetings held with families/residents to discuss alternatives monthly	We are aiming to have 100% of restraints to be reviewed and plans implemented for trialing alternatives by Sept 2024	

Change Idea #2 Re-educate families on restraint policy and use of alternatives to restraints

Methods	Process measures	Target for process measure	Comments
Organize education sessions with families on restraint policy and alternatives to restraints	# of education sessions held	We are aiming to have 100% of families with residents who require a restraint educated on restraints and alternatives by Oct 2024	

Change Idea #3 Offer alternative interventions such as recreation medication review and staff engagement to keep residents engaged.

Methods	Process measures	Target for process measure	Comments
Review CIHI QI percent of residents with a restraint monthly	Number of residents with a restraint will remain at current percentage	We are aiming to reduce the current percentages to meet Extencicare target from now until December 31, 2024 by providing recreational activities, staff engagement for keeping residents engaged, medication reviews.	

Change Idea #4 Education to staff on risks associated with restraints

Methods	Process measures	Target for process measure	Comments
Monthly review of percent of residents with restraints	Decrease current percentage of residents with restraints	We are aiming to decrease current percentages to meet Extencicare target from now until December 31, 2024 by providing education to staff on risks associated with restraints.	

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 / 2024	0.00	2.00	Support office target	

Change Ideas

Change Idea #1 SALT training focus on resident transfers to reduce potential skin tears

Methods	Process measures	Target for process measure	Comments
Review RMM trends for care and treatment focus Cushion audits for proper inflation Pulling POC for treatment compliance (turning and repositioning) Review CI analysis surround improper SALT transfers Monitor UDA to ensure assessments are being done in a timely manner	Number of worsened pressure ulcers reviewed monthly Number of RMM trends for care and treatment reviewed monthly Number of cushion audits for proper inflation reviewed monthly Number of CI's surrounding improper SALT transfers reviewed monthly	We are aiming to maintain the number of residents with worsened pressure ulcers from now until December 31, 2024 by focusing on SALT training for staff to reduce the risk of potential skin tears.	

Change Idea #2 Review residents at risk at morning report

Methods	Process measures	Target for process measure	Comments
Review monthly CIHI QI of residents with worsened pressure ulcers Review residents at risk during weekdays at morning report	Number of residents identified at risk at morning report on weekdays reviewed	We are aiming to reduce the number of residents with worsened pressure ulcers from now until December 31, 2024 by reviewing residents at risk at morning report	

Change Idea #3 3M to provide wound care education to staff

Methods	Process measures	Target for process measure	Comments
Monthly review of worsening pressure ulcers CIHI indicator	Number of staff educated on wound care by 3M will increase	We are aiming to maintain the number of worsening pressure ulcers from now until December 31, 2024 by increasing the number of staff who have received education by 3M	

Change Idea #4 Education on wound staging to frontline staff

Methods	Process measures	Target for process measure	Comments
Monthly review of worsening pressure ulcers from CIHI QI's Utilize NP to provide education to staff on wound staging	Number of staff who have received wound staging to frontline staff will have increased	We are aiming to maintain the number of residents with worsening pressure ulcers from now until December 31, 2024 by increasing education for frontline staff on wound staging.	