

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfaction with Eating Meals in the Dining Room	C	% / Residents	In-house survey / Sept-Oct 2024	67.90	75.00	Continue to improve our results as we strive to reach corporate target of 85%	

Change Ideas

Change Idea #1 Enhance the environment

Methods	Process measures	Target for process measure	Comments
1. Assess current state of dining room to determine external noises and other environmental factors 2. Engage residents on change ideas to enhance space 3. Complete enhancement measures such as painting, wall protections, implement music, and include an art exhibit	# of external noise assessments and environmental factors audit completed # of times residents were engaged on change ideas # of enhancement measures completed	Assessments will be completed by June 2025 Residents will be engaged on the change ideas by June 30, 2025. All 4 enhancement measures will be completed by July 30th, 2025	

Change Idea #2 provide education on improving the Resident Experience during meal times

Methods	Process measures	Target for process measure	Comments
Re-educate on meal service policies and procedures	1) Number of in-services held to review policy and procedure and expectations during mealtimes. 2) # of staff who attended in-services	1. 8 in-services will be held per month until all staff have been trained. 2. 100% of nursing, recreation and dietary staff attend training by September 30, 2025.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfaction with the Quality of Care from the Physiotherapist	C	% / Residents	In-house survey / Sept-Oct 2024	69.00	75.00	Continue to improve and strive to achieve corporate target of 85%	

Change Ideas**Change Idea #1** Improve visibility and awareness of the physiotherapy program in the home

Methods	Process measures	Target for process measure	Comments
1. PT to be invited at least once to Residents' Council and Family Forum 2. Feedback on services and areas for improvement will be discussed	# of invitations received to Resident council and Family forum # of Reviews completed from feedback from Resident Council and Family Forum # of improvements actioned	1. PT will attend at least one RC Meeting by July 30, 2025 2. PT will attend at least one Family Town Hall by July 30, 2025 3. Action items and plan will be discussed at CQI committee with PT by October 31, 2025	

Change Idea #2 Provide Restorative treatment through collaboration with nursing and recreation

Methods	Process measures	Target for process measure	Comments
1. Determine staffing to support 2. Provide education to nursing and recreation staff members on the restorative care program 3. Review and determine therapy programs 4. Implement treatment as outlined	1. Number of staff attending education 2. Number of therapy programs 3. Number of residents attending.	1. 12 staff members will receive education by March 30, 2025 2. There will be at least 10 therapy programs offered per week	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfaction with the Quality of Care from the Doctors	C	% / Family	In-house survey / Sept-Oct 2024	63.30	74.00	Continue to improve as we strive to meet corporate target of 85%	

Change Ideas

Change Idea #1 Communicate role of Medical Director and Physicians and give opportunity for feedback

Methods	Process measures	Target for process measure	Comments
1) Medical Director to meet at once with Residents' Council and Family Town Hall 2) Feedback on services and areas for improvement will be discussed 3) Update at CQI meeting on action plan	1) # of meetings with Councils where Medical Director attended 2) # of suggestions provided by councils 3) # of CQI meetings where action items were discussed with Medical Director	1) Medical Director will attend Family Council by July 30, 2025 2) Medical Director will attend Resident Council by July 30, 2025 3) Action items and plan will be discussed at CQI committee with Medical Director by September 30, 2025	

Change Idea #2 Provide residents and families with information specific to the Medical Director and Attending Physician so that they are aware of expectations

Methods	Process measures	Target for process measure	Comments
1) Develop a information brochure with physician input 2) Bring to Resident and Family Council for feedback 3) Provide to existing family and residents 4) Provide information in admission package.	Number of residents/POA who will receive an information brochure	100% of residents/POAs will receive an information brochure by July 30, 2025	

Change Idea #3 Improve visibility of physicians within the home

Methods	Process measures	Target for process measure	Comments
Order Extendicare name tags for physicians	Number of name tags ordered	All physicians will have a name tag by April 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	12.95	12.00	We are currently performing better than corporate average of 13%, and provincial average 15.4 % but strive to continue to reduce falls.	Achieva, Behavioural Supports

Change Ideas

Change Idea #1 Re-implement fall huddles

Methods	Process measures	Target for process measure	Comments
1) Review policy on post fall huddles with staff 2) Falls lead in home to attend and /or review post fall huddles documentation and provide further education as needed	1) # of staff who were educated on the policy for post fall huddles 2) # of post fall huddles that were completed as per policy on a monthly basis	Staff education on post-fall huddles will be completed with 80% participation by July 30, 2025	

Change Idea #2 11) Increase awareness of fall hazards in residents' environment

Methods	Process measures	Target for process measure	Comments
1) Have a hazard room set up as training for staff as visual education on fall risks 2) have specified times for staff to participate 3) track education	Number of staff participating in hazard room for fall risks	1) Hazard room for fall risks will be in place with 80% staff participation by July 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	20.31	17.30	Corporate target	GPA, Medisystem

Change Ideas**Change Idea #1** GPA education to staff for responsive behaviours/personal expressions

Methods	Process measures	Target for process measure	Comments
1. Engage Certified CPA coach to roll out home level education 2. Contact PRC for support, as needed 3. Register participants for education sessions	1. Number of GPA sessions per quarter 2. Number of staff attending each session	1. There will be 1 GPA session held per quarter for a total of 4 in a year 2. 10 staff members will attend each GPA session	

Change Idea #2 Education to 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, and alternatives	Number of registered staff who attended training sessions on antipsychotic medications	80% of registered staff will have attending training on antipsychotic medications by Dec. 31, 2025	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who had a pressure ulcer recently got worse	C	% / Residents	Other / Oct - Dec 2024	3.90	2.00	Corporate target	Solventum/3M, Wounds Canada

Change Ideas**Change Idea #1** 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 education on wound staging 3) DOC/Staff Educator to monitor completion rates	1) # of Registered staff who have completed education on wound staging	1) Communication on mandatory requirement will be completed by April 30, 2025 2) 100% of Registered staff will have completed education on correct wound staging by July 30, 2025	

Change Idea #2 5)Turning and repositioning re-education

Methods	Process measures	Target for process measure	Comments
1) Educate staff on the importance of turning and repositioning to off load pressure 2) Night staff to audit those resident that require turning and repositioning 3)Review this during the Skin and Wound committee meetings for trends	1. # of staff that have been educated 2. # of audits completed 3. # of reviews completed by Skin and Wound committee	1) 90% of PSW staff will have attended education sessions on turning and repositioning by July 30, 2025. 2) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by July 30, 2025	