

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of recreation programs	C	% / LTC home residents	In-house survey / 2024	61.70	80.00	To continue to improve resident satisfaction to meet Extendicare target of 80%	

### Change Ideas

Change Idea #1 1) Integrate specific activities, programs and strategies to include all 5 domains

Methods	Process measures	Target for process measure	Comments
1) Review statistics from last year, Activity Pro, and identify domain gaps 2) Include all 5 domains in discussion when Program Planning (w/ residents and dept. meetings) 3) Audit calendars prior to print to ensure balance of all domains	1) Previous variances in domains 2)# of Resident and staff feedback on programs 3) Monthly balances in domains on calendars	1) Increase spiritual offerings by [5%] within the next quarter 2) Decrease social offering by [5%] within the next quarter 3) Balance domains to social [25%], emotional [10%], spiritual [10%], physical [25%], intellectual [30%] by Q2 given resident feedback	

Change Idea #2 Include a variety of 1:1, small, large group, and outings into monthly calendars

Methods	Process measures	Target for process measure	Comments
1) Complete review # of group size offerings/month 2) Complete review # of times residents are able to get into community 3) Identify and address gaps in offerings 4) Communicate gaps with residents in planning meetings and seek feedback 5) Make changes based on feedback	1) Increase in variety of group size offerings throughout monthly program calendar 2) Reduced number of RAR each month 3) Increase number of community outings 4) Increase resident choice offerings via program planning meetings	1) # of 1:1 programs will be increased weekly by 5% 2) the number of small group programs will be increased weekly by 2% 3) the number of large group programs will be increased weekly by 10% 4) RAR report will go from 14 to 10 as a result of changes to program offerings 5) Monthly outings to the community will be offered by April 1/25	

### Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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	52.50	80.00	Improve residents' satisfaction and continue to improve to meet Extendicare target of 80%	

### Change Ideas

## Change Idea #1 1)Encourage residents to attend their annual care conference

Methods	Process measures	Target for process measure	Comments
1) Communicate to residents when their annual care conference is scheduled in advance of meeting, remind resident in the morning of meeting and assist as needed to meeting 2) Provide copy of plan of care 3) Allow time for discussion and obtain feedback on what could be improved.	1) # of annual care conferences where residents attend 2) # of care conferences where plan of care was discussed with resident	1) Residents will be encouraged to attend their annual care conferences beginning April 1/25. 2)There will be a 20% improvement in this indicator by December 2025.	

## Change Idea #2 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 and Family council	1) # of survey questions 2) # of feedback responses received monthly 3) # of improvement actions implemented 4) # of Resident and Family council meetings attended where results discussed	1) Survey questions will be developed by April 1/25 2) Process for post care conference feedback will be in place by April 1/25 3) Feedback/survey results will be shared with resident and family council with action for improvement by July 1/25	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I would recommend this home to others.	C	% / LTC home residents	In-house survey / 2024	71.60	80.00	To increase resident satisfaction and improve to meet the Extendicare target of 80%	

**Change Ideas****Change Idea #1** All staff will receive customer service education

Methods	Process measures	Target for process measure	Comments
Organize in person education sessions with all staff on customer service	# of education sessions completed	100% of staff will be re-educated on customer service by September 2025	

**Change Idea #2** Establish more mentors for new staff

Methods	Process measures	Target for process measure	Comments
1)Staff educator to assist to recruit more staff to become new mentor. 2)New mentors to receive preceptor training	# of mentors in the home recruited % of mentors who received preceptor training	To add a minimum of 4 new mentors by August 2025 4 Mentors will receive preceptor training by September 2024	

**Measure - Dimension: Patient-centred**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
If I need help right away, I can get it	C	% / LTC home residents	In-house survey / 2024	49.30	70.00	Continued Improvement toward Extendicare target of 80%	

**Change Ideas****Change Idea #1** 1) Increase staff awareness of call bell response times

Methods	Process measures	Target for process measure	Comments
1) DOC/designate to review call bell response times on a weekly basis. 2) communicate results to staff and leadership team monthly basis. 3) Incorporate on the spot monitoring by leadership walkabouts to observe response times. 4) Follow up with staff for any areas of improvement for response times.	1) # of call bell response time reviews completed 2) # of times results communicated to staff and to leadership team 3) # of leadership walkabouts completed monthly 4) # of staff follow ups required.	1) Call bell response review process will be in place by April 1/25 2) Communication of call bell responses to staff and to leadership will be in place by May 1/25 3) Process for leadership walkabouts will be in place by April 1/25	

**Change Idea #2** Review staffing and routines all shifts

Methods	Process measures	Target for process measure	Comments
Meet with all shifts to discuss results of survey related to response times	# of meetings held with each shift	Meetings with all shifts will be held by May 1/25	

## Safety

### Measure - Dimension: Safe

Indicator #5	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	12.18	10.00	Continue to improve and remain better results than Extendicare target of 15%	Achieva, Behavioural Supports

### Change Ideas

#### Change Idea #1 Implement 4 P's rounding

Methods	Process measures	Target for process measure	Comments
1) educate staff on 4P's process 2) Provide 4P's cards to staff as reminder 3) Inform resident council and family council what 4P process is.	1) # of staff educated on the 4P's process 2) # of 4P cards provided 3) Resident council and family council informed of process	1) 100% of front-line staff will be educated on 4P process by July 1/2025 2) 4P cards will be distributed to staff by June 1/25 3) Resident council and Family council will be informed of process by June 1/25	

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

Methods	Process measures	Target for process measure	Comments
1)Educations sessions for staff on safe lift and handling procedures. 2) auditing of safe lift procedures by April 1/25 on each shift 5 X 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 April 1/25 2) Audits of safe lift and handling procedures will show 50% improvement by May 1/25 And 75% improvement by July 1/25	

## Measure - Dimension: Safe

Indicator #6	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	31.15	17.30	Extendicare target	Medisystem, Behavioural Supports

## 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 April 1/25 3) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by April 1/25.	

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) # of interdisciplinary meetings BSO invited to attend. 2) # of monthly referrals to BSO	1) BSO will have increased collaboration and visibility in home by April 1/25	



**Measure - Dimension: Safe**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents in daily physical restraints over the last 7 days	C	% / LTC home residents	Other / October - December 2024	3.10	0.00	To continue to improve and move toward no restraints in our home.	Achieva, Behavioural Supports

**Change Ideas**

Change Idea #1 Admission coordinator /designate will review each application received for restraints prior to admission

Methods	Process measures	Target for process measure	Comments
1)Admission coordinator reviews and flags each application received for restraints 2) Information is sent to HCSS etc. to indicate that home is least restraint and that alternatives will be trialed upon admission.	1) # of applications received that have a restraint 2). # of communications sent back to applicant and family /sending authority to explain least restraint policy 3). # of acceptances received to trial alternatives upon admission	1) Process for review of admission applications for restraints will be in place by April 1, 2025.	

Change Idea #2 Consult with BSO team to help address behaviours of residents with restraint usage.

Methods	Process measures	Target for process measure	Comments
1). Provide staff brochure/FAQ on Least Restraint and review how a restraint usage can escalate resident responsive behaviours. 2)Consult with BSO to identify potential alternatives to restraint usage that would support resident.	1.) # of residents who had restraint in place 2) # of BSO consults to review alternatives completed.	1.) 100% of residents using restraints in the home have been consulted with BSO to identify alternatives by April 1/25	

**Measure - Dimension: Safe**

Indicator #8	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	3.10	2.00	To meet or exceed the Extendicare benchmark	

**Change Ideas**

Change Idea #1 1)Implement per unit 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 wound care leads 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 wound care leads will have attended education sessions on tracking tool by April 1 /25 2) Tracking tools will be correctly completed on a monthly basis by April 1/25 3) Process for review, analysis and follow up of trends from tools will be 100% in place by April 1/25	

## Change Idea #2 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	# of staff that have been educated # of audits completed # of reviews completed by Skin and Wound committee	1) 100% of PSW will have attended education sessions on turning and repositioning by May 1/25. 2) Check in with staff and will be correctly completed on a monthly basis by June 1/25 3) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by July 1/25	