

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction - Would Recommend: Someone to talk to about medications	C	% / LTC home residents	In-house survey / 2023	59.40	75.00	Corporate target	

Change Ideas

Change Idea #1 New attending physician/Medical Director started and ED/DOC to set out expectations.

Methods	Process measures	Target for process measure	Comments
ED/DOC/ADOC to meet with new attending physician/Medical Director.	# of physician visits coded in MDS assessments	This target is to be fully implemented by September 2024	

Change Idea #2 Book care conferences on doctor's day.

Methods	Process measures	Target for process measure	Comments
Resident Services Coordinator to reach out to attending physicians to coordinate dates, determine process with MD currently working in sister home.	1. MD will be present at care conferences to speak with residents and POAs. 2. # of care conferences with physician attendance.	This target is to be fully implemented by June 2024	

Change Idea #3 Educate charge nurses to monitor resident annual physicals.

Methods	Process measures	Target for process measure	Comments
Charge nurse on duty to assist with rounding and doctor's visits to maintain compliance and ensuring residents are aware of medication changes or concerns.	1. # of Physicals and doctor's rounds completed weekly. 2. # of resident Physical's completed on time.	This target is to be fully implemented by April 2024	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction - Would Recommend: Input into Recreation programs available	C	% / LTC home residents	In-house survey / 2023	58.60	75.00	Corporate target	

Change Ideas

Change Idea #1 Implement Program Planning meetings.

Methods	Process measures	Target for process measure	Comments
Monthly calendar will have Program Planning meeting booked for residents to attend.	1. Program planning meeting minutes. 2. Annual resident satisfaction survey results.	This target is to be fully implemented by September 2024	

Change Idea #2 Standing agenda item at monthly Residents' Council meetings.

Methods	Process measures	Target for process measure	Comments
Residents attending meeting have chance to provide input into programming on monthly basis.	1. Residents' Council meeting minutes documenting and tracking resident input. 2. Annual Resident Satisfaction survey results.	This target is to be fully implemented by September 2024	

Change Idea #3 Post-program survey to acquire feedback regarding activity held.

Methods	Process measures	Target for process measure	Comments
Recreation staff to ask residents after a program is ending for feedback regarding the program, i.e. what did they like, what would they change, etc.	1. # of post program surveys completed. 2. Post-program survey results. 3. Annual resident satisfaction survey results.	This target is to be fully implemented by September 2024	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction - Would Recommend: Regular updates about changes to the home.	C	% / LTC home residents	In-house survey / 2023	53.30	75.00	Corporate target	

Change Ideas

Change Idea #1 Implement Resident Information Board in each Home area.

Methods	Process measures	Target for process measure	Comments
Resident Services Coordinator/Recreation Manager to refer to other homes for sourcing.	Resident information board to have current pertinent home info available for residents.	This target is to be fully implemented by September 2024	

Change Idea #2 Provide Newsletters to each resident.

Methods	Process measures	Target for process measure	Comments
Leadership team to deliver letters to resident rooms when important changes happen.	# of residents who were given newsletter	This target is to be fully implemented by September 2024	

Change Idea #3 Leadership team to speak with residents when doing Management by Walkabouts (MBWA).

Methods	Process measures	Target for process measure	Comments
Include touchpoints with residents as part of management walkabouts.	Audits results established from MBWA audits	This target is to be fully implemented by April 2024	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction - Would Recommend	C	% / LTC home residents	In-house survey / 2023	88.90	85.00	Corporate target	

Change Ideas

Change Idea #1 Timely Follow-up with family concerns.

Methods	Process measures	Target for process measure	Comments
Maintain open door policy for leadership team. Proper follow up for concerns and complaints, i.e. follow company's complaint management process for verbal or written complaints.	1. Complaint Service Response (CSR) tracking log & quarterly analysis. 2. # of Written complaints and written responses.	Plan will be implemented in the month of April 2024	

Change Idea #2 Posted flow charts in all nursing stations for reference by registered staff of when to call POA.

Methods	Process measures	Target for process measure	Comments
Educational sessions to be completed regarding coaching for registered staff on the need to update POA/SDM on residents status etc.	Progress notes and documentation indicating communication occurring with POA/SDM regarding residents status etc. is found in Point Click Care.	Education and will commence immediately and management will be reviewing progress notes daily to ensure registered staff are compliant with initiative.	

Change Idea #3 Include in mandatory clinical education importance of staff documenting communication with POA/SDM.

Methods	Process measures	Target for process measure	Comments
Education to be provided during annual mandatory clinical education.	DOC/ADOC will be reviewing progress notes daily reviewing registered staff documentation in PCC and providing re-education where needed.	This target is scheduled to be completed by June 2024	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction - Would Recommend: Quality of Physio Services	C	% / LTC home residents	In-house survey / 2023	16.70	85.00	Corporate target	

Change Ideas

Change Idea #1 Build physio/family connection - Physiotherapist to call families and follow-up.

Methods	Process measures	Target for process measure	Comments
Executive Director to establish with physiotherapist role of communicating directly with families/residents.	1. Increased communication with POAs - documentation in progress notes. 2. Annual Family Satisfaction survey results.	this target is to be fully implemented by June 2024	

Change Idea #2 Post days the Physiotherapist is in the home.

Methods	Process measures	Target for process measure	Comments
Post information on Family Council board and Residents' Council board.	Residents and families to be aware of when physio is in house and available.	This target is to be fully implemented by September 2024	

Change Idea #3 Discuss Physiotherapy services at care conferences.

Methods	Process measures	Target for process measure	Comments
Discuss physiotherapy services at post move-in and annual care conferences to acquire feedback.	1. # of care conferences completed where physiotherapy services were discussed. 2. Annual Family Satisfaction survey results.	This target is to be fully implemented by September 2024	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction - Would recommend: Quality of Dietitian Services	C	% / Family	In-house survey / 2023	28.60	85.00	Corporate target	

Change Ideas

Change Idea #1 Ongoing recruitment for dietitian. Currently using agency dietitian.

Methods	Process measures	Target for process measure	Comments
Posting position Linkd-In, Extendicare website, Indeed, Health Force Ontario.	1. # of applicants. 2. No longer having to use agency dietitian.	Our targeted recruitment if to have the position filled by September 2024	

Change Idea #2 Post days the dietitian is on-site in the home.

Methods	Process measures	Target for process measure	Comments
Post days dietitian is in the home on the Family Council board (with permission).	1. Families aware of when dietitian is on-site and available. 2. Annual Family Satisfaction survey results.	Once recruited and standard schedule will be made available for all families by September 2024	

Change Idea #3 Dietitian to build connections with families by communicating order changes and providing nutritional updates.

Methods	Process measures	Target for process measure	Comments
Follow-up by FSM, DOC, and leadership team.	Documentation in residents charts, less concerns from families asking for follow up from dietitian in timely manner.	This will be fully executed by September 2024	

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction - Would Recommend: Input about Food & Beverages	C	% / Family	In-house survey / 2023	25.00	85.00	Corporate target	

Change Ideas

Change Idea #1 Food Service Manager(FSM) to meet with family on admission and go over menu and food & beverages provide/available.

Methods	Process measures	Target for process measure	Comments
Resident Service Coordinator to advise leadership team on day of admission. Food service manager will come to resident's family for introduction.	1. Admission progress notes. 2. # of initial dietary assessments completed. 3. Annual Family Satisfaction survey results.	This target is due to be fully implemented by September 2024	

Change Idea #2 Presentations to Family Council on menu process with the menu changes.

Methods	Process measures	Target for process measure	Comments
FSM will host sessions with families during the semiannual menu switch over to review the process and explain and questions families may have regarding menu implementation..	1. Family Council meeting minutes. 2. Annual Family satisfaction survey results.	This process will be fully implemented by September 2024	

Change Idea #3 Promote use of family portal on monthly newsletter. Menu is posted on-line.

Methods	Process measures	Target for process measure	Comments
Remind families on monthly newsletter that they can access the menu on the family portal for viewing.	1. # of monthly newsletters sent to families. 2. Annual Family Satisfaction survey results.	This will be an ongoing process but will be fully implemented by September 2024	

Safety

Measure - Dimension: Safe

Indicator #8	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	14.55	15.00	Corporate target	

Change Ideas

Change Idea #1 Implement specific activity program at afternoon change of shift for residents who are at high risk for falls.

Methods	Process measures	Target for process measure	Comments
1. Review current high risk residents for falls to identify their needs/preferences for activities. 2. Implement program during afternoon change of shift to engage residents and prevent falls.	# of residents reviewed for activity needs/preferences weekly.	Specific activity program at afternoon change of shift will be implemented by June 2024.	

Change Idea #2 Conduct environmental assessments of resident spaces to identify potential fall risk areas and address areas for improvement.

Methods	Process measures	Target for process measure	Comments
1. Staff to do environmental assessments for all residents at high risk for falls at minimum monthly. 2. Address any identified deficiencies from completed assessments.	1. # of environmental assessments completed monthly. 2. # of identified deficiencies from assessments that were corrected monthly.	Environmental risk assessments of resident spaces to identify fall risk will be completed by June 2024.	

Measure - Dimension: Safe

Indicator #9	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	31.27	17.30	Corporate target	

Change Ideas

Change Idea #1 Medication reviews completed for all residents currently prescribed antipsychotics.

Methods	Process measures	Target for process measure	Comments
1. Review all residents who are currently prescribed antipsychotics. 2. Review plan of care for supporting diagnosis. 3. If no diagnosis, team will review and implement reduction strategy process.	1. # of residents reviewed monthly. 2. # of plans of care reviewed that have supporting diagnosis. 3. # of reduction strategies implemented monthly.		All residents currently prescribed antipsychotics will have a medication review completed by July 2024.

Change Idea #2 Provide educational material to families and/or residents on antipsychotics and the importance of minimizing use.

Methods	Process measures	Target for process measure	Comments
1. Provide families with best practice information on reducing antipsychotics such as - Family Fact sheet from Canadian Geriatric Society, Pharmacy, etc. 2. Add information on reducing antipsychotics to tour and admission packages.	1. # of families provided with best practice information on reducing antipsychotics monthly. 2. # of tour and admission packages provided with antipsychotic reduction information included monthly.	Educational material will be provided to families and/or residents on antipsychotics and importance of minimizing use by September 2024.	

Measure - Dimension: Safe

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with restraints	C	% / LTC home residents	POC/PCC Audits / Oct-Dec 2023	4.10	2.50	Corporate target	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
1. Review all residents currently using restraints. 2. Meet with families/residents to discuss alternatives that could be trialed and determine action plan in collaboration with family/resident.	1. # of residents reviewed monthly. 2. # of meetings held with families/residents to discuss alternatives monthly. 3. # of action plans in place for reduction of restraints in collaboration with resident/family monthly.	100% of restraints will be reviewed and plans implemented for trialing alternatives by September 2024.	

Change Idea #2 Re-educate staff on restraint policy and use of alternatives to restraint.

Methods	Process measures	Target for process measure	Comments
Organize education sessions with all staff on restraint policy and alternatives to restraints.	# of education sessions held monthly	100% of staff will be re-educated on restraint policy and alternatives to restraints by September 2024.	

Measure - Dimension: Safe

Indicator #11	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 / Oct-Dec 2023	3.10	2.00	Corporate target	

Change Ideas

Change Idea #1 Review current bed systems/surfaces for residents with PURS score 3 or greater.

Methods	Process measures	Target for process measure	Comments
1. Develop list of residents with PURS score 3 or greater. 2. Skin/wound team to review residents list to determine if surface meets their needs. 3. Replace mattress/surface if required.	1. # of residents with PURS score of 3 or greater. 2. # of reviews completed of bed surfaces/mattresses monthly. 3. # of bed surfaces/mattresses replaced monthly.	A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by August 2024.	

Change Idea #2 Improve registered staff knowledge on identification and staging of pressure injuries.

Methods	Process measures	Target for process measure	Comments
Provide education for registered staff on correct staging of pressure injuries.	# of education sessions provided monthly for registered staff on correct staging of pressure injuries.	100% of registered staff will have received education on identification and staging of pressure injuries by September 2024.	