

## Access and Flow

### Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	31.71	25.00	To further improve and exceed regional results.	

### Change Ideas

Change Idea #1 Increase education to residents and families pertaining to what can be done within the home to reduce and/or prevent hospital transfers

Methods	Process measures	Target for process measure	Comments
DOC reviewing 24 hour report and discussing change ideas with staff to include in improvement strategies	Number of meetings held with staff to review ED transfer data and improvement plan initiatives	Process for reviewing ED transfer with staff and improvement plan initiatives will be implemented by April 30, 2025.	

Change Idea #2 Educate staff on prevention management of ED transfers

Methods	Process measures	Target for process measure	Comments
Review data for trends for preventable ED transfers	Number of identified trends for preventable ED transfers	There will be a 25% decrease in ED transfers by May 1, 2025	

## Experience

### Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from my MD	C	% / LTC home residents	In-house survey / 2024	52.60	65.00	Goal is to continuously improve and strive to achieve corporate target of 85%	

### Change Ideas

#### Change Idea #1 Improve visibility of MD in home with residents and families

Methods	Process measures	Target for process measure	Comments
Notification to families and residents when MD is in house	Percent of awareness among families and residents as to when MD visits occur	Process for ensuring communication with families and residents by MD will be in place by March 30, 2025 and satisfaction will be greater than 65% in the subsequent year	

#### Change Idea #2 Tracking of in person MD visits with residents and or families

Methods	Process measures	Target for process measure	Comments
Will utilize communication list to track residents who receive an in person visit	Number of residents who had a visit with the MD biweekly	Each resident will have an in person visit by the MD at least once per quarter by May 30, 2025 and satisfaction will be greater than 65% in the subsequent year	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care received from my dietitian	C	% / LTC home residents	In-house survey / 2024	73.70	90.00	Strive to improve over previous year result which was 88.9%	

**Change Ideas**

Change Idea #1 Increase opportunities for residents to book one on one sessions with the dietitian

Methods	Process measures	Target for process measure	Comments
Requests to be sent through nursing	Number of requests to meet with the dietitian	Process for requests will be in place by March 30, 2025	

Change Idea #2 Increase awareness of the role of the dietitian in the home among residents and families

Methods	Process measures	Target for process measure	Comments
Dietitian or FSM to meet at least annually with resident and family counsel	Number of meetings with the counsel where the dietitian or FSM attended	Dietitian or FSM to attend family counsel by June 30, 2025 and resident counsel by March 30, 2025	

**Measure - Dimension: Patient-centred**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care received from the physiotherapist	C	% / LTC home residents	In-house survey / 2024	75.00	80.00	Increasing satisfaction by 5% will put us above 80% which as a home is agreed upon as an acceptable target	

**Change Ideas****Change Idea #1 Enhance presence of physiotherapist**

Methods	Process measures	Target for process measure	Comments
Have physiotherapist attend resident council and explain role, programs, and processes.	Review and feedback from resident council	PT will attend resident council by May 30, 2025	

**Change Idea #2 Develop a survey to determine gaps in resident satisfaction with PT**

Methods	Process measures	Target for process measure	Comments
Review feedback from survey to develop action plan to identify underlying route cause	Action items and plans from survey will be discussed at resident and family council and CQI meetings	Survey and action plan will be completed by May 30, 2025 with all residents involvement who are cognitively capable of participating	

**Measure - Dimension: Patient-centred**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
II am satisfied with the variety of spiritual and religious services and the schedule	C	% / LTC home residents	In-house survey / 2024	52.60	70.00	By identifying the underlying cause of dissatisfaction believe can achieve a higher target and agreed upon that vast improvement is required in this area	

**Change Ideas**

Change Idea #1 Develop a survey to determine gaps in resident satisfaction with spiritual and religious services

Methods	Process measures	Target for process measure	Comments
Review feedback from survey to develop action plan to identify underlying route cause	Action items and plans from survey will be discussed at resident and family council and CQI meetings	Survey and action plan will be created by May 30, 2025 with a target of at least 70% satisfaction for 2025	

Change Idea #2 Develop an action plan based off of survey results identifying gaps in resident satisfaction

Methods	Process measures	Target for process measure	Comments
Review feedback following implementation of action plan at resident and family council	To be discussed at resident and family council and CQI meetings	Satisfaction with spiritual and religious services will be at least 70% on the 2025 survey	

## Safety

### Measure - Dimension: Safe

Indicator #6	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	18.60	13.00	Continue to improve and perform better than corporate target of 15%	Achieva, Behavioural Supports

### Change Ideas

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

Methods	Process measures	Target for process measure	Comments
Educate staff on the 4 P's	Number of staff educated on the 4 P's	100% of staff will be educated on the 4 P's by May 30, 2025	

#### Change Idea #2 Ongoing review of programmed activities during peak fall times

Methods	Process measures	Target for process measure	Comments
Review times when most falls occur, and activities scheduled during these times Implement program during assessed times and analyze effectiveness	Number of reviews completed Number of programs implemented during peak fall times Review # of falls during peak times to see if improvement	Review of falls and times will be completed quarterly and falls percentage will be below 12%	

**Measure - Dimension: Safe**

Indicator #7	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	X	8.00	Home will maintain a target below 8%. Home has 34 residents and therefore below 8% means only one resident is receiving antipsychotics without a diagnosis.	

**Change Ideas****Change Idea #1** Implement Extendicare's Antipsychotic Reduction Program

Methods	Process measures	Target for process measure	Comments
Action plan for residents inputted into the decision pool	Percentage of residents with an action plan	Residents triggering the antipsychotic QI have an action plan inputted by March 30, 2025 and percentage will remain below 8% of residents triggering	We are performing well on this indicator (ie. above provincial average). Goal is continue at current percentage or below

## Change Idea #2 GPA education for training for responsive behaviour related to dementia

Methods	Process measures	Target for process measure	Comments
Register participants for education sessions	Feedback from participants in the usefulness of education sessions	Feedback from the participants on sessions will be reviewed and action plan implemented end of 2025 in order to gather all data from sessions that occur throughout the year. Will receive feedback from all staff that attend.	

**Measure - Dimension: Safe**

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents with a stage 2-4 pressure ulcer that recently worsened	C	% / LTC home residents	Other / October - December 2024	2.87	2.00	Corporate target	Solventum/3M, Wounds Canada

**Change Ideas****Change Idea #1** Review team membership to ensure interdisciplinary meetings

Methods	Process measures	Target for process measure	Comments
Recruit new members to ensure each discipline is represented in meetings	Number of new members recruited for skin and wound meetings	Recruitment of new members will be completed by May 30, 2025 with at least one additional staff member from each department	

**Change Idea #2** Ensure appropriate seating and surfaces for residents at risk of worsened skin issues through communication with PT

Methods	Process measures	Target for process measure	Comments
Wound care lead to provide an updated list to PT of skin and seating or surface issues for review	Number of seating and surface assessments reviewed	Seating and surface assessments for residents at risk will be reviewed by May 30, 2025 for all residents	