

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	CB	CB		

Change Ideas

Change Idea #1

Methods	Process measures	Target for process measure	Comments
			We have included a custom indicator related to this theme

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	CB	CB		

Change Ideas

Change Idea #1

Methods	Process measures	Target for process measure	Comments
			The Homes result is 95.5% satisfaction rate from Residents comparable question, "I feel comfortable raising concerns with staff and leadership" using Extendicare's internal resident and family experience survey

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of Residents who would respond to the statement "I would recommend the Home" on the annual resident engagement survey	C	% / LTC home residents	In house data collection / 2023 - 2024	95.20	75.00	Corporate target	

Change Ideas

Change Idea #1 Ensure all residents are given the opportunity to become involved in resident council meeting in the home monthly.

Methods	Process measures	Target for process measure	Comments
All residents are invited monthly to meetings	Meeting times will be posted, individual residents will be invited to meetings.	Resident positive response to the statement "I would recommend the Home" will be maintained above 75% on the annual resident experience survey.	

Change Idea #2 Provide resident specific information handbook about the home for newly admitted residents

Methods	Process measures	Target for process measure	Comments
Develop a simplified resident specific hand book about the Home with input from the Resident Council	number of new admissions receiving the resident handbook in their welcome basket.	100% of all new admissions will be provided with a resident handbook upon admission by the end of May.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of families who would positively respond to the statement "I would recommend this home" on the annual family experience survey	C	% / Family	In-house survey / 2023 - 2024	80.00	85.00	Corporate Target	

Change Ideas

Change Idea #1 Ensure families are provided information on how to form a family council.

Methods	Process measures	Target for process measure	Comments
Information will be provided on how to form a family council in the new admission package and monthly in the family communication.	Audit new admission packages quarterly to ensure "How to form a Family Council" is included. Quarterly this information will be reviewed at Family Forum meetings.	100% of families will receive information on how to form a family council by May 2024.	

Change Idea #2 Ensure families receive invitations to attend family forum meetings.

Methods	Process measures	Target for process measure	Comments
Ensure families are informed of quarterly family forum meetings through posted memos, email and monthly communications.	Complete tracking to ensure families receive invitations to quarterly family forum meetings	100% of families receive notification of invitations to quarterly family forum meetings.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of families who would positively respond to the statement "There is a good choice of continence care products" on the annual family engagement survey	C	% / Family	In-home audit / 2023-2024	46.20	85.00	Corporate Target	

Change Ideas

Change Idea #1 Provide education to families on the continence care products and program offered at home. Education will be provided through live presentation and written information.

Methods	Process measures	Target for process measure	Comments
Arrange education presentation to increase understanding of continence program and products available.	Two live sessions will be offered during family forum meetings May and November. Written material will be provided to all families through monthly communication newsletter.	Increase positive response to 85% satisfaction on the family engagement survey to the statement "There is a good choice of continence care products on the 2024 survey.	The Home will work with its continence care product provider to determine best education for families.

Change Idea #2 Provide continence care program and product information to admission package and provide during annual care conferences.

Methods	Process measures	Target for process measure	Comments
Continence Care poster or brochure will be provided to families as part of the admission package information and at annual care conference.	Audit admission package information material to ensure inclusion of continence care program poster/brochure.	100% of admission packages will include information regarding the continence care program by May 2024.	

Change Idea #3 POA will be provided with written information when resident has a change in continence and requires continence care products.

Methods	Process measures	Target for process measure	Comments
Staff will provide written material and have conversation with POA to explain rationale for product selected for family member.	Documented communication with POA regarding continence care product education.	100% of residents with a change in continence care product will have a documented note regarding education	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of family who would respond positively to the statement "I have an opportunity to provide input on food and beverage options" on the family engagement survey.	C	% / Family	In-house survey / 2023-2024	50.00	85.00	Corporate Target	

Change Ideas

Change Idea #1 Provide family an opportunity for input into menus options.

Methods	Process measures	Target for process measure	Comments
Menu's will be reviewed at family forum meetings. Communication when new menu's are implemented will be included into monthly family communication.	Review of new menu 2 times per year with the implementation of the spring/summer menu and fall/winter menu with families as part of family forum meetings.	increase positive response to 85% satisfaction on family engagement survey to the statement "I have an opportunity to provide input on food and beverage options"	The Home recognizes residents' input takes precedent over family input unless resident is unable to speak for themselves

Change Idea #2 Review food preferences at admission care conferences with family if resident is unable to verbalize preferences.

Methods	Process measures	Target for process measure	Comments
Specifically ask family/resident if there are further food/beverage preferences from initial intake assessment.	Document food/beverage preferences on resident plan of care, if Resident can not make choices at mealtimes.	Increase positive response to 85% satisfaction on family engagement survey to the statement "I have and opportunity to provide input on food and beverage options" by next survey date.	

Change Idea #3 Ensure families are aware of process residents provide feedback on food and beverage options

Methods	Process measures	Target for process measure	Comments
Include an information piece in monthly communication	Increase awareness of families how feedback regarding food is sought on a monthly basis by reviewing in monthly communication and family forums	Information is added to monthly communication by end of April.	

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of families that would respond positively to the statement "Communication by home leadership is improving" on the family engagement survey.	C	% / Family	In-house survey / 2023-2024	57.10	85.00	Corporate Target	

Change Ideas

Change Idea #1 Increase awareness of changes through enhanced communication in the Home between families and home leadership.

Methods	Process measures	Target for process measure	Comments
1)Determine families preferred form of receiving information. 2)Provide a monthly, written communication to report changes and updates in the Home. 3)The communication will be formatted on Extencicare template for communication for easy recognition.	Audit family contact information and preferred method to receive information monthly to ensure information is reaching families.	Satisfaction increases to 85% regarding clear and timely communication by the Home's leadership by the next resident and family experience survey.	

Change Idea #2 Provide alternate day and evening times of family forum meetings to promote attendance to meet varying schedules of family.

Methods	Process measures	Target for process measure	Comments
Schedule 2 quarterly meetings at 2:00 and 2 quarterly meetings at 1900 hrs. Meeting minutes are provided to all families through email and posted mail.	The number of family members in attendance at family forum meetings	Increased attendance at family forum meetings by 50% by December.	

Change Idea #3 Encourage family participation in quarterly Quality Council meetings.

Methods	Process measures	Target for process measure	Comments
Add information and invitation quality council and up coming dates to monthly family communication to promote attendance. Contact family expressing interest in participation.	The number of family expressing interest in participating in the quarterly quality council meeting	At least one family members in attendance at the quarterly quality council meeting.	

Measure - Dimension: Patient-centred

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents who would positively respond to the statement "I have a good choice of continence care products" on the annual resident experience survey	C	% / Residents	In-house survey / 2023-2024	62.50	75.00	Corporate target	

Change Ideas

Change Idea #1 Provide education to residents on the continence care products and program offered at home. Education will be provided through live presentation and written information.

Methods	Process measures	Target for process measure	Comments
Arrange education presentation to increase understanding of continence program and products available.	Presentation will be offered during resident council meeting at resident council members discretion.	Increase positive response to 75% satisfaction on the resident engagement survey to the statement "There is a good choice of continence care products on the 2024 survey.	

Change Idea #2 Provide continence care program and product information to admission package.

Methods	Process measures	Target for process measure	Comments
Continence Care poster or brochure will be provided to residents as part of the admission package information.	Audit admission package information material to ensure inclusion of continence care program poster/brochure.	100% of admission packages will include information regarding the continence care program by May 2024.	

Change Idea #3 Resident if capable will be provided with written information with a change in continence and requirement of continence care product.

Methods	Process measures	Target for process measure	Comments
Staff will provide written material and have conversation with resident to explain rationale for product selected.	Documented communication with resident if capable regarding continence care product education.	100% of residents with a change in continence care product will have a documented note regarding education	

Measure - Dimension: Patient-centred

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents that positively respond to the statement : I am satisfied with the temperature of my food and beverages" from the annual resident engagement survey.	C	% / Residents	In-house survey / 2023 -2024	59.10	75.00	Corporate Target	

Change Ideas

Change Idea #1 Daily dining room monitoring will include feedback from residents about satisfaction with temperature of food.

Methods	Process measures	Target for process measure	Comments
If dissatisfaction is expressed a client service request (CSR) form will be completed and tracked monthly. Results will be discussed at food committee meeting monthly.	number of CSR received per month pertaining to food temperatures.	100% of CSR's received regarding dissatisfaction with food temperatures will be addressed and resolved to satisfaction.	

Change Idea #2 review resident feedback regarding food temperatures at monthly food committee meetings

Methods	Process measures	Target for process measure	Comments
Add specific question to food committee meeting agenda, to get feedback from residents regarding satisfaction with food temperatures and recommendations	Documented number of episodes of food temperature dissatisfaction, through meeting minutes.	No episodes of food temperature dissatisfaction.	

Change Idea #3 Investigate options to maintain desired temperature of foods/beverages.

Methods	Process measures	Target for process measure	Comments
Monitor steam table temperatures. Possible replacement of plate warmer. Offer to reheat items with microwave.	number of documented episodes of dissatisfaction of food/beverage temperatures.	increase resident positive response to 75% with the statement "I am satisfied with the temperature of my food and beverages" on the next resident engagement survey.	

Measure - Dimension: Patient-centred

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents responding positively to the statement "I am updated regularly about any changes in the home" on the annual resident engagement survey.	C	% / Residents	In-house survey / 2023-2024	66.70	75.00	Corporate Target	

Change Ideas

Change Idea #1 Increase awareness of changes through enhanced communication in the Home between residents and management.

Methods	Process measures	Target for process measure	Comments
Provide written monthly update report of changes in the Home, to Resident Council.	Every Resident Council meeting will include as part of its minutes the monthly report provided by management	Increase in positive response to 75% on the resident engagement survey to the statement "I am updated regularly about any changes in the Home" by the next survey date.	

Change Idea #2 In person management presence at resident council meetings at least once per quarter.

Methods	Process measures	Target for process measure	Comments
Request invitation for a member of management to attend resident council meeting once per quarter	Resident Council Committee extending invitation to members of management at least quarterly	Quarterly in person attendance at Resident Council by invitation.	

Change Idea #3 Ensure communication is available to all Residents

Methods	Process measures	Target for process measure	Comments
Survey Residents for individual communication interests and preferred modes.	number of residents expressing desire to receive home communications and preferred method.	100% of residents expressing communication interests receive material in a way they prefer .	

Safety

Measure - Dimension: Safe

Indicator #11	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	6.51	15.00	Corporate Target	

Change Ideas

Change Idea #1 Implement specific activity program at afternoon change of shift for residents who are 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 # of activity programs that occur during change of shift in afternoon 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	# of environmental assessments completed monthly # 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 #12	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	15.04	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	# of residents reviewed monthly # of plans of care reviewed that have supporting diagnosis # 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	# of families provided with best practice information on reducing antipsychotics monthly # 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 important of minimizing use by Sept 2024	

Measure - Dimension: Safe

Indicator #13	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with restraints	C	% / Residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	0.00	2.50	Corporate 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
1) Review all residents currently utilizing restraints 2) 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 # of action plans in place for reduction of restraints in collaboration with family/resident monthly	100% of restraints will be reviewed and plans implemented for trialing alternatives by Sept 2024	

Measure - Dimension: Safe

Indicator #14	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC resident with worsened ulcers stags 2-4	C	% / Residents	CIHI CCRS / July 2023– September 2023 (Q2 2023/24), with rolling 4-quarter average	2.00	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	# of residents with PURS score 3 or greater # of reviews completed of bed surfaces/mattresses monthly # 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
1) 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 Sept 2024	