

## Experience

**Measure - Dimension: Patient-centred**

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: Overall satisfaction - continence products keep me dry and are comfortable	C	% / LTC home residents	In-house survey / October 2024 - October 2025	66.70	85.00	Extendicare Benchmark	Prevail

**Change Ideas****Change Idea #1** Review sizing and selection of products for residents

Methods	Process measures	Target for process measure	Comments
1) Complete audit of residents using incontinent products for correct sizing and selection of product. 2) Prevail to assist with audit and on the spot education of staff for proper placement on all shifts	1) # of residents using incontinence products per shift 2) # of audits completed by shift 3) # of on-the-spot education sessions completed by shift	1) 100% of residents who use incontinent products will be audited for correct sizing and selection of product by May 1, 2025 2) Product vendor will be contacted to assist with audit and on the spot, education provided by July 1, 2025	

**Change Idea #2** Invite Prevail representative to Resident council and Family council meeting to discuss products

Methods	Process measures	Target for process measure	Comments
1) Prevail representative for Continence to be invited to Resident and Family council meeting to discuss products. 2) Feedback provided by committees will be actioned and discussed at CQI committee 3) Follow up with councils on results of action items.	1) # of Resident and family council meetings vendor attends annually 2) # of action items based on feedback received. 3) # of action items that are resolved to satisfaction of councils.	1) Product vendor will attend resident council and family council by May 2025 2) Action plan will be in place for feedback items by June 30, 2025 3) Follow up on action plan will be communicated to resident and family councils by August 1, 2025	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfaction with involvement from doctors	C	% / Family	In-house survey / Sept 2024-Oct 2025	56.50	85.00	Corporate target	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
1) Medical Director to meet at minimum annually with Family and Resident councils 2) Feedback on services and areas for improvement will be discussed 3) update at the CQI meeting on action plan and ongoing actions	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 and outlined in the committee minutes	1) Medical Director will attend Family Council by August 31, 2025 2) Medical Director will attend Resident Council by July 31, 2025 3) Action items and plan will be discussed at CQI committee with Medical Director by August 31, 2025.	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I can provide input into the products used for me	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	66.70	85.00	corporate target	Prevail

**Change Ideas**

Change Idea #1 Implement process to obtain feedback from residents on a more frequent basis.

Methods	Process measures	Target for process measure	Comments
1) Create list of residents using incontinent products 2) determine how many residents will be asked for their feedback per month per home area. 3) Review feedback and determine action to address	1) # of residents who are using incontinent products 2) # of residents to be asked for feedback per month /per home area 3) # of responses received 4) # of action items received based on survey	1. List of residents who are using incontinent products will be created by May 1, 2025 2. Process for ongoing feedback will be in place by June 1, 2025	

Change Idea #2 Invite Prevail representative to Resident council and Family council meeting to discuss products

Methods	Process measures	Target for process measure	Comments
1) Prevail representative for Continence to be invited to Resident and Family council meeting to discuss products. 2) Feedback provided by committees will be actioned and discussed at CQI committee 3) Follow up with councils on results of action items.	1) # of Resident and family council meetings vendor attends annually 2) # of action items based on feedback received. 3) # of action items that are resolved to satisfaction of councils.	1) Product vendor will attend resident council and family council by May 2025 2) Action plan will be in place for feedback items by June 30, 2025 3) Follow up on action plan will be communicated to resident and family councils by August 1, 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	6.50	6.00	Continue to improve and remain below Corporate target of 15%	Achieva

### Change Ideas

Change Idea #1 Ensure each resident at risk for falls has a individualized plan of care for fall prevention

Methods	Process measures	Target for process measure	Comments
1) Determine residents at risk for falls 2) Review plan of care for each resident at risk 3) Discuss strategies with fall team and staff 4) update plan of care 5) communicate changes in plan of care with care staff	1) # of residents at risk for falls 2) # of plans of care reviewed 3) # of new strategies determined 4) # of plans of care updated 5) # of sessions held to communicate changes with staff	1) Residents at risk for falls will be identified by April 15, 2025 2) Care plans for high-risk residents will be reviewed and updated by April 30, 2025, 3) Changes in plans of care will be communicated to staff by May 15, 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	7.61	7.00	Continue to improve and remain below Corporate target of 17.3%	Medisystem

**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 August 31, 2025 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by October 1, 2025	

**Measure - Dimension: Safe**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of home care patients who developed a stage 2 to 4 pressure ulcer	C	% / LTC home residents	Other / October - December 2024	2.77	2.00	Extendicare Benchmark	Solventum/3M, Wounds Canada

**Change Ideas****Change Idea #1** Dietician referral communication process with the home for worsened and healed skin issues

Methods	Process measures	Target for process measure	Comments
1)Education to improve communication between the dietitian and the skin and wound lead to look at the dashboard skin and wound or list already generated from PCC. 2)Wound Care lead to provide a updated list of skin issues to the dietitian internally 3) DOC to audit this process as part of the evaluation process of the program	# of skin issues followed up by the dietitian # of Audits completed monthly # of Audits that identified areas for improvement monthly % of education completed	1)Wound care lead to provide refresh education on improving Dietitian referral communication by July 1, 2025 with 100% completion.2) Standardized communication process will be 100% in place by April 30, 2025	