

## Experience

**Measure - Dimension: Patient-centred**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of resident responding positively to: "I am satisfied with the quality of care from Dietitian"	C	% / LTC home residents	In-house survey / 2024	72.20	75.00	"Chosen at resident council based on their recommendation"	

**Change Ideas****Change Idea #1** Increase awareness of role of Dietitian in home with residents and families

Methods	Process measures	Target for process measure	Comments
1) Dietitian to meet at minimum annually with Family Forum and Resident councils 2) Feedback on services and areas for improvement will be discussed 3) update at CQI meeting on action plan	1) # of meetings with Councils where Dietitian attended 2) # of suggestions provided by councils 3) # of CQI meetings where action items were discussed with Dietitian	1) Dietitian will attend Family Forum by May 31, 2025 2) Dietitian will attend Resident Council by May 31, 2025 3) Action items and plan will be discussed at CQI committee with Dietitian by March 31, 2025	

**Change Idea #2** Increase opportunities for Residents to book one-on-one sessions with the Dietitian within their home

Methods	Process measures	Target for process measure	Comments
1) Requests to be sent through nursing or have sign-up sheet. 2) Dietitian to confirm appointment date and time with Resident. 3) Feedback received will be reviewed and actioned 4) Action items and plan discussed at CQI committee for follow up	1) # of requests to meet with Dietitian 2) # of one-on-one sessions with Dietitian that occurred. 3) # of action items received from feedback 4) # of action items implemented	"1) Process for sending requests to Dietitian will be in place by April 30th, 2025 2) One-on- one sessions with Dietitian will be in place by April 30, 2025 3) Action items and plan will be discussed at CQI committee with Dietitian by March 31, 2025"	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to "" I am satisfied with the food and beverages served to me"	C	% / LTC home residents	In-house survey / 2024	75.70	80.00	Chosen at resident council based on their recommendation	

**Change Ideas**

**Change Idea #1** Hold food tastings prior to each Menu launch to obtain feedback on types of food to be incorporated into next menu cycle. Could potentially be in collaboration with Recreation Department

Methods	Process measures	Target for process measure	Comments
1) Schedule food tastings and determine products to be tested. 2) Advertise food tasting event and have sign up sheet for Residents 3) Plan for event, ensure that home adheres to Residents nutritional plan of care when providing samples to Residents. 4) Order food items required for event"	1) # of food tasting sessions held annually 2) # of items accepted by Residents (and included on the menu) and # of items rejected by Residents 3) Improvement of overall Resident satisfaction score .	1) Two Food tasting sessions will occur each year based on menu launches 2) 20 -25% of new menu choices will be included as a results of tasting held each menu change	

**Change Idea #2** Ensure dedicated time (standing agenda item) during Resident Council meeting to discuss food complaints and recommendations

Methods	Process measures	Target for process measure	Comments
1) Set allotted time on the agenda OR have separate sub-committee for Food Council / feedback on food. 2) Agreed upon actions that will be taken and specify timeline 3) Follow-up on improvement and reassess action if needed.	1) Food Committee will be provided allotted specified time during every Resident's Council meeting. 2) Feedback, recommendations and corresponding actions will be documented and monitored ongoing	1) Food committed meetings will be held monthly. 2) Recommendations will be documented and actioned on within 21 days and feedback on those actions will be provided at next food committee meeting post implementation.	

**Measure - Dimension: Patient-centred**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of families responding positively to: "I am satisfied with the quality of care from doctors"	C	% / Family	In-house survey / 2024	61.50	70.00	Chosen at a Family Forum based on their recommendation	

**Change Ideas****Change Idea #1** Tracking of in person resident visits to ensure everyone has a visit

Methods	Process measures	Target for process measure	Comments
1) Create list of each physicians/NP residents to track in person visits to ensure each resident meets with physician/NP at least once per quarter .	1) # residents per physician 2) # of residents who had in person visit during quarter	1) List will be developed by physician for tracking by April 30, 2025 2) Each resident will have an in person visit with physician / NP at minimum 1 per quarter by May 31, 2025.	

**Change Idea #2** Improve visibility of physicians in home with residents and families.

Methods	Process measures	Target for process measure	Comments
1) Order Extendicare name tags for physicians 2) Utilize a communication board for families /residents so they are aware of when physician is going to be onsite.	1) # of name tags ordered 2) % of communication boards with physician visits included	1) Name tags will be ordered for all physicians in home by March 31,2025. 2) Process for utilizing communication board for posting of visit schedules will be 100% implemented by April 30,2025.	

## Safety

### Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents with worsened ulcers stages 2-4	C	% / LTC home residents	CIHI CCRS / July 2024–September 2024 (Q2), with rolling 4-quarter average	4.70	2.00	Corporate target	Solventum/3M, Wounds Canada

### Change Ideas

Change Idea #1 Mandatory education for all Registered staff on correct staging of Pressure ulcers

Methods	Process measures	Target for process measure	Comments
1) Communicate to Registered staff requirement to complete education. 2) Registered staff to complete online modules on wound staging by end of third quarter of year. 3) DOC/designate to monitor completion rates	1) # of communications to Registered staff mandatory requirement to complete education. 2) # of Registered staff who have completed online modules on wound staging on a monthly basis. 3) # of audits of completion rates completed by DOC/designate and follow up as required.	1) Communication on mandatory requirement will be completed by March 31, 2025 2) 100% of Registered staff will have completed education on correct wound staging by June 30, 2025 3) Audits of completion rates will be completed monthly with required follow up will occur by 1st week of each month and process is to be in place by April 30, 2025	

## 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 April 30, 2025. 2) Check in with staff and will be correctly completed on a monthly basis by May 1, 2025 3) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by May 1, 2025	

## 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	21.53	15.00	Corporate target	Achieva, Behavioural supports

## Change Ideas

## Change Idea #1 Reassess Star program and re educate staff on program

Methods	Process measures	Target for process measure	Comments
1) Educator will provide education sessions on Falling Star Program to all PSW and Registered Staff on all units on all shifts. 2) Managers will audit and monitor progress to ensure implementation.	1) # of education sessions provided to PSW and Registered staff 2) # of audits completed on Falling star program monthly 3) # of audits on Falling star program with no deficiencies	1) Education sessions for PSW and Registered staff will be completed by April 30, 2025 2) Audits on Falling star program will begin by May 1, 2025	

## Change Idea #2 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 April 30, 2025 2) 4P cards will be distributed to staff by April 30, 2025 3) Resident council and Family council will be informed of process by May 31, 2025	

## 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	X	3.00	As of Oct-Dec 2024 PCC data we are 6.5%. As a result, we are striving to continuously improve our results and remain below corporate target of 17.3%	Medisystem, Behavioural Supports, GPA

## Change Ideas

### Change Idea #1 GPA education for training for responsive behaviours related to dementia.

Methods	Process measures	Target for process measure	Comments
1). Engage with Certified GPA Coaches to roll-out home-level education (note: GPA Bathing module now available), 2). Contact Regional Manager, LTC Consultant or Manager of Behaviour Services & Dementia Care for support as needed. 3). Register participants for education sessions.	1). # of GPA sessions provided 2). # of staff participating in education 3). # of referrals to Regional Managers, LTC Consultants or Manager of Behaviour Services & Dementia Care. 4.) Feedback from participants in the usefulness of action items developed to support resident care.	1.) GPA sessions will be provided for 35% of staff by October 31, 2025 2.) Feedback from participants in the session will be reviewed and actioned on by August 31, 2025.	

### Change Idea #2 Education for Registered Staff on antipsychotics

Methods	Process measures	Target for process measure	Comments
1) Nurse Practitioner or Pharmacy consultant to provide education session for registered staff on antipsychotic medications including usage, side effects, alternatives etc..	1) # of registered staff who attended training session on antipsychotic medications.	1) 75% of registered staff will have attended training on antipsychotic medications by July 31,2025	