

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication from home leadership (Executive Director, and Managers) is clear and timely currently 50% goal 75%	C	% / LTC home residents	In-house survey / 2024 annual resident survey	50.00	75.00	Corporate target	

### Change Ideas

#### Change Idea #1 Provide opportunity for managers to give updates at Resident council

Methods	Process measures	Target for process measure	Comments
1)Discuss invitations at resident council and with current president 2)Invite managers participation as requested by Resident council to give updates 3) Give opportunity for residents to provide feedback and ask questions to leadership	Number of managers invited Number of managers attended Number of areas for follow up that were addressed	Number of By December 2025 managers will have expected participation in at minimum 50% of meetings All Feedback areas that are discussed will be actioned and addressed by applicable manager by September 2025	

#### Change Idea #2 Maximize utilizations of public Bulletin boards

Methods	Process measures	Target for process measure	Comments
Assign bulletin board updates to a staff member. date 'Last updated on' on the board	number of posted communications, Number of inquiries due to info provided on the boards	Staff member will be assigned board updates by April 2025. There will be at least 12 monthly board updates that include "last updated on" by March 2026.	

**Measure - Dimension: Patient-centred**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
In my care conference, we discuss what's going well, what could be better and how we can improve things. Currently 53%, goal is 75%	C	% / LTC home residents	In-house survey / 2024 annual survey	53.00	75.00	Corporate target	

**Change Ideas****Change Idea #1** Review annual care conference process

Methods	Process measures	Target for process measure	Comments
1) Complete review of current care conference process including scheduling, agenda 2) Adjust agenda if required to include time for discussions with resident 3) Ask resident if they felt their needs and feedback were addressed 4) in put resident and family feedback into the resident/family section of care conference document in PCC	1) # of reviews of care conference process completed 2) # of modifications to agenda 3) % of positive feedback resident responses post care conference	1) Review of care conference process, including changes to agenda will be 100% completed by April 30, 2025 2) There will be a 25 % improvement in overall positive responses post care conference by September 30, 2025	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I feel my goals and wishes are heard and considered in my care. 41.7%:	C	% / LTC home residents	In-house survey / 2024 annual survey	41.70	75.00	Corporate target	

**Change Ideas**

Change Idea #1 Resident goals and wishes will be acknowledged and discussed at care conferences and on-going.

Methods	Process measures	Target for process measure	Comments
1) Care conference agenda will include discussion about goals and wishes at each meeting with resident and family members who are present. 2) Outcomes will be care planned as appropriate to ensure resident needs are met. 3) Audit care plans to ensure information is accurate and meets residents identified goals and wishes.	# of care conferences held where goals and wishes were discussed, # of care plans updated to reflect goals and wishes of resident # of follow up care plan audits completed	Care conference agenda will be revised to included discussion about goals and wishes by April 30, 2025. 100% of resident care plans will include goals and wishes as of September 30, 2025 Audits of care plans will begin by May 1, 2025 with 100% care plans being accurate by September 30, 2025.	

Change Idea #2 Programs and services will be person centered focused

Methods	Process measures	Target for process measure	Comments
1) Complete resident recreation assessment to obtain wholesome likes/dislikes and preferences of the resident 2) Complete nutritional assessment to ensure nutritional needs and wishes are met 3) Review plans of care to ensure that information is correct and accurate	# of recreation assessments completed # of completed Nutritional assessments # of care plan reviews completed	100% assessments completed will include person-centered details for nutrition and recreation by August 30, 2025. Audit of care plans to review goals and wishes will be 100% completed by September 30, 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	16.34	15.00	corporate target	Achieva

### Change Ideas

#### Change Idea #1 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.	# 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 May 31, 2025 2) 4P cards will be distributed to staff by May 31, 2025 3) Resident council and Family council will be informed of process by May 31 2025	

## Change Idea #2 Implement new Fall Prediction and Prevention Report developed by Extendicare

Methods	Process measures	Target for process measure	Comments
1) attend education session by HO on use of FPPR report 2) Review residents on list and ensure that strategies are in place to prevent falls 3) monitor progress based on data from report	1) # of education sessions 2) # of residents at high risk 3) # of plans of care reviewed to ensure strategies in place 4) # of residents on list who did not experience a fall in the previous 30 days	1) Training on Fall Predication and Prevention report will be completed by April 30, 2025 2) Residents listed on report as being at risk of fall will have strategies reviewed by April 30, 2025 3) Ongoing monitoring to ensure strategies are effective will be in place by April 30, 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	12.50	12.00	To continue to improve and perform better than Corporate target 17.3%	Medisystem, 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% by Dec 31, 2025 2.) Feedback from participants in the session will be reviewed and actioned on by Dec 31 2025	

## Change Idea #2 Virtual behavioural rounding support

Methods	Process measures	Target for process measure	Comments
1). Behavioural Lead to contact Regional Manager, LTC Consultant or Manager of Behaviour Services & Dementia Care to set up behavioural rounding. 2). Capacity building to support person-centred resident behavioural care planning as well as role modeling to home teams on how to conduct behavioural rounding. 3.) Audit process upon implementation and provide further education as required	1.) # of rounding sessions scheduled 2.) # of behavioural rounding completed /month 3.) # of audits completed when required	1.) Behavioural Lead will contact team supports to arrange virtual education by April 2025 2.) Behavioural rounding will be completed monthly during Indicator reviews with regional Team starting May 2025 3.) Audit process, when required, will be in place for compliance of process by June 30, 2025	