

Experience

Measure - Dimension: Patient-centred

Indicator #1	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.	C	% / LTC home residents	In-house survey / Sept 2024 - Oct 2025	55.50	65.00	The Home feels like this is an achievable target	

Change Ideas

Change Idea #1 Enhance the care conference process to ensure it is meaningful, collaborative, and focused on the residents.

Methods	Process measures	Target for process measure	Comments
1) Establish a Care Conference Committee to review the care conference process and create an information guide to be provided to residents and families 2) Create a process to ensure residents are actively invited and included in their care conferences, giving them the chance to share their concerns and input 3) Create a system for follow up after care conferences, where residents and families will be provided with a summary of their meeting, and to ensure that the resident and family is satisfied with outcome.	1) Track the number of residents who attended their care conferences 2) Track the number of residents who were satisfied with their care conferences.	100% of residents will be notified of their care conferences ahead of time beginning Q2. 100% of care conferences will be followed up on to measure satisfaction by the end of Q4.	

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 doctors	C	% / LTC home residents	In-house survey / Sept 2024 - Oct 2025	63.00	70.00	The Home feels that this is an achievable target	

Change Ideas**Change Idea #1** Improve the working relationships between physicians and residents

Methods	Process measures	Target for process measure	Comments
1) Continue to have doctor's schedules available at the nursing station for resident awareness, allowing for preparation and planning. 2) Continue to implement the appointment booking system for residents to plan visits with doctors as required 3) Ensure all medical doctors wear visible name tags to allow residents to easily identify who the doctors are and foster a more personal connection. 4) Residents will continue to have an option to be provided with doctor visits that are conducted in quiet spaces away from public areas such as dining rooms or hallways to maintain resident privacy and comfort.	1) Track the number of months the doctor schedules are made available to residents 2) Track the number of doctors provided with, and consistently wearing visible name tags during their visits. 3) Periodic auditing will be completed, and feedback will be gathered regarding the residents' satisfaction with the quality of doctor care, including the privacy of their visits.	100% of doctor schedules will be made available to residents beginning Q2. 100% of doctors will wear visible name tags during all shifts and interactions with residents by the end of Q2. 75% of the resident council members will report an increased satisfaction with doctor care by the end of Q4.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication from the Home Leadership (Administrator, Executive Director, and other managers) is clear and timely	C	% / LTC home residents	In-house survey / Sept 2024 - Oct 2025	68.90	75.00	The Home has determined this is an achievable target	

Change Ideas

Change Idea #1 Improve the communication between the Home leadership team and residents

Methods	Process measures	Target for process measure	Comments
1) An updated leadership list, including contact information, along with the organizational chart, will be posted in the main lobby and on every floor to help identify the leaders of the Home and their various roles 2) Each leadership team member will have a nameplate outside their office, displaying their name, title, and photo for easy recognition. 3) Host casual "Meet the Leader" open-door days to assist residents build rapport with the leadership team and improve communication.	1) Track the completion, and accessibility of the organizational chart and updated leadership contact lists. 2) Track the completion of nameplates with photos for leadership team members outside their offices. 3) Track the occurrence and attendance of scheduled open-door days.	100% of leadership contact lists and organizational charts will be updated and made accessible by end of Q2. 100% of leadership team members will have a nameplate outside their office displaying their name, title, and photo by the end of Q3. Open-door days will be trialed or implemented by the end of Q1.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication from the Home Leadership (Administrator, Executive Director, and other managers) is clear and timely	C	% / Family	In-house survey / Sept 2024 - Oct 2025	66.70	75.00	The Home has determined that this is an achievable target	

Change Ideas**Change Idea #1** Improve the communication between the Home leadership team and family members

Methods	Process measures	Target for process measure	Comments
1) Streamline the communication to families using bullet points, visuals, and legends for clarity 2) Provide the organizational chart and leadership contact information in the welcome guide and reviewed at the 6-week care conference. 3) Offer casual “Meet the Leaders” or open-door sessions to help families build rapport and improve communication.	1) Track the satisfaction of family members regarding the communication by the Leadership team 2) Track how many families received the organizational chart and leadership contact list in the welcome package. 3) Track the attendance of family members at “Meet the Leaders” sessions or open-door times.	100% of family communication will be sent using a streamlined approach, with bullet points, visuals, and legends starting April 2025. 75% of family members will report being satisfied with the communication of the Leadership team by the end of Q3. 100% of families will receive the organizational chart and leadership contact list upon admission. Open-door days will be trialed or implemented by the end of Q1.	

Change Idea #2 Improve communication between the Home and families regarding new medication, tests, or lab work, including the purpose and any associated costs.

Methods	Process measures	Target for process measure	Comments
1) Communication will be provided to family members when medication, tests, or lab work have been ordered, why they've been ordered as well as whether or not the cost will be covered, or if they should expect a potential fee. 2) The Home will conduct audits to ensure that communication is provided to family members regarding any newly ordered medications, tests, or lab work.	1) Track the number of family members who are notified regarding new medication, tests, or lab work, including the purpose and any associated potential costs. 2) Number of audits completed to ensure compliance	100% of residents and/or family members, if applicable, will be contacted regarding new medications, tests, lab work, and associated potential costs starting Q2. 100% of audits will be completed to ensure compliance with the communication plan starting in Q3.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from doctors	C	% / Family	In-house survey / Sept 2024 - Oct 2025	51.30	60.00	The Home has determined this is an achievable target	

Change Ideas**Change Idea #1** Improve the working relationships between physicians and family members

Methods	Process measures	Target for process measure	Comments
1) Continue to have doctor's schedules available at the nursing station for families who visit, allowing for preparation and planning. 2) Continue to implement the appointment booking system for families to plan visits with doctors as required 3) Timely communication will be sent to families if/when the Medical Doctor will be absent and require rescheduling their visits	1) Track the number of months the doctor schedules are made available to family members 2) Track the number of appointments that were rescheduled after the notification of the doctor's absence.	100% of the doctor schedules will be made available at least 1 month in advance for the upcoming month beginning Q2. 100% of families will be notified when a doctor's visit is cancelled or rescheduled through to the end of Q4.	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of the cleaning within the resident's room	C	% / Family	In-house survey / Sept 2024 - Oct 2025	60.00	70.00	The Home feels that this is an attainable target	

Change Ideas**Change Idea #1** Improve the quality of the cleaning within the resident's room

Methods	Process measures	Target for process measure	Comments
1) Provide housekeepers with a detailed checklist that outlines all the necessary tasks to ensure thorough cleaning of the resident's room. 2) Schedule random cleaning audits conducted by supervisor to evaluate the quality of cleaning of the resident rooms. 3) Provide feedback to staff after the audits and identify areas of improvement or positive performance.	1) Track the number of audits completed 2) Track the number of times the audits were in compliance with the standardized cleaning checklist. 3) Track the number of staff members who were provided with feedback following the audit.	100% of scheduled cleaning audits will be completed, 100% of staff members will receive feedback following their audits by the end of Q4.	

Change Idea #2 Train and educate staff on the importance of the cleaning standards.

Methods	Process measures	Target for process measure	Comments
1) Organize regular training sessions on cleaning standards, infection control practices, and the importance of maintaining a clean and safe environment. 2) Offer refresher training at least once every quarter, and as required 3) Hold regular meetings with housekeeping staff to discuss audit findings, common issues that arise, and any challenges in maintaining cleanliness.	1) Track the number of training sessions provided to staff. 2) Track the number of staff members who attended training sessions. 3) Track the number of meetings held to review audit findings.	100% of training sessions / refreshers will be provided as scheduled, 100% of staff members will attend a meeting to review their audit findings by the end of Q4.	

Safety

Measure - Dimension: Safe

Indicator #7	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	18.64	15.00	To meet Extendicare Target	

Change Ideas

Change Idea #1 Implement a comprehensive fall prevention program that integrates regular reviews of falls, personalized care plans, effective interventions and ongoing audits.

Methods	Process measures	Target for process measure	Comments
1) Continue to review falls weekly with interdisciplinary team at resident care council meetings 2) Review current fall preventions strategies currently implemented in the resident care plan 3) Discontinue interventions that aren't proving to be effective and trial new ones. 4) Ensure daily and bi-weekly fall audits are completed by a falls team member to monitor patterns, identify risks, and implement appropriate interventions after every fall.	1) Track the number of falls reviewed at weekly Resident Care Council meetings 2) Monitor the review and adjustment of fall prevention strategies in resident care plans. 3) Track the completion of daily and bi-weekly fall audits.	100% of falls that occurred will be reviewed weekly at the Resident Care Council meetings by end of Q2, 100% of high-risk residents will have their fall prevention strategies reviewed at least monthly by end of Q2, 100% of fall audits will be completed post fall by a Falls team member by the end of Q2.	

Change Idea #2 Provide Education on Fall Risks and Proper Interventions

Methods	Process measures	Target for process measure	Comments
1) Organize an education day for all staff to attend regarding falls, understanding risk factors for falls, and learning preventive strategies and interventions	1) Track the number of staff members who attended the education session day	100% of care staff scheduled to work will have attended the Falls Education Day by the end of Q3.	

Change Idea #3 Introduce a buddy system where staff members accompany high risk residents during care documentation.

Methods	Process measures	Target for process measure	Comments
1) Staff members will be assigned to join residents identified as high risk for falls during care documentation.	# of falls that occur after the buddy system is implemented, compared to the # of falls before it's implementation.	100% of high-risk residents will be reviewed for the opportunity to be paired with a staff member during care documentation time by the end of Q3.	

Measure - Dimension: Safe

Indicator #8	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	11.82	10.00	To remain below Extendicare target.	

Change Ideas

Change Idea #1 Medication Reviews for All Residents Currently Prescribed Antipsychotics

Methods	Process measures	Target for process measure	Comments
1) Continue to review medications for all residents who are currently prescribed antipsychotics, focusing on the rationale for their use. 2) Ensure a comprehensive review of the prescribed medications is completed Quarterly to confirm whether they are still necessary for residents without proper diagnosis 3) For those residents who do not have a documented diagnosis supporting the use of antipsychotics, initiate a gradual reduction or discontinuation process according to the reduction strategy, with prior approval of Medical Doctor.	1) Track the number of residents reviewed quarterly 2) Track the number of residents reviewed that have no supporting diagnosis 3) Track the number of residents placed on a reduction strategy upon admission, and quarterly.	100% of residents without supporting diagnosis will have their medications reviewed by the end of Q4.	

Change Idea #2 Provide GPA education training for staff members, to gain purposeful knowledge and develop skills that can be used in dementia care and responsive behaviors

Methods	Process measures	Target for process measure	Comments
1) Engage with GPA Coach to roll-out home-level education for 2025 2) Register new staff members without prior GPA education for the upcoming education sessions 3) The recruitment of a second GPA coach to complete additional GPA sessions on-site.	1) Track the number of staff members who attended the GPA training sessions as scheduled 2) Track the completion of certification for second GPA coach.	100% of staff members will attend the GPA education session as scheduled by the end of Q4. 100% of GPA coaches will obtain their certification by the end of Q4.	

Measure - Dimension: Safe

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	C	% / LTC home residents	Other / October 2024 to December 2024	1.80	1.50	To remain below Extendicare target	

Change Ideas

Change Idea #1 Conduct Audits of Pressure Ulcer Care by Registered Staff focused on proper sterile techniques, and infection control.

Methods	Process measures	Target for process measure	Comments
1) Wound Care Champion to audit wound care being provided by registered staff for pressure ulcers	1) Track the number of pressure ulcer wound care audits completed	100% of Registered Nurses will be audited while completing pressure ulcer care by the end of Q4.	

Change Idea #2 Provide Education on Infection Control and Wound Care Best Practices

Methods	Process measures	Target for process measure	Comments
1) Organize an education day for all staff to attend training on proper hand hygiene and aseptic technique when caring for pressure injuries, to prevent cross-contamination and infection, as well as how to detect early signs of infection, such as increased redness, warmth, swelling, foul odor, or drainage.	1) Track the number of staff who attended the education session for infection control and best practices	100% of care staff scheduled to work will have attended the Skin and Wound Education Day by the end of Q3.	

Change Idea #3 Implement a comprehensive routine that integrates regular reviews of the new and worsening pressure ulcers, inclusive of personalized care plans, effective treatments and ongoing audits.

Methods	Process measures	Target for process measure	Comments
1) Continue to review pressure ulcers weekly with the interdisciplinary team at resident care council meetings. 2) Review wound care protocols currently implemented and skin care prevention interventions in place in the resident care plan. 3) Discontinue interventions that aren't proving to be effective and trial new ones.	1) Track the number of pressure ulcers reviewed at weekly Resident Care Council meetings 2) Track the completion of weekly skin assessments completed.	100% of new and worsening pressure ulcers will be reviewed at resident care council meetings, and as needed by the Wound Care Champion through to the end of Q4.	