

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 / 2024	40.00	66.90	LTC Division Overall 2024 average	

Change Ideas**Change Idea #1** Encourage residents to attend their annual care conference

Methods	Process measures	Target for process measure	Comments
1) Communicate to residents when their annual care conference is scheduled in advance of meeting 2) Remind resident morning of meeting and assist as needed to meeting 3) Provide copy of plan of care if applicable 4) Allow time for discussion and obtain feedback on what could be improved.	1) # of annual care conferences where residents attend 2) # of care conferences where plan of care was discussed with resident	1) Residents will be encouraged to attend their annual care conferences beginning April 1 2025 with 25% improvement in attendance by December 2025. 2) There will be a 50% improvement in feedback for this indicator by December 2025.	

Change Idea #2 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	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 completed by April 30, 2025. 2) there will be a 50% improvement in overall positive responses post care conference by December 30, 2025.	

Measure - Dimension: Patient-centred

Indicator #2	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.	C	% / LTC home residents	In-house survey / 2024	41.70	69.50	LTC Division Overall 2024 average	

Change Ideas**Change Idea #1** Training for staff on person centered care

Methods	Process measures	Target for process measure	Comments
Provide education session for front line staff on importance person-centered care (such as GPA). Track attendance for front line staff at education session.	# of staff who attended sessions # of sessions provided	Education session on person centered care for at least 50% of front-line staff will be completed by August 30, 2025.	

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 managers) is clear and timely.	C	% / Family	In-house survey / 2024	42.90	78.30	LTC Division Overall 2024 average	

Change Ideas

Change Idea #1 Continue with town hall newsletter that was initiated in the fall of 2024 to inform and engage residents and family members on a regular basis.

Methods	Process measures	Target for process measure	Comments
1) Send out newsletter on a regular basis to inform residents and families about important information 2) Ask resident and families what information they would like to see included. 3) Post newsletter on bulletin board in home	1) # of times newsletter was sent to residents and families 2) # of resident and family council meetings information discussed 3) # of months newsletter was posted on bulletin board.	1) Newsletter will be sent out to all residents and families quarterly beginning June 1, 2025 2) Discussion with resident and families about newsletter will occur by April 30 2025 3) Newsletter will be posted on bulletin board after released quarterly beginning June 1, 2025	

Change Idea #2 Implement communication board in main lobby for family and residents

Methods	Process measures	Target for process measure	Comments
1) Discuss board, location and, and content to be posted 2) Post announcements as required	1) # of times communication board was updated 2) Resources and information provided to residents and families	1) Communication board will be purchased and put up by April 1, 2025. 2) Communication board will be updated at least quarterly starting April 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	5.50	5.00	Home specific target as home is below corporate benchmark 15% and we continue to strive for improvement to theoretical best.	Achieva, Behavioural Supports

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.	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 September 30 2025 2) 4P cards will be distributed to staff by September 30 2025 3) Resident council and Family council will be informed of process by September 30 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 May 30 2025 3) Ongoing monitoring to ensure strategies are effective will be in place by May 30 2025	

Change Idea #3 Review Safe Lift and Handling Policy and Procedures Program with Staff

Methods	Process measures	Target for process measure	Comments
1) Educations sessions for staff on safe lift and handling procedures. 2) auditing of safe lift procedures by using the RAI MDS scheduler 3) review of audit results by DOC /designate weekly 4) plan of action for improvement of identified deficiencies put into place.	1) # of education sessions held for staff on safe lift and handling procedures 2) # of audits completed each shift weekly 3) # of deficiencies identified 4) # of improvements required monthly	1) Staff education sessions will be 100% completed by November 30 2025. 2) Audits of safe lift and handling procedures will show 50% improvement by May 30 2025 and 75% improvement by July 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	X	8.50	Home specific target as home is below corporate benchmark. we are currently 9.1% for PCC Oct-Dec 2024 and we continue to strive for improvement.	Medisystem, Behavioural supports

Change Ideas

Change Idea #1 Implement Extendicare's Antipsychotic Reduction Program which includes using the Antipsychotic Decision Support Tool (AP-DST).

Methods	Process measures	Target for process measure	Comments
1). Establish AP Home Team 2.) Education and training provided by Central QI team 3.) Action plan for residents inputted into decision support tool.	1.) home team established 2). Schedule regular meetings for antipsychotic review 3). Attendance to the Quality Labs 4.) Percentage of residents with an action plan inputted.	1). Home team will be established by April 1st 2025. 2). Education and training completed by April 30 2025. 3). Antipsychotic review meetings are occurring every 4 weeks 4). Residents triggering the Antipsychotic QI have an action plan inputted into the decision support tool within 3 to 6 months of admission	

Change Idea #2 Family education resources provided for appropriate use of Antipsychotics

Methods	Process measures	Target for process measure	Comments
1. Provide 'Centre for Effective Practice (CEP)' resource for appropriate use of anti-psychotics when families have questions about appropriate antipsychotic prescribing 2). Make resource available at nurses station if family have questions)	1.) # of CEP resources provided to families monthly 2.) # of antipsychotics d/c as a result of increased family awareness.	1) CEP resources will be printed and available at nurses station by April 30 2025	

Measure - Dimension: Safe

Indicator #6	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 to December 2024	0.94	0.00	Home specific target as home is below corporate benchmark of 2% and we continue to strive for improvement to theoretical best.	Solventum/3M, Wounds Canada

Change Ideas

Change Idea #1 Review team membership to ensure interdisciplinary. and that team ensures that all wounds and skin issues in previous month are reviewed during their meetings

Methods	Process measures	Target for process measure	Comments
1) Review current membership of Skin and Wound team 2) Recruit new members and ensure each discipline is represented 3) Standardized agenda and follow up by team on skin issues in home.	1) # of reviews completed on current membership 2) # of new members recruited by discipline 3) Standardized agenda developed which includes review of all pressure ulcers by stage on each unit on a monthly basis	1) Membership review of skin and wound committee will be completed by April 30 2025 2) Recruitment of new members will be completed by April 30 2025 3) Standardized agenda will be developed and in place by April 30 2025	

Change Idea #2 Ensure appropriate surfaces and seating for residents at risk of skin issues by improving communication with OT/PT.

Methods	Process measures	Target for process measure	Comments
1) Meet to discuss process to improve communication between the OT/PT and the skin and wound lead 2) Educate Registered staff on importance of sending referrals to OT 3)Wound Care lead to provide a updated list of skin and seating issues to the OT/PT internally 4) Review surfaces and seating during Skin and Wound committee meetings for any follow up 5) Tracking of specialty services and preventative maintenance program for equipment 6) DOC to audit this process and part of the evaluation process of the skin and wound care annual program	# education sessions provided for Registered staff # of residents requiring OT referrals # of referrals received by OT # of seating assessments completed # of surfaces reviewed # of specialty surfaces and pumps # of audits that showed areas for improvement	1)Wound care lead to provide refresh education for Registered staff on improving communication by April 30 2025 2)Standardized communication process will be in place by April 30 2025. 3) Seating assessments will be completed for all at risk residents by April 30 2025. 4) All surfaces for at risk residents will have been reviewed by April 30 2025.	