

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the care from social workers.	C	Rate / Residents	In-house survey / 2024	59.00	68.00	Extendicare LTC division overall average	

Change Ideas

Change Idea #1 The home will educate and communicate services provided by social workers.

Methods	Process measures	Target for process measure	Comments
Information sharing via email, newsletter, resident's and family council, family connect.	Number education sessions provided. Number of communications sent to residents and families.	The home will provide 3 education sessions for family, residents or staff in the next eight months. In addition, the home will add this information to the newsletter twice this year, in April and September.	

Change Idea #2 Social Service Worker to schedule visits with different residents each month

Methods	Process measures	Target for process measure	Comments
Social Service Worker will set up schedule for visiting current residents monthly	# of residents visited monthly basis	1) Social Worker will coordinate visit schedule by March 20, 2025 2) 25% of residents will have had a Social Service Worker visit by May 1, 2025.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the care from the occupational therapist.	C	Rate / Residents	In-house survey / 2024	59.70	62.20	Extendicare LTC division average	

Change Ideas

Change Idea #1 The home will educate residents and families on the roles of an occupational therapist.

Methods	Process measures	Target for process measure	Comments
Education sessions, discuss at residents and family council.	The number of education sessions	The home will provide 3 education sessions for family, residents or staff in the next eight months.	

Change Idea #2 Provide information on the role of occupational therapy, and how Arbour Heights meets these service requirements.

Methods	Process measures	Target for process measure	Comments
An article to be written and submitted to the newsletter for circulation.	Number of times information is communicated via newsletter.	The home will add this information to the newsletter twice this year, in April and September.	

Change Idea #3 Provide information on the role of occupational therapy, and how Arbour Heights meets these service requirements.

Methods	Process measures	Target for process measure	Comments
Article to be communicated via eblast distribution list for residents, families, staff and other stakeholders.	Number of times information is communicated.	The home will send this information via email to the eblast distribution list twice this year in April and September.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
In my care conference we discuss what's going well, what can be better and how we can improve things.	C	Rate / Residents	In-house survey / 2024	59.60	66.90	Extendicare LTC division average	

Change Ideas

Change Idea #1 Obtain feedback on annual care conference process from residents and families

Methods	Process measures	Target for process measure	Comments
1) Determine survey questions to ask post care conference for feedback. 2) Post care conference ask for feedback via survey or discussion with families and residents on how process can be improved. 3) Review responses and determine plan of action for improvement 4) Communicate feedback results and actions to Resident and Family council.	1) # of survey questions 2) # of feedback responses received monthly 3) # of improvement actions implemented 4) # of Resident and Family council meetings attended where results discussed	1) Survey questions will be developed by April 1, 2025. 2) Process for post care conference feedback will be in place by April 1, 2025 3) Feedback/survey results will be shared with resident and family council with action for improvement by July 1, 2025	

Change Idea #2 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) 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 more consistently be encouraged to attend their annual care conferences beginning April 1st, 2025. 2) There will be a 10% improvement in this indicator by December 2025.	

Change Idea #3 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 March 15, 2025 2) there will be a 10%improvement in overall postive responses post care conference by October 2025.	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Pressure ulcers: Percentage of residents who had a pressure ulcer that recently got worse - Q2FY 2025/26, CCRS eReports - unadjusted	C	% / Residents	CIHI CCRS / 2024	1.00	0.80	Continued improvement to theoretical best.	

Change Ideas

Change Idea #1 3) 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.	2) # of new members recruited by discipline 3) Standardized agenda developed which includes review of 2 pressure ulcers by stage on each unit on a monthly basis"	Currently have Skin and wound lead, 2 champions, looking to recruit 1 PSW per unit to the skin and wound team by 3rd quarter.	

Change Idea #2 5)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 residents that require turning and repositioning 3)Review this during the Skin and Wound committee meetings for trends	# of reviews completed by Skin and Wound committee # of PSW staff educated on turning and repositioning # of audits completed by night staff	Education is ongoing with turning and repositioning, our target is to have 100% of PSW's re-educated by April 1, 2025. By May 30, 2025, Night staff will have audited 100% of residents that require turning and repositioning By June 30, 2025 the Skin and Wound committee will have reviewed audits for trends and actioned.	

Measure - Dimension: Effective

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Restraints: Percentage of residents who were physically restrained (daily) - Q2 FY 2025/26 CCRS eReports- unadjusted	C	% / Residents	CIHI CCRS / 2024	3.00	2.50	Extendicare LTC division target.	

Change Ideas

Change Idea #1 Provide information to families and residents on Least Restraint

Methods	Process measures	Target for process measure	Comments
1.) Provide Restraint brochure in admission packages for new admissions. 2). Meet with Resident and family councils to provide education on Least Restraint and risks associated with restraint use.	1.) 10 admission packages with Restraint brochure included. 2.) 10 of meetings with Resident and Family council to discuss Least Restraint and Risks	1). 100% of admission packages will have Restraint brochure included for new admissions by Dec-31-2025 2). Meetings with Resident and Family councils will be attended to discuss Restraints by Dec-31-2025	100% of all the residents admitted to Arbour heights will be educated on least restraint policy.

Change Idea #2 1) Implement per unit tracking for all restraints to better analyze and review trends on each unit.

Methods	Process measures	Target for process measure	Comments
1) Implement unit tracking tool to collect data to better analyze and monitor trends for restraints. 2) Collect tracking tool monthly. 3) Restraint team/quality team to analyze results.	1) # of unit tracking tools implemented by unit 2) # of tracking tools completed monthly 3) # of analysis completed by restraint team on results.	1) Tracking tool implemented on each unit by April 15, 2025. 2) 100% of tracking tools will be completed accurately by May 1, 2025. 3) Process for analysis of tracking tool results by restraint team will be 100% in place by May 1, 2025.	

Change Idea #3 Provide resource for staff to use when discussing restraints with residents and families.

Methods	Process measures	Target for process measure	Comments
1)Implement new FAQ document to assist with discussing restraints. 2)Communicate with staff availability of new resource. "	1) # of times FAQ was utilized monthly 2) # of sessions held to communicate with staff that FAQ was available as resource.	1) FAQ resource will be in place by April 15, 2025 2) Staff will be aware of new resource by May 1, 2025	

Change Idea #4 Audit documentation of trial alternatives to each restraint in use.

Methods	Process measures	Target for process measure	Comments
Discuss alternatives and options with interdisciplinary team and frontline care staff. Audit to determine if alternatives have been documented.	# of Alternatives trialed per month # of reviews completed	100% of the restraints in the home have had alternatives trialed and documented by June 1, 2025.	

Measure - Dimension: Safe

Indicator #6	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	20.94	15.00	Extendicare Target	

Change Ideas

Change Idea #1 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 3 on each shift 45 X per week 3) review of audit results by DOC /designate weekly 4) plan of action for improvement of identified deficiencies put into place.	1) 5 of education sessions held for staff on safe lift and handling procedures 2) 9 of audits completed each shift weekly 3) 5 of deficiencies identified 4) 3 of improvements required monthly	80% of all staff will be trained in safe lift and handling policy, and audits completed in all units and reduce the number of deficiencies identified to 2 by end of Dec-31-2025	SALT lead, SALT nurse, and FALLS lead and other champions assigned for the falls program, gather every month to evaluate the progress and make changes appropriately.

Change Idea #2 Re-implement Post fall huddles

Methods	Process measures	Target for process measure	Comments
1) Review policy on post fall huddles with staff 2) Falls lead in home to attend and /or review post fall huddles documentation and provide further education as needed	1) # of staff who reviewed policy for post fall huddles 2) # of post fall huddles that were completed as per policy on a monthly basis	1) Staff education on post fall huddles will be completed with 50% participation by June 1st, 2025. 2) By June 30 ,2025, 80% of post fall huddle documentation will be completed as per policy.	

Change Idea #3 Ensure each resident at risk for falls has an individualized plan of care for falls preventions

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 30 , 2025 2) Care plans for high risk residents will be reviewed and updated by June 1, 2025 3) Changes in plans of care will be communicated to staff by June 1, 2025.	

Measure - Dimension: Safe

Indicator #7	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	21.43	17.30	Extendicare LTC division target	

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 continue home-level education 2) Register participants for education sessions.	1) # of GPA sessions provided 2) # of staff participating in education 3) Feedback from participants in the usefulness of action items developed to support resident care.	1) GPA sessions will be provided monthly in 2025. 2) Feedback from participants in sessions will be reviewed and actioned monthly as appropriate. 3) 60% of staff will have participated in GPA training (within the last year) by June 2025.	

Change Idea #2 3) 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 15, 2025	

Change Idea #3 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
Nurse Practitioner or Pharmacy consultant to provide education session for registered staff on antipsychotic medications including usage, side effects, alternatives etc..	1)# of interdisciplinary meetings BSO invited to attend. 2.) # of monthly referrals to BSO	1) 75% of registered staff will have attended training on antipsychotic medications by May 1st, 2025.	

Change Idea #4 Enhance collaboration with Behavioral Supports Ontario (BSO) Lead and interdisciplinary team.

Methods	Process measures	Target for process measure	Comments
1)Invite BSO lead to PAC meeting, or other interdisciplinary meetings for increased visibility 2) Remind staff to refer to BSO for supports.	1) # of interdisciplinary meetings BSO invited to attend. 2) # of monthly referrals to BSO	1) BSO will have increased collaboration and visibility in home by June 2025.	