

Experience | Patient-centred | Custom Indicator

Indicator #11	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Resident Satisfaction - Would Recommend: Someone to talk to about medications (Heartwood (Fka Versa-Care Cornwall))	59.40	75	75.00	--	NA

Change Idea #1 Implemented Not Implemented

New attending physician/Medical Director started and ED/DOC to set out expectations.

Process measure

- # of physician visits coded in MDS assessments

Target for process measure

- This target is to be fully implemented by September 2024

Lessons Learned

Heartwood has successfully met this indicator, collaboration with the physician was a success.

Change Idea #2 Implemented Not Implemented

Book care conferences on doctor's day.

Process measure

- 1. MD will be present at care conferences to speak with residents and POAs. 2. # of care conferences with physician attendance.

Target for process measure

- This target is to be fully implemented by June 2024

Lessons Learned

Heartwood was able to accomplish this measure only 25% of the time. We continue to work on this important indicator.

Change Idea #3 Implemented Not Implemented

Educate charge nurses to monitor resident annual physicals.

Process measure

- 1. # of Physicals and doctor's rounds completed weekly. 2. # of resident Physical's completed on time.

Target for process measure

- This target is to be fully implemented by April 2024

Lessons Learned

Nurses were educated successfully on the importance of resident annual physicals. Physician completion remains a challenge.

Comment

Heartwood will continue to stive for improvement in resident experience.

	Last Year		This Year		
Indicator #9	58.60	75	63.80	--	NA
Resident Satisfaction - Would Recommend: Input into Recreation programs available (Heartwood (Fka Versa-Care Cornwall))	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Implement Program Planning meetings.

Process measure

- 1. Program planning meeting minutes. 2. Annual resident satisfaction survey results.

Target for process measure

- This target is to be fully implemented by September 2024

Lessons Learned

Program planning has been a successful measure.

Change Idea #2 Implemented Not Implemented

Standing agenda item at monthly Residents' Council meetings.

Process measure

- 1. Residents' Council meeting minutes documenting and tracking resident input. 2. Annual Resident Satisfaction survey results.

Target for process measure

- This target is to be fully implemented by September 2024

Lessons Learned

This has been a successful measure.

Change Idea #3 Implemented Not Implemented

Post-program survey to acquire feedback regarding activity held.

Process measure

- 1. # of post program surveys completed. 2. Post-program survey results. 3. Annual resident satisfaction survey results.

Target for process measure

- This target is to be fully implemented by September 2024

Lessons Learned

Post program surveys have been completed 50% of the time, the challenge has been with resident buy in for completion. Residents' council will continue to review monthly programs with suggestions from residents for satisfaction.

Comment

Although Heartwood did not meet the projected target, we have improved our performance by 5%

	Last Year		This Year		
Indicator #10	53.30	75	57.80	--	NA
Resident Satisfaction - Would Recommend: Regular updates about changes to the home. (Heartwood (Fka Versa-Care Cornwall))	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Implement Resident Information Board in each Home area.

Process measure

- Resident information board to have current pertinent home info available for residents.

Target for process measure

- This target is to be fully implemented by September 2024

Lessons Learned

Successful implementation of the information boards, they are updated daily with current activities being offered, and residents find them to be very helpful.

Change Idea #2 **Implemented** **Not Implemented**

Provide Newsletters to each resident.

Process measure

- # of residents who were given newsletter

Target for process measure

- This target is to be fully implemented by September 2024

Lessons Learned

Newsletters delivered to each resident at the beginning of each month.

Change Idea #3 **Implemented** **Not Implemented**

Leadership team to speak with residents when doing Management by Walkabouts (MBWA).

Process measure

- Audits results established from MBWA audits

Target for process measure

- This target is to be fully implemented by April 2024

Lessons Learned

MBWA/resident engagement continues to be successful measure

Comment

Heartwood will continue to strive for excellence in resident satisfaction

Indicator #3	Last Year		This Year		
	Family Satisfaction - Would Recommend (Heartwood (Fka Versa-Care Cornwall))	88.90 Performance (2024/25)	85 Target (2024/25)	71.00 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Timely Follow-up with family concerns.

Process measure

- 1. Complaint Service Response (CSR) tracking log & quarterly analysis. 2. # of Written complaints and written responses.

Target for process measure

- Plan will be implemented in the month of April 2024

Lessons Learned

Challenges with timely follow up for concerns contributed to not reaching the target of 85%. We continue to work on this to improve.

Change Idea #2 Implemented Not Implemented

Posted flow charts in all nursing stations for reference by registered staff of when to call POA.

Process measure

- Progress notes and documentation indicating communication occurring with POA/SDM regarding residents status etc. is found in Point Click Care.

Target for process measure

- Education and will commence immediately and management will be reviewing progress notes daily to ensure registered staff are compliant with initiative.

Lessons Learned

Successful measure, and this process will continue.

Change Idea #3 Implemented Not Implemented

Include in mandatory clinical education importance of staff documenting communication with POA/SDM.

Process measure

- DOC/ADOC will be reviewing progress notes daily reviewing registered staff documentation in PCC and providing re-education where needed.

Target for process measure

- This target is scheduled to be completed by June 2024

Lessons Learned

Successful measure, DOC & ADOC review reports daily for accurate documentation

Comment

Heartwood will continue to closely monitor this quality indicator and strive to improve our resident's experience.

	Last Year		This Year		
Indicator #6	16.70	85	84.00	--	NA
Family Satisfaction - Would Recommend: Quality of Physio Services (Heartwood (Fka Versa-Care Cornwall))	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Build physio/family connection - Physiotherapist to call families and follow-up.

Process measure

- 1. Increased communication with POAs - documentation in progress notes. 2. Annual Family Satisfaction survey results.

Target for process measure

- this target is to be fully implemented by June 2024

Lessons Learned

Although Heartwood did not meet the target set of 85%, we did have a substantial improvement in this area due to increased communication with physio.

Change Idea #2 Implemented Not Implemented

Post days the Physiotherapist is in the home.

Process measure

- Residents and families to be aware of when physio is in house and available.

Target for process measure

- This target is to be fully implemented by September 2024

Lessons Learned

Successful measure, physiotherapist hours are posted on the units.

Change Idea #3 Implemented Not Implemented

Discuss Physiotherapy services at care conferences.

Process measure

- 1. # of care conferences completed where physiotherapy services were discussed. 2. Annual Family Satisfaction survey results.

Target for process measure

- This target is to be fully implemented by September 2024

Lessons Learned

Discussion of the benefits of physiotherapy during care conference is a successful measure.

Comment

Heartwood has improved on this quality indicator by 67%

	Last Year		This Year		
Indicator #5	28.60	85	80.40	--	NA
Family Satisfaction - Would recommend: Quality of Dietitian Services (Heartwood (Fka Versa-Care Cornwall))	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Ongoing recruitment for dietitian. Currently using agency dietitian.

Process measure

- 1. # of applicants. 2. No longer having to use agency dietitian.

Target for process measure

- Our targeted recruitment if to have the position filled by September 2024

Lessons Learned

Successfully recruited a dietitian which has been beneficial for the home.

Change Idea #2 Implemented Not Implemented

Post days the dietitian is on-site in the home.

Process measure

- 1. Families aware of when dietitian is on-site and available. 2. Annual Family Satisfaction survey results.

Target for process measure

- Once recruited and standard schedule will be made available for all families by September 2024

Lessons Learned

Dietitian hours posted on home units, successful measure so families are aware o when they are onsite.

Change Idea #3 **Implemented** **Not Implemented**

Dietitian to build connections with families by communicating order changes and providing nutritional updates.

Process measure

- Documentation in residents charts, less concerns from families asking for follow up from dietitian in timely manner.

Target for process measure

- This will be fully executed by September 2024

Lessons Learned

Successfully improved this indicator and there have been greater connections and increased communication. this will continue .

Comment

Heartwood greatly improved resident/family experience.

Indicator #4	Last Year		This Year		
	Family Satisfaction - Would Recommend: Input about Food & Beverages (Heartwood (Fka Versa-Care Cornwall))	25.00 Performance (2024/25)	85 Target (2024/25)	73.00 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Food Service Manager(FSM) to meet with family on admission and go over menu and food & beverages provide/available.

Process measure

- 1. Admission progress notes. 2. # of initial dietary assessments completed. 3. Annual Family Satisfaction survey results.

Target for process measure

- This target is due to be fully implemented by September 2024

Lessons Learned

Successful measure, FSM meets with every new admission to review the menu and answer questions.

Change Idea #2 Implemented Not Implemented

Presentations to Family Council on menu process with the menu changes.

Process measure

- 1. Family Council meeting minutes. 2. Annual Family satisfaction survey results.

Target for process measure

- This process will be fully implemented by September 2024

Lessons Learned

Successful Measure implemented and process will continue in 2025.

Change Idea #3 Implemented Not Implemented

Promote use of family portal on monthly newsletter. Menu is posted on-line.

Process measure

- 1. # of monthly newsletters sent to families. 2. Annual Family Satisfaction survey results.

Target for process measure

- This will be an ongoing process but will be fully implemented by September 2024

Lessons Learned

Challenge due to the advanced age of family members, and use of web-based portal. Education sessions to be provided to families that are experiencing challenges.

Comment

Heartwood will continue to strive to increase satisfaction.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #1	4.10	2.50	3.10	--	NA
% of LTC residents with restraints (Heartwood (Fka Versa-Care Cornwall))	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

1. Review current restraints and determine plan for trialing alternatives to restraints.

Process measure

- 1. # of residents reviewed monthly. 2. # of meetings held with families/residents to discuss alternatives monthly. 3. # of action plans in place for reduction of restraints in collaboration with resident/family monthly.

Target for process measure

- 100% of restraints will be reviewed and plans implemented for trialing alternatives by September 2024.

Lessons Learned

While we did not meet our projected target Heartwood has successfully reduced the indicator. Restraints and the reduction of are reviewed daily at our interdisciplinary meetings and remains an important focus for Heartwood.

Change Idea #2 Implemented Not Implemented

Re-educate staff on restraint policy and use of alternatives to restraint.

Process measure

- # of education sessions held monthly

Target for process measure

- 100% of staff will be re-educated on restraint policy and alternatives to restraints by September 2024.

Lessons Learned

Although the projected target was not met, education sessions proved to be a successful process. Heartwood continues with restraint reduction education provided yearly and with orientation.

Comment

We will continue to work on this in our 2025 action plan.

	Last Year		This Year		
Indicator #2	3.10	2	3.10	--	NA
% of LTC residents with worsened ulcers stages 2-4 (Heartwood (Fka Versa-Care Cornwall))	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 **Implemented** **Not Implemented**

Review current bed systems/surfaces for residents with PURS score 3 or greater.

Process measure

- 1. # of residents with PURS score of 3 or greater. 2. # of reviews completed of bed surfaces/mattresses monthly. 3. # of bed surfaces/mattresses replaced monthly.

Target for process measure

- A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by August 2024.

Lessons Learned

The review of the bed systems for residents with a greater than 3 score, was a successful change idea. Identification of bed systems/surfaces was made in a timely manner. Heartwood was unable to attain the projected target of 2% our current performance remained the same at 3.1%. Heartwood continues to strive to reduce this number.

Change Idea #2 **Implemented** **Not Implemented**

Improve registered staff knowledge on identification and staging of pressure injuries.

Process measure

- # of education sessions provided monthly for registered staff on correct staging of pressure injuries.

Target for process measure

- 100% of registered staff will have received education on identification and staging of pressure injuries by September 2024.

Lessons Learned

Although Heartwood did not meet the projected target, team capacity has been built through in house education session. Wound care champions have been identified, with one nurse becoming certified with the SWAN program.

Comment

Heartwood will continue to closely monitor this quality indicator and strive for improvement.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #7	14.55	15	12.18	16.29%	10
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Heartwood (Fka Versa-Care Cornwall))	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Implement specific activity program at afternoon change of shift for residents who are at high risk for falls.

Process measure

- # of residents reviewed for activity needs/preferences weekly.

Target for process measure

- Specific activity program at afternoon change of shift will be implemented by June 2024.

Lessons Learned

Successful intervention to decrease the number of falls at shift change, this continues to be a successful ongoing intervention

Change Idea #2 Implemented Not Implemented

Conduct environmental assessments of resident spaces to identify potential fall risk areas and address areas for improvement.

Process measure

- 1. # of environmental assessments completed monthly. 2. # of identified deficiencies from assessments that were corrected monthly.

Target for process measure

- Environmental risk assessments of resident spaces to identify fall risk will be completed by June 2024.

Lessons Learned

Heartwood was able to meet/exceed the set target and found that conducting environmental assessments helped identify areas that would cause potential falls, and we were able to put plans in place to address.

Comment

Heartwood has surpassed the stated target for this indicator by 16%

Indicator #8	Last Year		This Year		
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Heartwood (Fka Versa-Care Cornwall))	31.27	17.30	31.15	0.38%	17.30
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Medication reviews completed for all residents currently prescribed antipsychotics.

Process measure

- 1. # of residents reviewed monthly. 2. # of plans of care reviewed that have supporting diagnosis. 3. # of reduction strategies implemented monthly.

Target for process measure

- All residents currently prescribed antipsychotics will have a medication review completed by July 2024.

Lessons Learned

This continues to be successful measure, the target for this indicator was surpassed.

Change Idea #2 Implemented Not Implemented

Provide educational material to families and/or residents on antipsychotics and the importance of minimizing use.

Process measure

- 1. # of families provided with best practice information on reducing antipsychotics monthly. 2. # of tour and admission packages provided with antipsychotic reduction information included monthly.

Target for process measure

- Educational material will be provided to families and/or residents on antipsychotics and importance of minimizing use by September 2024.

Lessons Learned

Educational material provided to families is a success. Question regarding how many families are reading the provided materials, as Heartwoods target was not met. Family council has agreed to hold information sessions with the DOC discussing the reductions of antipsychotics.

Comment

Heartwood will continue to strive to meet/exceed the provincial average on this indicator.

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of recreation programs	C	% / LTC home residents	In-house survey / 2024	61.70	80.00	To continue to improve resident satisfaction to meet Extencicare target of 80%	

Change Ideas

Change Idea #1 1) Integrate specific activities, programs and strategies to include all 5 domains

Methods	Process measures	Target for process measure	Comments
1) Review statistics from last year, Activity Pro, and identify domain gaps 2) Include all 5 domains in discussion when Program Planning (w/ residents and dept. meetings) 3) Audit calendars prior to print to ensure balance of all domains	1) Previous variances in domains 2)# of Resident and staff feedback on programs 3) Monthly balances in domains on calendars	1) Increase spiritual offerings by [5%] within the next quarter 2) Decrease social offering by [5%] within the next quarter 3) Balance domains to social [25%], emotional [10%], spiritual [10%], physical [25%], intellectual [30%] by Q2 given resident feedback	

Change Idea #2 Include a variety of 1:1, small, large group, and outings into monthly calendars

Methods	Process measures	Target for process measure	Comments
1) Complete review # of group size offerings/month 2) Complete review # of times residents are able to get into community 3) Identify and address gaps in offerings 4) Communicate gaps with residents in planning meetings and seek feedback 5) Make changes based on feedback	1) Increase in variety of group size offerings throughout monthly program calendar 2) Reduced number of RAR each month 3) Increase number of community outings 4) Increase resident choice offerings via program planning meetings	1) # of 1:1 programs will be increased weekly by 5% 2) the number of small group programs will be increased weekly by 2% 3) the number of large group programs will be increased weekly by 10% 4) RAR report will go from 14 to 10 as a result of changes to program offerings 5) Monthly outings to the community will be offered by April 1/25	

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	C	% / LTC home residents	In-house survey / 2024	52.50	80.00	Improve residents' satisfaction and continue to improve to meet Extencare target of 80%	

Change Ideas

Change Idea #1 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, remind resident in the morning of meeting and assist as needed to meeting 2) Provide copy of plan of care 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 encouraged to attend their annual care conferences beginning April 1/25. 2)There will be a 20% improvement in this indicator by December 2025.	

Change Idea #2 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 1/25 2) Process for post care conference feedback will be in place by April 1/25 3) Feedback/survey results will be shared with resident and family council with action for improvement by July 1/25	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I would recommend this home to others.	C	% / LTC home residents	In-house survey / 2024	71.60	80.00	To increase resident satisfaction and improve to meet the Extendicare target of 80%	

Change Ideas**Change Idea #1** All staff will receive customer service education

Methods	Process measures	Target for process measure	Comments
Organize in person education sessions with all staff on customer service	# of education sessions completed	100% of staff will be re-educated on customer service by September 2025	

Change Idea #2 Establish more mentors for new staff

Methods	Process measures	Target for process measure	Comments
1)Staff educator to assist to recruit more staff to become new mentor. 2)New mentors to receive preceptor training	# of mentors in the home recruited % of mentors who received preceptor training	To add a minimum of 4 new mentors by August 2025 4 Mentors will receive preceptor training by September 2024	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
If I need help right away, I can get it	C	% / LTC home residents	In-house survey / 2024	49.30	70.00	Continued Improvement toward Extencicare target of 80%	

Change Ideas**Change Idea #1** 1) Increase staff awareness of call bell response times

Methods	Process measures	Target for process measure	Comments
1) DOC/designate to review call bell response times on a weekly basis. 2) communicate results to staff and leadership team monthly basis. 3) Incorporate on the spot monitoring by leadership walkabouts to observe response times. 4) Follow up with staff for any areas of improvement for response times.	1) # of call bell response time reviews completed 2) # of times results communicated to staff and to leadership team 3) # of leadership walkabouts completed monthly 4) # of staff follow ups required.	1) Call bell response review process will be in place by April 1/25 2) Communication of call bell responses to staff and to leadership will be in place by May 1/25 3) Process for leadership walkabouts will be in place by April 1/25	

Change Idea #2 Review staffing and routines all shifts

Methods	Process measures	Target for process measure	Comments
Meet with all shifts to discuss results of survey related to response times	# of meetings held with each shift	Meetings with all shifts will be held by May 1/25	

Safety

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	12.18	10.00	Continue to improve and remain better results than Extencicare target of 15%	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 July 1/2025 2) 4P cards will be distributed to staff by June 1/25 3) Resident council and Family council will be informed of process by June 1/25	

Change Idea #2 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 April 1/25 on each shift 5 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) # 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 April 1/25 2) Audits of safe lift and handling procedures will show 50% improvement by May 1/25 And 75% improvement by July 1/25	

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	31.15	17.30	Extendicare target	Medisystem, Behavioural Supports

Change Ideas

Change Idea #1 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
1) complete medication review for residents prescribed antipsychotic medications 2) Review diagnosis and rationale for antipsychotic medication. 3) consider alternatives as appropriate	1) # of medication reviews completed monthly 2) # of diagnosis that were appropriate for antipsychotic medication use 3) # of alternatives implemented	1) 75% of all residents will have medication and diagnosis review completed to validate usage by April 1/25 3) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by April 1/25.	

Change Idea #2 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 April 1/25	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents in daily physical restraints over the last 7 days	C	% / LTC home residents	Other / October - December 2024	3.10	0.00	To continue to improve and move toward no restraints in our home.	Achieva, Behavioural Supports

Change Ideas

Change Idea #1 Admission coordinator /designate will review each application received for restraints prior to admission

Methods	Process measures	Target for process measure	Comments
1)Admission coordinator reviews and flags each application received for restraints 2) Information is sent to HCSS etc. to indicate that home is least restraint and that alternatives will be trialed upon admission.	1) # of applications received that have a restraint 2). # of communications sent back to applicant and family /sending authority to explain least restraint policy 3). # of acceptances received to trial alternatives upon admission	1) Process for review of admission applications for restraints will be in place by April 1, 2025.	

Change Idea #2 Consult with BSO team to help address behaviours of residents with restraint usage.

Methods	Process measures	Target for process measure	Comments
1). Provide staff brochure/FAQ on Least Restraint and review how a restraint usage can escalate resident responsive behaviours. 2)Consult with BSO to identify potential alternatives to restraint usage that would support resident.	1.) # of residents who had restraint in place 2) # of BSO consults to review alternatives completed.	1.) 100% of residents using restraints in the home have been consulted with BSO to identify alternatives by April 1/25	

Measure - Dimension: Safe

Indicator #8	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 - December 2024	3.10	2.00	To meet or exceed the Extendicare benchmark	

Change Ideas

Change Idea #1 1)Implement per unit tracking for all pressure ulcers to measure status and trends of pressure ulcers in the home.

Methods	Process measures	Target for process measure	Comments
1) Provide education for wound care leads on tracking tool on each unit. 2)Implement tracking tool on each unit and shift 3) Wound care lead to collect tools and do analysis for trends	1) # of education sessions held for Registered staff on tracking tools 2) # of tracking tools completed monthly 3)# of tracking tools that were reviewed on a monthly basis for trends	1) 100% of wound care leads will have attended education sessions on tracking tool by April 1 /25 2) Tracking tools will be correctly completed on a monthly basis by April 1/25 3) Process for review, analysis and follow up of trends from tools will be 100% in place by April 1/25	

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 May 1/25. 2) Check in with staff and will be correctly completed on a monthly basis by June 1/25 3) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by July 1/25	