

AIM	Measure							Change				
	Quality dimension	Measure/Indicator	Unit / Population	Source / Period	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure
Resident Experience Top 3 areas for improvement	The resident has input into the recreation programs	/ LTC home residents	In house data annual resident experience survey	44.10%	55%	Family results notes that the resident does not have input		seek additional family input	Email out to select grp of families to garner feedback on programs (ie one unit at a time). Ask families directly when they are on the unit			
								Review planned events calendar for the year with a family focus group / obtain input from consultant on action plan for the year in relation to other homes	Approach family council and discuss recreation options for residents. This is a monthly discussion with residents in resident council meetings.			
	I am satisfied with the quality of maintenance of the physical space and outdoor space	%LTC home residents	In house data annual resident experience survey	50.50%	65%	both resident and family scored this as an area of improvement resident - 61.7% Family - 50.5%		implementation of maintenance care software system to improve efficiency	set up assignment process to track work utilize for PM programs			
								Focus on esthetics during 2025	Plan a painting schedule see if can contract outside yard support services for a few months focus on window cleaning this year	All windows cleaned by June 2025	100% complete	
								completed fullsome building assessment to improve capital planning	Obtain 3 quotes, have assessment done by March 2025	assessment completed	100%	
In my care conference we discuss what is going well and what could be better and how we can improve things	% / LTC home residents	In house data annual resident experience survey	62%	75%	the care conference is integral to the quality of life and care for the resident		We have audited the care conferences up to date to ensure that the conference is being held and all documentation is completed	Education on IDTC conferences with the interdisciplinary team who needs to be involved with the meetings. RPNs to be educated on ensuring that the IDTC documentation is completed after the meeting in a timely manner and closed. Rai is going to make sure to mail out the letters to families with date of upcoming IDTC meetings.				
Four Priority Indicators	Worsened Pressure Injury	%LTC home residents	Power BI (PCC, Momentum data) for Oct-Dec 2024	2.3% December	2% (if better than this target pick a lower target)	integral metric of multiple aspects of resident care	3M	Wound Lead Champion continue to educate through Echo. We have been staying Under national levels for at least 8 months with the exception of going up and down due to outbreak and admission from SAH	Education throughout the home with all PSW staff through Solventum there are five sessions that will run between Feb 14 an mid Dec. This will be inclusive and run from 10am -230 am to cover all staff on shifts. .	Number of pressure injuries that heal without increasing in stage. Number of referrals sent to the WWC and dietitian due to wound worsening	Number for worsened pressure injuries	
	Falls	% LTC home residents	Power BI (PCC, Momentum data) for Oct-Dec 2024	18.2% December	15% (if better than this target pick a lower target)	significant resident safety implications		Working on getting our numbers of falls down to 15%. We have been working once a month with the extendicare consultant and northern homes to discuss our goals and Our falls are coming down, Fall lead continues to audit and provide feedback at the fall meetings to ensure staff are aware of the high risk falling residents .	Education will be provided in regards to our high risk falling residents. Education will consist of how to complete a post fall huddle, look at the root cause of the fall and placing in interventions such as, medication management, Equipment, enviromental status, Risk management and proper assessments that need to be completed.	Number of resident who have had more than 1 fall to ensure post fall assessment completed and intervention in place to prevent. These resident to be reviewed at fall committee meetings	Number of residents who have sustained a injury from a fall	

	Restraints	% LTC home residents	Power BI (PCC, Momentum data) for Oct-Dec 2024	2.9% December	2.5% (if better than target than pick lower target)	less restraints aligns with the resident bill of rights, resident safety, fostering mobility		We are working on decreasing our restraints at the present time. We have 11 restraints presently and hope to decrease by two more so that we will be at the target %. We meet monthly with Extencicare consultants and all the northern homes to disuss monthly what are goals are and how we will proceed to improve this quality indicator	Ongoing education with the RNs, RPNs, PSWs, Physio, Physicians, Nurse Practitioners, and outside consultants.	Number of physical restraints in place in the home with alternatives trialed which has been ineffective and documented in the care plan	Number of residents who have a daily physical restraint	
	Antipsychotic Deprescribing	% / LTC home residents	Power BI (PCC, Momentum data) for Oct-Dec 2024	9.4% December	10.00%	aligns with resident bill of rights and fostering mobility and safer care	Medisystem	We are staying under the target. Working collaboratley with the Nurse Practitioner and team monthly. We also have montly meetings with Extencicare consultants one a month to discuss areas of concern and successes.	Education ongoing for the nursing department	Number of resident who are receiveing antipsychotic medications who have had a quarterly review. Number of residents who have had meadications discontinued as a result of the collaborative review	Number of residents who are receiving antipsychotic medications without a diagnosis	