

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from my dietitian	C	% / LTC home residents	In-house survey / January 1 to December 31, 2024	33.30	67.30	Continued improvement as we strive to move closer to Extendingcare target of 85%	

Change Ideas

Change Idea #1 Increase awareness of dietitian role in the home with residents and families

Methods	Process measures	Target for process measure	Comments
1) Dietitian to meet at minimum annually with Family and Resident councils 2) Feedback on services and areas for improvement will be discussed 3) Update at CQI meeting on action plan	1) # of meetings with Councils where Dietitian attended 2) # of suggestions provided by councils 3) # of CQI meetings where action items were discussed with Dietitian	1) Dietitian will attend Family Council by June 2025 2) Dietitian will attend Resident Council by June 2025 3) Action items and plan will be discussed at CQI committee with Dietitian by April 2025.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with quality of care from my doctors.	C	% / LTC home residents	In-house survey / January 1 to December 31 2024	43.20	63.90	Continued improvement as we work towards Extendicare target of 85%	

Change Ideas

Change Idea #1 Communicate role of Medical Director and Physicians and give opportunity for feedback.

Methods	Process measures	Target for process measure	Comments
1) Medical Director to meet at minimum annually with Family and Resident Councils. 2) Feedback on services and areas for improvement will be discussed. 3) Update CQI meeting on action plan.	1) # of meetings with Councils where medical Director attended 2) # of suggestions provided by councils 3) # of CQI meetings where action items were discussed with Medical Director	1) Medical Director will attend Family Council by June 2025 2) Medical Director will attend Resident Council by June 2025 3) Action items and plan will be discussed at CQI and PAC committee with Medical Director by April 2025	

Change Idea #2 Improve visibility of physician in home with residents and families

Methods	Process measures	Target for process measure	Comments
1) Order Extendicare name tags for physicians 2) Utilize a communication board for families/residents so they are aware of when physician is going to be onsite.	1) # of name tags ordered 2) % of times physician site visits included on communication boards	1) Name tags will be ordered for all physicians in the home by April 2025 2) Process for utilizing communication board for posting visit schedules will be 100% in place by April 2025	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication from home leadership is clear and timely	C	% / LTC home residents	In-house survey / January 1 to December 31, 2024	47.70	68.10	Continue to improve as we strive to move closer to Extendicare target of 85%	

Change Ideas

Change Idea #1 Give updates to residents in a more personal manner so they hear what is happening in home.

Methods	Process measures	Target for process measure	Comments
1) Read Resident/Family Newsletter with residents in each resident home area monthly. 2) Print hard copies for residents 3) Give time for discussion and any questions that may arise	1) the number residents the newsletter was read with each month 2) the number of resident council members the newsletter was distributed to each month 3) the number of residents with a CPS of 2 or less who received a copy of the newsletter. 4) the number of questions asked	1) A recreational program to read the newsletter with residents will be implemented by April 2025. 2) 100% of resident council members will receive a newsletter monthly. 3) 100 % of the residents with a CPS of 2 or less will receive a copy of the newsletter monthly.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of maintenance of physical building and outdoors.	C	% / Family	In-house survey / January 1 to December 31 2024	66.70	74.20	Continue to improve and move closer to Extendicare target of 85%	

Change Ideas

Change Idea #1 Complete regularly scheduled audits for maintenance of building and outdoor spaces.

Methods	Process measures	Target for process measure	Comments
1) Review schedule for audits or building maintenance and of outdoor spaces 2) Identify any areas or gaps based on audits 3) Create action plan to address gaps	1) # of audits completed monthly 2) # of deficiencies identified 3) # of action items	1) One audit completed monthly with 100% of audits being completed by Dec 31, 2025 2) There will be a 75% improvement in identified deficiencies from audits by Dec 31, 2025 3) By Dec 31, 2025, 75% of action items will be addressed.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The resident has input into the recreation programs available.	C	% / Family	In-house survey / January 1 to December 31 2024	59.30	70.00	Continue improvement toward Extendicare target of 85%	

Change Ideas

Change Idea #1 Engage residents and families in quarterly co-design sessions, workshops, or focus groups

Methods	Process measures	Target for process measure	Comments
Plan quarterly sessions in advance (i.e. Q2 planning occurs in Q1) 2) Share annual dates in newsletters, posters, RC, etc. 3) Post reminders on communication board and add program to monthly calendar	1) # of sessions/year 2) # of people participating 3) # of different ideas being presented 4) # of ideas implemented 5) # of reminders posted on communication board and added to monthly calendar	1) Co-design program will be introduced in April 2025 and fully implemented as of May 2025 2) Residents and family will participate in April providing feedback on programs and selecting upcoming events with a goal of improving satisfaction by 15% by October 2025	

Safety

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	12.40	10.00	Continued improvement to theoretical best practice.	Achieva, Behavioural Supports Ontario

Change Ideas

Change Idea #1 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 mandatory education with 100 % participation by April 30, 2025. 2) By June 2025, 100 % of post fall huddle documentation will be completed as per policy.	

Change Idea #2 Implement new Fall Prediction and Prevention Report (FPPR) 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 reviewed monthly 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 fully completed by April 30, 2025 2) All residents listed on report as being at risk of fall will have strategies reviewed monthly beginning May 2025.	

Change Idea #3 Review Activity programming during times when most falls occur

Methods	Process measures	Target for process measure	Comments
1) Review times when most falls are occurring 2) Review Program preferences for residents who are at risk of falls 3) Implement program at time of day when falls are occurring 4) Monitor results	1) # of residents reviewed who are high risk for falls 2) % of program review completed 3) # of new programs implemented during peak times for falls 4) # of high-risk residents who did not fall during month when activity was occurring	1) Full review of falls and times when occurring will be completed each month starting April 2025. 2) A review of all high-risk residents' program preferences will be completed each month starting April 2025. 3) Individualized programs will be implemented for all high-risk residents by time of day by June 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	12.79	11.00	Continued improvement towards theoretical best.	Medisystem , Behavioural Supports Ontario, GPA

Change Ideas

Change Idea #1 GPA education for training for responsive behaviours related to dementia.

Methods	Process measures	Target for process measure	Comments
Engage with Certified GPA Coaches to roll-out home-level education 2). Contact Regional Manager, LTC Consultant or Manager of Behaviour Services & Dementia Care for support as needed. 3). Register participants for education sessions.	1) # of GPA sessions provided 2) # of staff participating in education 3) # of referrals to Regional Managers, LTC Consultants or Manager of Behaviour Services & Dementia Care 4) Feedback from participants in the usefulness of action items developed to support resident care.	1) GPA sessions will be provided for 10% of Registered and 10% of PSW staff by June 2025 2) All feedback from participants in the session will be reviewed and actioned on by December 2025.	

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 resources available at nursing station if family has questions	1) # of CEP resources provided to families monthly 2) # of antipsychotics d/c as a result of increased family awareness.	CEP resources will be printed and available at nurses' station by May 2025.	

Change Idea #3 Education for Registered Staff on antipsychotics

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.	# of registered staff who attended training session on antipsychotic medications.	75% of registered staff will have attended training on antipsychotic medications by December 2025.	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents with worsened pressure ulcers Stage 2-4	C	% / LTC home residents	Other / October - December 2024	0.80	0.50	To continue to improve to theoretical best	Solventum/3M, Wounds Canada

Change Ideas

Change Idea #1 Mandatory education for all Registered staff on correct staging of Pressure ulcers

Methods	Process measures	Target for process measure	Comments
1) Communicate to Registered staff requirement to complete education. 2) Registered staff to complete online modules on wound staging by end of third quarter of year. 3) DOC/designate to monitor completion rates	1) # of communications to Registered staff mandatory requirement to complete education. 2) # of Registered staff who have completed online modules on wound staging on a monthly basis. 3) # of audits of completion rates completed by DOC/designate and follow up as required.	1) Communication on mandatory requirement will be completed by April 2025 2) 100% of Registered staff will have completed education on correct wound staging by June 2025 3) Audits of completion rates will be completed monthly with required follow up will occur by 1st week of each month and process is to be in place by June 2025 with goal of 75% improvement.	

Change Idea #2 Adopt a new point of care (POC) alert process to notify nursing staff of by exception issues for early identification of skin issues

Methods	Process measures	Target for process measure	Comments
1) Educate staff on new alert process on all shifts 2) Registered staff to check end of shift for outstanding alerts 3) DOC/designate to audit compliance monthly and follow up with any additional educational requirements	# of staff that have been educated # of audits completed # of alerts that were completed on a monthly basis	1) Staff are educated on the new process by April 2025 2) Registered staff will audit and clear 100% of alerts at the end of each shift by June 2025. 3) Alerts process will be 100% implemented on each unit by June 2025.	