

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 laundry services for my clothing and linens	C	% / LTC home residents	In-house survey / Resident Family 2024 survey	77.30	80.00	Extendicare home target	

Change Ideas**Change Idea #1** The laundry carts will be re labelled

Methods	Process measures	Target for process measure	Comments
SSM will re label the laundry carts to ensure the rooms numbers are legible and accurate Clothing will then be put into the appropriate labelled laundry carts for delivery	Number of laundry carts re labelled to ensure room numbers are accurate % of clothing that is put into the appropriate labelled laundry carts and delivered correctly	By April 30, 2025 100% of laundry carts will be re labelled with accurate room numbers There will be a 50% improvement in accuracy of clothing in laundry carts and delivered correctly by June 30, 2025.	

Change Idea #2 An auditing process will be implemented to ensure the right clothing is in the right wardrobe and in the right spot on the laundry cart for delivery

Methods	Process measures	Target for process measure	Comments
Resident wardrobes and laundry carts will be audited for 4 weeks on weekly basis beginning April 1st. Audits will be reviewed and actions implemented to correct. Resident complaints about missing laundry will be monitored and actioned.	The number of complaints received for missing clothing and or clothing in the wrong resident room The number of laundry carts and resident rooms audited weekly, The number of deficiencies identified during audits and actioned	Auditing of the laundry carts and of the residents' wardrobes in their rooms will start on April 1, 2025 There will be a 50% improvement in missing clothing by June 30, 2025 There will be a 50% improvement in complaints about missing clothing by September 30, 2025.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I enjoy eating meals in the dining room	C	% / LTC home residents	In-house survey / LTC resident and family survey 2024	75.70	85.00	Home specific target and corporate target.	

Change Ideas**Change Idea #1** Implementation of a new dining room process and meal suite

Methods	Process measures	Target for process measure	Comments
1) Arrange education to staff on Meal Suite and new dining room process 2) Audit post education to ensure processes are in place	Number of staff trained on Meal suite and new dining room process Number of audits completed post education and follow up action required	The home will fully implement Meal suite in the home by September 2025 100% of staff who support meal service will have received education on Meal suite and new dining process prior to September 2025. Audits of meal service will begin as of October 2025 for 4 weeks with gaps identified being actioned.	

Change Idea #2 Obtain regular feedback from Residents on dining room atmosphere and incorporate changes based on recommendations

Methods	Process measures	Target for process measure	Comments
1) Managers to regularly interact with Residents during mealtime to seek feedback on atmosphere. 2) Document feedback and determine actions that will be taken as a response. 3) Share feedback and corresponding actions with Resident Council."	Number of meals attended for purpose of obtaining feedback on dining experience Number of recommendations made by residents Number of follow up action implemented	10 meals will be attended per year with purpose of evaluating atmosphere by managers by Dec 2025. 2) 50% of recommendations will be actioned on by December 2025	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
There is someone I can talk to about my medications	C	% / LTC home residents	In-house survey / 2024 resident and family survey	77.90	85.00	Home specific target	Medisystem

Change Ideas**Change Idea #1 Education for Registered staff on CNO standards and Extendicare Medication policies**

Methods	Process measures	Target for process measure	Comments
1) Education will be arranged for Registered staff on all shift on CNO standards and Medication policies. 2) Emphasize importance of communicating to residents about medications they are taking during med pass during nurse practice meetings 3) Communicate also that residents need to be informed if any changes to their medications during nurse practice meetings. 4) Random audits of residents to gather feedback if improvement post education	% of Registered staff on all shifts who completed education on CNO standards and Medication policies # of times registered staff were informed about when to communicate with residents about medications # of audits completed monthly post education	The home will educate 100% of registered staff on communicating to the residents the medications they are taking and any changes in their medication by May 1st 2025. Random audits will be conducted post education to gather feedback from residents with 50% improvement noted by July 30, 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	19.42	15.00	Extendicare Target	Achieva, Behavioural Supports Ontario

Change Ideas

Change Idea #1 The PSWs will be in the resident areas as fall buddies when documenting so as to monitor residents who are at high risk for falls

Methods	Process measures	Target for process measure	Comments
The PSWs will be educated on the role of the fall buddy Falls team will review fall rates at meetings to determine if effective	The Number of staff who received the education Number of falls per month	The fall buddy program will be fully implemented with all PSWs by May 2025 with a decrease in falls by 10% by September 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	11.29	10.00	The home is meeting the Extendicare Target of 17.3%, Will continue to improve on its indicator	behavioural supports ontario, Canadian Mental Health Association (CMHA) Durham, Medisystem

Change Ideas**Change Idea #1** Monthly medication reviews of residents who trigger for antipsychotic usage

Methods	Process measures	Target for process measure	Comments
Monthly meeting with the physician, pharmacist, Behavioural support lead, director of Care, RAI lead and nursing to review residents who trigger for the indicator	The number of medication reviews completed per month for antipsychotic usage in the home.	Standardized monthly medication review process in place May 2025	The home is meeting the Extendicare target

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	CIHI CCRS / Oct-Dec 2024	1.63	1.50	The home is meeting the Extendicare target of 2% and we want to continue to improve our results.	3M, Wounds Canada

Change Ideas

Change Idea #1 Provide accurate wound assessment and product selection education for all registered staff

Methods	Process measures	Target for process measure	Comments
1) Education sessions set up for all registered staff on products on wound care protocol 2) Sessions to be arranged for all shifts 3) audits to be completed by wound care lead of home for correct usage of products	# of staff education sessions provided to registered staff # of audits completed monthly # of audits that identified areas for improvement monthly	Education sessions on products and selection of products will be completed for all Registered staff by June 30, 2025 2) Audits will show a [50 %] improvement in compliance by December 30, 2025	