

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the food and beverages served to me	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2024	41.10	68.00	Our home strives to ensure that Residents are satisfied with the care and services and we provide on a daily basis and we seek further improvement.	

Change Ideas

Change Idea #1 Ensure dedicated time (standing agenda item) during Resident Council meeting to discuss food complaints and recommendations

Methods	Process measures	Target for process measure	Comments
"1) Set allotted time on the agenda OR have separate sub-committee for Food Council / feedback on food. 2) Agreed upon actions that will be taken and specify timeline 3) Follow-up on improvement and reassess action if needed."	1) # of Food Committee meetings allotted specified time during every Resident's Council meeting. 2) # of Feedback, recommendations and corresponding actions documented and actioned	1) Food committee meetings will be held 12 times per year for 2025. 2) All recommendations will be documented and actioned on within 7 days of receiving and feedback on those actions provided at the next meeting starting April 2025.	

Change Idea #2 Work in collaboration with Recreational Department to hold food tastings prior to each Menu launch to obtain feedback on types of food to be incorporated into next menu cycle.

Methods	Process measures	Target for process measure	Comments
1) 1) Schedule food tastings and determine products to be tested. 2) Advertise food tasting event and have sign up sheet for Residents 3) Plan for event, ensure that home adheres to Residents nutritional plan of care when providing samples to Residents. 4) Order food items required for event	1) # of food tasting sessions held annually 2) # of items accepted by Residents (and included on the menu) and # of items rejected by Residents 3) Improvement of overall Resident satisfaction score .	1) 2 Food tasting sessions will occur each year by Dec 2025. 2) 6% of new menu choices will be included as a result of tasting held by September 30th.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of food and beverage options	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	43.80	68.00	Our home strives to ensure that Residents are satisfied with the care and services and we provide on a daily basis and we seek further improvement.	

Change Ideas

Change Idea #1 Adjust menu to include seasonal availability.

Methods	Process measures	Target for process measure	Comments
1) Monitor seasonal availability of fruits and vegetables and incorporate where possible 2) Ensure Residents are aware of fresh fruits and vegetables being utilized. 3) Incorporate more hearty menu options during the winter months and lighter/cold meal items during the summer months	1) # of Seasonal foods to be incorporated in each menu cycle 2) Advertisement of seasonal fruits / vegetables and seasonally appropriate menu items incorporated	1) at least 2 Seasonal food changes will be made to menu each cycle beginning June 15th 2025. 2) All advertisement of these seasonal changes will be completed 3 weeks in advance of change."	

Change Idea #2 Increase special food programs in collaboration with Recreation Team

Methods	Process measures	Target for process measure	Comments
1. Review previous year calendar to determine # of events with food 2. Brainstorm change ideas including monthly breakfast clubs, friendship luncheons, food trucks, outings, BBQ's, around the world programs, etc. that can incorporate variety 3. Review in Program Planning Meetings, gathering feedback on resident interests 4. Host programs monthly	1. # of food related programming being offered 2. Attendance in said programs 3. Resident feedback in RC or Program Planning Meetings	1. Incorporate at least 1 of food related programs each quarter on programs calendar 2. Implement 2 BBQ days for Residents in 2025. Implement 1 corn roast in 2025. Hold 1 fun fair with poutine day in 2025	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have input into the recreation programs available	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	43.80	60.00	Our home strives to ensure that Residents are satisfied with the care and services and we provide on a daily basis and we seek further improvement.	

Change Ideas

Change Idea #1 The home will continue with monthly Floor Calendar Clubs to assist Residents to develop their floor specific monthly programs.

Methods	Process measures	Target for process measure	Comments
1) Calender Club Programs are included in the monthly floor calendars 2) Resident input and choices are reflected on the calendars. Calendars are posted on each community and in each Resident's rooms.	1) # of Programs throughout the year 2) # of change ideas provided in the program that were implemented 3) # of residents participating on each floor	1) Program will be fully introduced and implemented as of March 31st 2025 2) Residents will meet monthly with their Activity Aide, providing feedback on programs and selecting upcoming events starting March 2025	

Change Idea #2 Use real-time feedback tools such as evaluations of programs, seeking resident feedback on enjoyment and satisfaction of program in real time

Methods	Process measures	Target for process measure	Comments
1)Select up to 5 programs per month to audit. 2) Use evaluation templates, activity pro, or other documentation to complete 3) Review and action after each evaluation	1) # of audits completed throughout the year 2) % rate of satisfaction of program 3) # of Change actions	1) 5 audits will be completed per community on a monthly basis, directly after programs to evaluate level of enjoyment/satisfaction 2) There will be a 10% improvement with satisfaction of program by September 30th 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	18.41	15.00	Extendicare target	Achieva health, Physiotherapist

Change Ideas

Change Idea #1 Ensure each resident at risk for falls has a individualized plan of care for fall prevention

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) All Residents at risk for falls will be identified by April 30th 2025 2) Care plans for all high-risk residents will be reviewed and updated by May 30th 2025 3) Changes in plans of care will be communicated to staff by May 30th 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	13.67	12.00	Ongoing reduction of the use of antipsychotics without a diagnosis of psychosis with achievable targets.	Behaviour Support Ontario (BSO), Psychogeriatric Resource Consultant, Medisystem, Tertiary Care Program

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 roll-out home-level education 2). Contact Regional Manager, LTC Consultant, Manager of Behaviour Services & Dementia Care or PRC for support as needed. 3). Register participants for education sessions. 4. Increase the number of GPA Trained Coaches in the home	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 and/or PRC. 4.) Feedback from participants in the usefulness of action items developed to support resident care. 5. # of newly trained in-house GPA Coaches 2024	1.) GPA sessions will be provided for 20% of the staff by October 31st 2025 2.) All Feedback from participants in the session will be reviewed and actioned on by December 31st 2025 3. One team member will be attend the GPA Training in the next year.	

Change Idea #2 Education for Registered Staff on antipsychotics

Methods	Process measures	Target for process measure	Comments
Antipsychotic Reduction Lead and Pharmacy consultant to provide education sessions 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 September 30th 2025	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Pressure ulcers: New or worsened pressure injury stage 2-4 - unadjusted	C	% / LTC home residents	CIHI CCRS / October 1 to December 31st 2024	1.30	1.00	The home endeavours to continue to decrease the risk of new or worsening pressure injuries and remain below the corporate target of 2.0%	Solventum. Arjo, Prevail, Jeorns

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
<p>1. Wound Care Lead and Wound Care Champion to develop an education plan that will assist all Registered Staff to increase their knowledge and skills pertaining to staging of pressure injuries</p> <p>2. Wound Care Lead and Wound Care Champion to complete the education and track attendance</p> <p>3. Wound Care Champion to review WCC referrals and audit all wounds that have been reported as pressure related injuries</p>	<p>1. # of Registered staff who have attended the education sessions</p> <p>2. # of referrals for pressure related injuries received by wound care champion</p> <p>3. # of audits completed</p> <p>4. # of correctly identified and staged pressure related injuries</p>	<p>1. Educational program will be completed and ready for roll out by May 31st 2025</p> <p>2) 100% of Registered staff will have attended the education program by June 30th 2025</p> <p>3) Audits of WCC referrals and correctly completed staging will be completed weekly with required follow up will occur by Friday of each week. Process will commence the 1st week of July 2025.</p>	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Restraints: Percentage of residents who were physically restrained (daily) unadjusted	C	% / LTC home residents	CIHI CCRS / October 1 to December 31st 2024	0.90	0.60	The home endeavors to continue to decrease the number of physical restraints used in the home and remain below the ECI target of 2.5%.	Achieva Health, Physiotherapist, Home and Community Care,, Occupational Therapist

Change Ideas

Change Idea #1 Enhance awareness of least restraint strategy with LHIN's and other stakeholders to create restraint reduction plans on admission

Methods	Process measures	Target for process measure	Comments
1. Discuss with potential new admissions least restraint strategy and alternatives to restraints prior to admissions 2. Add least restraint information to admission and tour packages	1. # of discussions held with potential new admissions regarding least restraint strategy and alternatives. 2. # of discussions held with LHIN or other stakeholders to create restraint reduction plans for new admissions # of tour and admission packages with least restraint information added	Enhanced awareness of least restraint strategy with LHIN's and other stakeholders for restraint reduction plans on admissions by September 30th 2025.	