

## Experience

### Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfaction with food and beverages served to me	C	% / LTC home residents	In-house survey / 2024	34.60	70.00	Continued improvement towards Extendicare target of 85%	

### Change Ideas

Change Idea #1 Increased visibility in dining room by leadership team to gather feedback from residents and staff to improve the quality of food service

Methods	Process measures	Target for process measure	Comments
1) Review menu options and food concerns at Monthly Food committee. 2) FSM to round dining areas on a weekly basis to obtain feedback from residents using MBWA audit.3) Implement improvements based on resident feedback 4) Offer further training to staff (as needed) when concerns arise.	1) # of menu options and food concerns at Monthly Food committee 2) # of MBWA completed weekly 3) # of resident feedback /suggestions received 4) # of improvements implemented 5) # of additional training sessions required monthly	1) Improve resident food service satisfaction to 70% in next resident survey September 2025. 2) Menu options and food concerns will be reviewed at every Monthly food committee beginning May 2025. 3) FSM will complete weekly audit beginning May 2025 and there will be at least 75% compliance by September 2025	

Change Idea #2 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) Communicate seasonal fruits / vegetables and seasonally appropriate menu items at food committee meetings.	1) At least 3 Seasonal food changes will be made to menu each cycle, minimum twice annually. 2) Discussion of these seasonal changes will be completed in advance of change 100% of the time beginning May 2025.	

### Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of recreational programs	C	% / LTC home residents	In-house survey / 2024	73.30	80.00	Continued improvement to Extendicare target 85%	

### 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, ActivityPro, 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) # of domain gaps identified 2) # of Resident and staff feedback on programs 3) Monthly balances in domains on calendars 4) # of audits of calendars to review domains	There will be an increase in spiritual offerings up to 20% on a monthly basis by September 30, 2025. Audits of the calendar will show 100% of domains included by September 30, 2025 All 5 domains will be included in discussions with residents during program planning by June 2025. Review of Activity Pro statistics for comparison will be 100% completed by May 2025.	

## Change Idea #2 1) Increase available evening programs based on resident preferences.

Methods	Process measures	Target for process measure	Comments
1) Review and add recreation staffing for evening programs throughout each week. 2) Review preferences of residents for programs 3) Implement and evaluate	1) Increased # of programs/week 2) # of program staff added to evenings. 3) # of programs implemented based on resident preferences 4) % resident satisfaction	1) 1 program staff member will be added for evening shift programs by June 1, 2025 2) By June 30, 2025 there will be evening programs offered 5x per week. 3) There will be at least 10 % improvement in resident satisfaction in programs by November 2025.	

## Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication from home leadership team is timely and clear	C	% / LTC home residents	In-house survey / 2024	68.20	75.00	Continued improvement toward Extendicare target 85%	

## Change Ideas

### Change Idea #1 Monthly newsletters to be distributed to families and residents.

Methods	Process measures	Target for process measure	Comments
1)Monthly email blasts will be sent out to provide updates on happenings in the home 2)Communication will be posted and visible in common areas.	# of newsletter emails sent out monthly # of communications posted and visible in common area	By December 2025 there will have been 12 email blasts sent out to families and residents. By December 2025 there will have been 12 communications posted and visible in common areas.	

### Change Idea #2 Promote awareness of various topics on communication board in main lobby area.

Methods	Process measures	Target for process measure	Comments
1) Promote awareness of communication board in main lobby area and ask for topics. 2) Send out reminder in monthly emails 3) Post resources and information for residents and families 4) Ask for topics at resident and family council meetings	1) # of times communication board was updated 2) # Resources/ information provided to residents and families 3) # of topics suggested by residents and families	By June 2025, there will be at least 5 topics submitted by resident council and families for information and resources on bulletin board. By September 2025 the process for posting monthly on the bulletin board will be 100% in place. There will be a 10% improvement in satisfaction in this area by November 30, 2025 as evidenced by the next annual survey.	

## Safety

**Measure - Dimension: Effective**

Indicator #1	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	POC/PCC Audits / Priority Quality Indicator Report	3.50	2.00	Extendicare established benchmark	

**Change Ideas****Change Idea #1** Re-education on timely referrals to Dietitian for Registered staff for Skin issues

Methods	Process measures	Target for process measure	Comments
1) Arrange education for Registered staff on all shifts for Dietitian referrals 2) Audit compliance post education and follow up as needed	# of education sessions provided # of Registered staff who completed education # of referrals to Dietitian completed monthly # of audits completed post education	100% of Registered staff will have completed the education on Dietitian referrals by July 2025 By September 30, 2025 there will be 100% compliance by Registered staff for completion of Dietitian referrals for skin issues.	

**Change Idea #2** 2) 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 staff 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 Registered staff will have attended education sessions on tracking tool by July 2025. 2) 100% Tracking tools will be correctly completed on a monthly basis by September 2025	

**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	18.70	15.00	Extendicare benchmark target	

**Change Ideas****Change Idea #1** Ongoing surveillance of environment in resident areas for fall risk

Methods	Process measures	Target for process measure	Comments
1) Educate staff on how to do environmental risk assessment 2) Staff to complete an environmental risk assessment monthly in each residents room deemed at risk for a fall 2) Any identified deficiencies are to be corrected	1) # of staff education sessions completed on environmental risk assessment 2) # of environmental risk assessments completed monthly 2) # of identified deficiencies corrected monthly	1) Staff education on completing an environmental risk assessment will be completed for 100% of staff by August 2025 2) Process for Environmental risk assessments being conducted on a monthly basis for each high-risk resident will be in place by September 30, 2025	

## Change Idea #2 Review Safe Lift and Handling Policy and Procedures Program with Staff

Methods	Process measures	Target for process measure	Comments
1) Education sessions for staff on safe lift and handling procedures. 2) auditing of safe lift procedures by ADOC's 3) review of audit results by DOC	1) # of education sessions held for staff on safe lift and handling procedures 2) # of deficiencies identified 3) # of improvements required	1) Staff education sessions will be 100% completed upon hire and annually by September 2025. 2) Audits of safe lift and handling procedures will show 50% improvement by Aug. 2025 and 75% improvement by December 2025.	

## 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	19.10	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 September 2025 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by October 2025	

Change Idea #2 GPA education for training for responsive behaviors 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 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.) 2 GPA sessions will be provided for staff by June 2025. 2.) Feedback from participants in the session will be reviewed and actioned by July 2025.	