

## 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 / 2024	84.30	85.00	To improve resident satisfaction and meet corporate target of 85%.	

### Change Ideas

#### Change Idea #1 1) Review process for labelling clothing

Methods	Process measures	Target for process measure	Comments
1)Review process for labelling with staff 2) Attend Family and Resident councils to discuss labelling process 3) Put communication about labelling process in monthly newsletter to families and residents.	1) # of staff attending session about process for labelling 2) # of resident and family council meetings attended by Support Services manager/designate 3) # of newsletters where labelling process was communicated	1) Staff session about labelling process will be held by May 31/25 2) Support Services manager/designate will attend resident and family council meeting by June 30/25 3) Communication will be sent out about labelling process in newsletter by June 30/25	

**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 data collection / 2024	78.20	80.00	To improve Resident satisfaction and improve to meet corporate target.	

**Change Ideas**

Change Idea #1 Increase special food programs through Recreation Team.

Methods	Process measures	Target for process measure	Comments
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) Number of in-services held to review policy and procedure and expectations during mealtime. 2) # of staff who attended in-services	1. Incorporate at least 1 of food related programs each month on programs calendar throughout 2025 2. Facilitate at least 1 friendship luncheon monthly for 2025	

**Measure - Dimension: Patient-centred**

Indicator #3	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 / 2024	83.30	85.00	To improve Resident satisfaction and strive to meet corporate target.	

**Change Ideas**

Change Idea #1 Provide Education on improving the Resident Experience during mealtime.

Methods	Process measures	Target for process measure	Comments
Re-educate on Meal Service policies and procedures.	1) Number of in-services held to review policy and procedure and expectations during mealtime. 2) # of staff who attended in-services	1) 4 in-services will be held per year by Dec 2025. 2) 100% of staff will attend in-services per year by Dec 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	12.77	12.00	to continue to improve results and remain better than Extendicare Target 15%	Achieva, Behavioural Supports

### Change Ideas

Change Idea #1 1) Implement /Reassess Falling Star program and reeducate staff on program

Methods	Process measures	Target for process measure	Comments
1) Staff Educator will provide education sessions on Falling Star/Leaf Program to all PSW and Registered Staff on all units on all shifts. 2) Managers will audit and monitor progress to ensure implementation.	1) # of education sessions provided to PSW and Registered staff 2) # of audits completed on Falling star program monthly 3) # of audits on Falling star program with no deficiencies	1) Education sessions for PSW and Registered staff will be completed by July 31/25. 2) Audits on Falling star program will begin by September 1/25.	

**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	10.16	9.50	To continue to improve and remain better results than Extendicare set Target 17.3%	Medisystem, Behavioural supports

**Change Ideas**

Change Idea #1 1. 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 3). # of referrals to Regional Managers, LTC Consultants or Manager of Behaviour Services & Dementia Care.	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.	1.) GPA sessions will be provided for 100% staff by October 31/25	

**Measure - Dimension: Safe**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Restraints	C	% / LTC home residents	Other / October - December 2024	2.58	2.00	To improve and exceed Extendicare target 2.5%	Achieva

**Change Ideas**

Change Idea #1 (1) Provide information to families and residents on Least Restraint.

Methods	Process measures	Target for process measure	Comments
1.) Provide Restraint brochure in admission packages for new admissions. 2). Meet with Resident and family councils to provide education on Least Restraint and risks associated with restraint use.	1.) # of admission packages with Restraint brochure included. 2) # of meetings with Resident and Family council to discuss Least Restraint and Risks.	1). 100% of admission packages will have Restraint brochure included for new admissions by June 30/25. 2). Meetings with Resident and Family councils will be attended to discuss Restraints by June 30/25.	

**Measure - Dimension: Safe**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Worsened Pressure Injury	C	% / LTC home residents	Other / October - December 2024	1.18	1.00	To continue to improve and to have been results than Extendicare Target 2.0%	3M/Solventum, Wounds Canada

**Change Ideas**

Change Idea #1 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	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 June 30/25. 2) Tracking tools will be correctly completed on a monthly basis by September 30, 2025	