

Experience

Measure - Dimension: Patient-centred

Indicator #1	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 / September 3-October 11, 2024	46.20	85.00	Extendicare Target	

Change Ideas

Change Idea #1 Implement monthly Program Planning Meetings to inform and engage residents in program decision making

Methods	Process measures	Target for process measure	Comments
1)Add Program Planning Meetings on the calendar, 2) 1 time per month document on meeting minutes template 3) Share and post minutes in common area	# of Monthly meetings # of change ideas provided in meeting that were implemented # of residents participating on each home area	Program planning meetings will be introduced and 100% implemented as of July 2025. Residents will meet monthly beginning July 2025, Feedback received on programs will be reviewed monthly following each meeting. At least 2 programs implemented based on feedback received by September 2025.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
In my care conference we discuss what's going well and what could be better and how we can improve things	C	% / LTC home residents	In-house survey / September 3-October 11, 2024	54.50	70.00	Continued improvement to Extendicare target 85%	

Change Ideas

Change Idea #1 Encourage residents to attend their annual care conference

Methods	Process measures	Target for process measure	Comments
Communicate to residents when their annual care conference is scheduled in advance of meeting Remind resident morning of meeting and assist as needed to meeting Provide copy of plan of care Allow time for discussion and obtain feedback on what could be improved.	Number of annual care conferences where residents attend # of care conferences where plan of care was discussed with resident	Residents will be encouraged to attend their annual care conferences beginning April 1, 2025. There will be a 25 % improvement in this indicator by December 2025.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I can provide feedback about the products used for me (continence care)	C	% / LTC home residents	In-house survey / September 3-October 11, 2024	71.40	80.00	Progressing toward Extendicare 85% target	

Change Ideas

Change Idea #1 Invite Product vendor to Resident council and Family council meeting to discuss products

Methods	Process measures	Target for process measure	Comments
Feedback provided by committees will be actioned and discussed at CQI committee meetings Follow up with council on results of action items.	Will have vendor attend 1 family and resident council meeting per year to hear feedback on products.	Product vendor will attend resident council and family council by June 2025 Action plan will be in place for feedback items by July 2025 Follow up on action plan will be communicated to resident and family councils by September 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	19.05	15.00	Extendicare target	Achieva, Behavioural Supports

Change Ideas

Change Idea #1 Complete environmental assessments of resident spaces upon admission and if a current resident at risk of falls to identify potential harms and correct before falls occur.

Methods	Process measures	Target for process measure	Comments
1) Assess residents and identify those deemed at risk for falls 2) On a monthly basis registered staff to complete at minimum 10 environmental assessments for residents at risk. 3) Fall team to review results of environmental assessments and implement action to address	number of education sessions completed monthly with registered staff number of environmental assessments completed monthly number of action items implemented to address identified gaps	A list of residents who are a high fall risk will be created by May 30, 2025 100% of registered staff will have completed education for environmental assessments by June 30, 2025 Beginning July 2025, there will be a minimum of 10 environmental assessments completed on a monthly basis for those residents at risk of falls Results of assessments will be reviewed by falls team beginning August 2025 and action plan implemented to address identified gaps.	

Change Idea #2 Enhance lighting at bedside and in bathrooms for residents who fall between 7 pm- 7 am

Methods	Process measures	Target for process measure	Comments
1) Fall team to review falls data for residents who would benefit from enhanced lighting at bedside /bathroom 2) Assessment of room completed by falls team for placement of lights 3) Order lighting and install 4) monitor pre and post data for improvement	1) # of residents identified as benefiting from enhanced lighting 2) # of room assessments completed 3) # of lights installed at bedside, and in BR	Residents will be assessed for lighting needs by May 2025. Lights will be ordered by June 2025 for 20 resident rooms and installed by Sept 2025 There will be a 10% decrease in falls for residents with enhanced lighting by Dec 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	8.13	7.00	Continue to perform better than Extendicare's target.	Medisystem, Behavioural Suports, GPA

Change Ideas

Change Idea #1 Implement Extendicare's Antipsychotic Reduction Program which includes using the Antipsychotic Decision Support Tool (AP-DST).

Methods	Process measures	Target for process measure	Comments
Establish AP Home Team Education and training provided by Central QI team Action plan for residents inputted into decision support tool	Home team established Schedule regular meetings for antipsychotic review Attendance to the Quality Labs Percentage of residents with an action plan	Home team will be established by end of third quarter Education and training completed by beginning of fourth quarter Antipsychotic review meetings are occurring monthly Residents triggering the Antipsychotic QI have an action plan inputted into the decision support tool within 3 to 6 months of admission	We are currently performing better than the corporate target

Change Idea #2 GPA education for training for responsive behaviors related to dementia.

Methods	Process measures	Target for process measure	Comments
Engage with Certified GPA Coaches to roll-out home-level education Register participants for education sessions.	Number of GPA sessions provided Number of staff participating in education Number of referrals to Regional Managers, LTC Consultants or Manager of Behavior Services & Dementia Care. Feedback from participants in the usefulness of action items developed to support resident care.	GPA sessions will be provided for 75% staff by end of third quarter Feedback from participants in the session will be reviewed and actioned on by October 2025	