

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 care from the dietitian.	C	% / LTC home residents	In-house survey / Sept 2024 - Oct 2025	51.30	61.30	Continue to improve and work toward Extendicare target of 85%	

Change Ideas

Change Idea #1 Recruit Dietitian for the home.

Methods	Process measures	Target for process measure	Comments
1) Contract secured with Seasons Care 2) Orient new dietitian to policy and procedures	% of orientation completed # of Dietitians	New Dietitian will be contracted and will have completed all orientation by May 30, 2025	

Change Idea #2 1) Increase awareness of role of dietitian in home with residents and families

Methods	Process measures	Target for process measure	Comments
1) Dietitian to meet at minimum annually with Family and Resident councils 2) Feedback on services and areas for improvement will be discussed 3) update at CQI meeting on action plan	1) # of meetings with Councils where Dietitian attended 2) # of suggestions provided by councils 3) # of CQI meetings where action items were discussed with Dietitian	1) Dietitian will attend Family Council by August 31, 2025 2) Dietitian will attend Resident Council by August 31, 2025 3) Action items and plan will be discussed at CQI committee with Dietitian by August 31, 2025.	

Measure - Dimension: Patient-centred

Indicator #2	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	44.70	60.00	Continue to improve and strive towards corporate target of 85%	

Change Ideas

Change Idea #1 3) Engage residents and families in quarterly co-design sessions, workshops, or focus groups and during care conferences

Methods	Process measures	Target for process measure	Comments
1) Plan quarterly sessions in advance (i.e. Q2 planning occurs in Q1) 2) Share annual dates in newsletters, posters, RC, etc. 3) Post reminders on communication board and add program to monthly calendar	1) # of sessions/year 2) # of people participating 3) # of different ideas being presented 4) # of ideas implemented	1) Program will be 100% introduced and implemented as of June 30, 2025 2) Residents and family will participate [4/year] providing feedback on programs and selecting upcoming events	

Measure - Dimension: Patient-centred

Indicator #3	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 2025	62.00	72.00	Continued improvement as we work toward corporate target of 85%	

Change Ideas

Change Idea #1 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) Food Committee will be provided allotted specified time during every Resident's Council meeting. 2) Feedback, recommendations and corresponding actions will be documented and monitored ongoing	1) Food committee meetings will be held 9 times by December 2025. 2) Recommendations will be documented and actioned on within 10 days post meeting and feedback on those actions obtained within 30 days (next committee meeting) starting April 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	22.30	15.00	corporate target	Achieva , Behavioural Supports

Change Ideas

Change Idea #1 Implement new Fall Prediction and Prevention Report developed by Extendicare

Methods	Process measures	Target for process measure	Comments
1) Attend education session by HO on use of FPPR report 2) Review residents on list and ensure that strategies are in place to prevent falls 3) Monitor progress based on data from report	1) # of education sessions 2) # of residents at high risk 3) # of plans of care reviewed to ensure strategies in place 4) # of residents on list who did not experience a fall in the previous 30 days.	1) Training on Fall Prediction and Prevention report will be completed by July 2025 for 100% of designated participants. 2) 100% of residents listed on report as being at risk of fall will have strategies reviewed by August 2025 3) Ongoing monitoring process to ensure strategies are effective will be fully in place by August 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	33.89	17.30	corporate target	

Change Ideas**Change Idea #1 Education for Registered Staff on antipsychotics**

Methods	Process measures	Target for process measure	Comments
1) Nurse Practitioner or Pharmacy consultant to provide education session for Registered Staff on antipsychotic medications including usage, side effects, alternatives etc.	1) # of registered staff who attended training session on antipsychotic medications.	1) 75% of registered staff will have attended training on antipsychotic medications by July 2025	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents in daily physical restraints over the last 7 days	C	% / LTC home residents	Other / October - December 2024	2.10	2.00	corporate target	Achieva

Change Ideas

Change Idea #1 1) Implement per unit tracking for all restraints to better analyze and review trends on each unit.

Methods	Process measures	Target for process measure	Comments
1) Implement unit tracking tool to collect data to better analyze and monitor trends for restraints . 2) Collect tracking tool monthly. 3) Restraint team/quality team to analyze results.	1) # of unit tracking tools implemented by unit 2) # of tracking tools completed monthly 3) # of analysis completed by restraint team on results.	1) Tracking tool implemented on each unit by June 2025. 2) 100% of tracking tools will be completed accurately by October 2025. 3). Process for analysis of tracking tool results by restraint team will be 100% in place by December 2025	

Measure - Dimension: Safe

Indicator #7	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	Other / October - December 2024	2.00	1.50	To continue to improve and maintain better results than corporate target of 2 %	Solventum/3M, Wounds Canada

Change Ideas

Change Idea #1 3) Review team membership to ensure interdisciplinary. and that team ensures that all wounds and skin issues in previous month are reviewed during their meetings

Methods	Process measures	Target for process measure	Comments
1) Review current membership of Skin and Wound team 2) Recruit new members and ensure each discipline is represented 3) Standardized agenda and follow up by team on skin issues in home.	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 October 2025 2) Tracking tools will be correctly completed on a monthly basis by July 2025 3) Process for review, analysis and follow up of trends from tools will be 100% in place by October 2025	