

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with quality of care from my doctors	C	% / LTC home residents	In-house survey / 2024	69.70	73.00	Continue to improve results as we strive for corporate benchmark of 85%	

Change Ideas

Change Idea #1 Communicate role of Medical Director and Physicians and give opportunity for feedback

Methods	Process measures	Target for process measure	Comments
1) Medical Director 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 Medical Director attended 2) # of suggestions provided by councils 3) # of CQI meetings where action items were discussed with Medical Director	1) Medical Director will attend Family Council by September 30, 2025 2) Medical Director will attend Resident Council by September 30, 2025 3) Action items and plan will be discussed at CQI committee with Medical Director by October 31, 2025.	

Change Idea #2 Tracking of in person resident visits to ensure everyone has a visit

Methods	Process measures	Target for process measure	Comments
1) Create list of each physicians/NP residents to track in person visits to ensure each resident meets with physician/NP at least once per quarter.	1) # residents per physician 2) # of residents who had in person visit during quarter	1) List will be developed by physician for tracking by April 30, 2025 2) Each resident will have an in person visit with physician / NP at minimum 1 per quarter by December 31, 2025	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of cleaning in the residents room	C	% / LTC home residents	In-house survey / 2024	86.00	88.00	to continuously improve and perform better than corporate target of 85%	

Change Ideas**Change Idea #1** Training for staff on proper use of microfiber cleaning systems

Methods	Process measures	Target for process measure	Comments
1) Education sessions held for housekeeping staff on use of microfiber cleaning systems. 2) keep track of those who attended 3) Audit post education to see if improvement monthly.	1) # of education sessions held for housekeeping on use of microfiber cleaning systems 2) # of housekeeping staff that attended the education 3) # of follow up audits completed per month	1) Education session for housekeeping staff will be held by September 30, 2025 2) 100% of housekeeping staff will have completed education by September 30, 2025 3) There will be a 20% improvement in follow up audits for cleaning.	

Change Idea #2 Review deep clean schedules for resident rooms

Methods	Process measures	Target for process measure	Comments
1) Support Service manager to review deep clean schedules to ensure all resident rooms are included 2) Track resident rooms completed 3) Spot check audits of resident rooms to ensure deep cleaning completed.	1) # of times deep clean schedule reviewed 2) # of resident rooms who have had deep cleaning completed 3) # of audits completed of resident rooms to ensure deep cleaned.	1) Support Services manager will review deep clean schedule by September 30, 2025 2) 20 % of resident rooms will have been deep cleaned by September 30, 2025, with 100% being completed by December 31, 2025 3) There will be a enter 10% improvement in completion of deep clean audits by December 31, 2025	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I feel my goals and wishes are heard and considered in my care	C	% / LTC home residents	In-house survey / 2024	72.50	75.00	continued improvement toward corporate benchmark of 85%	

Change Ideas

Change Idea #1 Quarterly plan of care reviews will be completed with each resident input

Methods	Process measures	Target for process measure	Comments
1) On a quarterly basis when plan of care reviewed meet with resident if able to discuss goals, wishes 2) Update plan of care based on discussions.	1) # of plan of care meetings held with resident present 2) # of resident plans of care updated to reflect goals and wishes after discussion	1) Plan of care meetings will be held with resident in attendance by September 30, 2025 2) 10 % of plans of care will be updated by September 30, 2025	

Change Idea #2 Training for staff on person centered care

Methods	Process measures	Target for process measure	Comments
1) Provide education session for staff on importance of person centered care (such as GPA).	# of staff who attended sessions # of sessions provided	1) Education session on person centered care will be completed by Sept 30, 2025 2) By Sept 30, 2025 50% of staff will have completed the education.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from my physiotherapist	C	% / LTC home residents	In-house survey / 2024	66.70	69.00	Continued ongoing improvement as we strive to attain corporate target of 85%	

Change Ideas**Change Idea #1 Highlight physiotherapist in monthly newsletter to increase awareness**

Methods	Process measures	Target for process measure	Comments
1) Highlight in monthly newsletter about physiotherapist, who they are, role etc. 2) Send newsletter to residents and families and post on bulletin board to increase awareness.	1) # of newsletters where physiotherapist was highlighted 2) # of newsletters sent to residents and families 3) Newsletter posted on bulletin board.	1) Monthly newsletter will highlight physiotherapist and role by July 31, 2025 2) Newsletters will be sent to residents and families by July 31, 2025 3) Newsletter will be posted on bulletin board by July 31, 2025	

Change Idea #2 Improve visibility of physiotherapist in home with residents and families

Methods	Process measures	Target for process measure	Comments
1) PT 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) Review and feedback from Resident and Family Council 2) number of times PT met with Family and Resident councils 3) number of times action plan update given at CQI meeting	1) PT will attend Family Council by November 30, 2025 2) PT will attend Resident Council by November 30, 2025 3) Action items and plan will be discussed at CQI committee with PT by November 30	

Safety

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	11.50	11.40	Continue to improve and perform better than corporate benchmark of 15%	Achieva, Behavioural Supports

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
1) ADOC will provide education sessions on Falling Star 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 August 29, 2025, 2) Audits on Falling star program will begin by September 15, 2025	

Change Idea #2 Implement 4 P's rounding

Methods	Process measures	Target for process measure	Comments
1) educate staff on 4P's process 2) Provide 4P's cards to staff as reminder 3) Inform resident council and family council what 4P process is.	1) # of staff educated on the 4P's process 2) # of 4P cards provided 3) Resident council and family council informed of process	1) 100% of front-line staff will be educated on 4P process by August 29, 2025 2) 4P cards will be distributed to staff by August 29, 2025, 3) Resident council and Family council will be informed of process by March 7, 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	15.11	15.00	Continue to improve and maintain better performance than corporate benchmark of 17.3%	Medisystem, Behavioural supports

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
1). Establish AP Home Team 2.) Education and training provided by Central QI team 3.) Action plan for residents inputted into decision support tool.	1.) home team established 2). Schedule regular meetings for antipsychotic review 3). Attendance to the Quality Labs 4.) Percentage of residents with an action plan inputted."	1). Home team will be established by April 30, 2025 2). Education and training completed by June 30, 2025 for 100% of required staff 3). Antipsychotic review meetings are occurring every week by July 1, 2025 4). Residents triggering the Antipsychotic QI have an action plan inputted into the decision support tool within 3 to 6 months of admission with 100% compliance by Sept 30, 2025	

Change Idea #2 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 July 30 ,2025 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by Aug 30, 2025.	

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)	C	% / LTC home residents	Other / Oct to Dec 2024	0.58	0.50	Continue to improve and reduce restraints and maintain performance better than corporate target 2%	Achieva

Change Ideas

Change Idea #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 September 30, 2025. 2.) 100% of tracking tools will be completed accurately by September 30, 2025. 3). Process for analysis of tracking tool results by restraint team will be 100% in place by September 30, 2025	

Change Idea #2 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 September 30, 2025 2). Meetings with Resident and Family councils will be attended to discuss Restraints by September 30, 2025	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Pressure ulcers: Percentage of residents who had a pressure ulcer that recently got worse	C	% / LTC home residents	Other / October - December 2024	1.35	1.30	Continue to improve and perform better than corporate target of 2%	Solventum/3M, Wounds Canada

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
1) Communicate to Registered staff requirement to complete education. 2) Registered staff to complete online modules on wound staging by end of third quarter of year. 3) DOC/designate to monitor completion rates	1) # of communications to Registered staff mandatory requirement to complete education. 2) # of Registered staff who have completed online modules on wound staging on a monthly basis. 3) # of audits of completion rates completed by DOC/designate and follow up as required.	1) Communication on mandatory requirement will be completed by June 30, 2025 2) 100% of Registered staff will have completed education on correct wound staging by September 30, 2025 3) Audits of completion rates will be completed monthly with required follow up will occur by 1st week of each month and process is to be in place by September 30, 2025	

Change Idea #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 June 30, 2025 2) Tracking tools will be correctly completed on a monthly basis by September 30, 2025 with 75% improvement 3) Process for review, analysis and follow up of trends from tools will be 100% in place by September 30, 2025	