Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfied with variety of food and beverages	C	% / LTC home residents	In-house survey / September 2024-October 2025	52.20	60.00	Continue to improve toward corporate target of 85%	

Change Ideas

Change Idea #1 Improved communication methods for residents regarding menus

Methods	Process measures	Target for process measure	Comments
1) Nutrition manager will host a monthly food committee separate from Residents' Council 2) Installation of new menustream digital menu boards in each home area	# of food committee meetings held annually # Menustream menu board installed	1) Food committee will meet monthly beginning March 31, 2025 2) Menu boards 100% installed by June 30, 2025	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfied with quality care of doctors	C	% / LTC home residents	In-house survey / September 2024-October 2025	53.30	60.00	Continued improvement as we strive to move toward corporate target of 85%	

Change Ideas

Change Idea #1 Improved resident communication and visibility of doctors

Methods	Process measures	Target for process measure	Comments
1) Name tags for doctors working in the home 2) Doctor visits to be held only in resident room or a separate private location if resident chooses 3) Resident may request a staff member to accompany doctor on visits to assist with resident understanding / questions	1) Doctors name tags are clear for all residents to see 2)# of concerns unaddressed brought forward at Residents' Council 3) Increase in satisfaction during 2025 survey	1) New name tags provided to all doctors in home by March 31, 2025 2) Concerns specific to satisfaction with physician to be reviewed at Residents' Council monthly by March 31, 2025 3) Satisfaction increased by next survey by 20% to 64%	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
In my care conference, we discuss what's going well, what could be better and how we can improve things	C	% / LTC home residents	In-house survey / Sept 2024-Oct 2025	54.80	60.00	Continue to improve results as we work toward corporate target of 85%	

Change Ideas

Change Idea #1 Increase resident participation in care conference by sending out invitations

Methods	Process measures	Target for process measure	Comments
1) Send care conference invitations to all residents capable of participating 2) If no family / POA available staff will offer to bring resident to care conference if able	# invitations for care conference sent to residents # of residents who are supported to attend care conference # of residents who attended care conference	By December 30, 2025 100% of invitations will be sent to residents with a CPS of 3 or better . 100% of capable residents are able to attend their care conference by December 1, 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	14.84	13.00	Continued improvement and maintaining results better than corporate target of 15%	Achieva, Behavioural Supports Ontario

Change Ideas

Change Idea #1 Review Post fall huddles for more details/information

Methods	Process measures	Target for process measure	Comments
1) Review policy on post fall huddles with staff and have them complete education 2) ADOC/falls lead in home to review post fall huddles documentation and provide further education as needed	# of staff who reviewed policy and completed education for post fall huddles # of reviews of post fall huddle documentation by ADOC/falls lead	Staff education on post fall huddles will be completed with annual clinical education by Oct 31, 2025 Process for review of post fall huddle documentation will be 100% in place by October 31, 2025 with 15% improvement.	

Change Idea #2 Ensure each resident at risk for falls has an individualized plan of care for fall prevention			
Methods	Process measures	Target for process measure	Comments
1) Determine residents at risk for falls 2) Review plan of care for each resident at risk 3) Discuss strategies with fall team and staff 4) update plan of care 5) communicate changes in plan of care with care staff	1) # of residents at risk for falls 2) # of plans of care reviewed 3) # of new strategies determined 4) # of plans of care updated 5) # of sessions held to communicate changes with staff	1) 100% of residents at risk for falls will be identified by June 30, 2025 2) 100% of care plans for high-risk residents will be reviewed and updated by July 31, 2025 3) Changes in plans of care will be 100% communicated to staff by August 15, 2025	

Change Idea #3 Buddy Up program			
Methods	Process measures	Target for process measure	Comments
1) ADOC will provide education sessions on “Buddy Up” to all PSW and Registered Staff 2) Managers will audit and monitor progress to ensure implementation (MBWA).	1) # of education sessions provided to PSW and Registered staff 2) # of audits on Buddy Up program with no deficiencies	1) Education sessions for PSW and Registered staff will be completed by Jun 30,) Manager audits of program will begin July 1, 2025 and will show 100% improvement by November 1, 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	16.73	16.00	Continued improvement and maintaining better performance than corporate target 17.3%	

Change Ideas

Change Idea #1 Maintain Extendicare's Antipsychotic Reduction Program which includes using the Antipsychotic Decision Support Tool

Methods	Process measures	Target for process measure	Comments
1) Utilize AP home team to review and enter data 2) Create action plan for residents inputted into decision support tool 3) Newly admitted residents will be added to the tool if on antipsychotic medication.	1) # meetings scheduled for antipsychotic review 2) Percentage of residents with an action plan inputted 3) # of newly admitted residents with antipsychotic medication prescribed	1) Antipsychotic review meetings will be held quarterly beginning by June 2025 2) 100% of residents triggering antipsychotic QI have an action plan inputted into the decision support tool within 3 to 6 months of admission	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who had a pressure ulcer that recently got worse	C	% / LTC home residents	Other / October - December 2024	2.40	2.00	Corporate target	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 August 31, 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 Turning and repositioning re-education			
Methods	Process measures	Target for process measure	Comments
1) Educate staff on the importance of turning and repositioning to off load pressure 2) Night staff to audit those resident that require turning and repositioning 3)Review this during the Skin and Wound committee meetings for trends	# of staff that have been educated # of audits completed # of reviews completed by Skin and Wound committee	1) 100% of PSW will have attended education sessions on turning and repositioning by June 1, 2025 2) Check in with staff and will be correctly completed on a monthly basis by July 1, 2025 3) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by April 30, 2025	

Change Idea #3 Focus on continence to keep skin clean and dry- toileting, appropriate brief selection			
Methods	Process measures	Target for process measure	Comments
1) The skin and wound lead and continence lead to look at the number of residents on a toileting routine and compare with wound list already generated from PCC. 2)Wound Care lead will work with the continence lead internally to ensure that the correct incontinence product is being used for each resident 3) Provide education sessions as required for brief selection. 4) Review restorative goals if on restorative toileting program 5) DOC to audit this process and part of the evaluation process of the program	# of residents with skin issues # of residents with a toileting plan in place # of brief audit checks completed # of education sessions provided # of residents on restorative toileting program	1) The leads for Skin/Wound and Continence will complete their resident review by July 1, 2025 2) Review of correct sizing and type of incontinence products will be completed weekly by continence lead by May 31, 2025 3) Education sessions for product selection will be completed by April 30, 2025 4) Annual review of continence program will be completed by March 31, 2026	