

## 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	46.90	75.00	Extendicare Benchmark	

### 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 2025 2) Medical Director will attend Resident Council by September 2025 3) Action items and plan will be discussed at CQI committee with Medical Director by May 2025	

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

Methods	Process measures	Target for process measure	Comments
1) Order Extendicare name tags for physicians 2) Utilize a communication board for families /residents so they are aware of when physician is going to be onsite.	1) # of name tags ordered 2) % of communication boards with physician visits included	1) Name tags will be ordered for all physicians in home by March 2025 2) Process for utilizing communication board for posting of visit schedules will be 100% implemented by May 2025	

## Change Idea #3 Tracking of in person resident visits to ensure everyone has a visit

Methods	Process measures	Target for process measure	Comments
Create list of each physicians 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 May 2025 2) Each resident will have an in person visit with physician at minimum 1 per quarter by December 2025	

**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 religious and spiritual programs available.	C	% / LTC home residents	In-house survey / 2024	38.50	75.00	Extendicare Benchmark	

**Change Ideas****Change Idea #1** Hire a Spiritual Care Provider as a member of the interdisciplinary team

Methods	Process measures	Target for process measure	Comments
1) Review # of residents in home and needs 2) Determine hours and develop weekly routine	1) # of referrals 2) # of spiritual care assessments 3) # of programs run by provider (increase)	1) Hire SCP by June 2025 2) Offer spiritual care programs [2x/week] from SCP 3) Increase satisfaction by 30% in 2025	

**Change Idea #2** Integrate other approaches such as holistic, nature based, and reflective practices

Methods	Process measures	Target for process measure	Comments
1) Educate family and residents on spiritual care and delivery 2) Facilitate various programs to support spiritual connection and growth	1) # of education session offered 2) # of new programs implemented 3) Increased number of Spiritual Program Plans in Activity Pro 4) # of Spiritual Care Programs/Month	1) Provide education on Spiritual Care to family and residents by June 2025 2) Provide spiritual care programs in Program Planning Meetings to seek interest in Q1 3) Implement [#] of programs in calendars for Q2-4	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from physiotherapist.	C	% / LTC home residents	In-house survey / 2024	40.50	75.00	Extendicare Benchmark	

**Change Ideas****Change Idea #1** Improve visibility of Physiotherapy 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	Number of times PT attended Family and Resident council # of feedback received from Resident and Family Council and actioned	1) PT will attend Family Council by June 2025 2) PT will attend Resident Council by June 2025 3) Action items and plan will be discussed at CQI committee with OT by May 2025	

**Change Idea #2** Highlight Physiotherapist in monthly newsletter to increase awareness

Methods	Process measures	Target for process measure	Comments
1) Highlight in monthly newsletter about Occupational therapist, 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 Occupational Therapist and role by April 2025 2) Newsletters will be sent to residents and families by April 2025 3) Newsletter will be posted on bulletin board by 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	14.29	13.00	To continue to improve and perform better than Extendicare Benchmark 15%	Achieva, Behavioural Supports

### Change Ideas

Change Idea #1 Ensure each resident at risk for falls has a 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) Residents at risk for falls will be identified by April 2025 2) Care plans for high-risk residents will be reviewed and updated by June 2025 3) Changes in plans of care will be communicated to staff by June 2025	

## Change Idea #2 Re implement Post fall huddles

Methods	Process measures	Target for process measure	Comments
1) Review policy on post fall huddles with staff 2) Falls lead in home to attend and /or review post fall huddles documentation and provide further education as needed	1) # of staff who reviewed policy for post fall huddles 2) # of post fall huddles that were completed as per policy on a monthly basis	1) Staff education on post fall huddles will be completed with 100 % participation by September 2025 2) By December 2025 , 100 % of post fall huddle documentation will be completed as per policy.	

## 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	26.80	17.30	Extendicare Benchmark	Medisystem, Behavioural Supports, 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
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 2025 2). Education and training completed by April 2025 3). Antipsychotic review meetings are occurring every month 4). Residents triggering the Antipsychotic QI have an action plan inputted into the decision support tool within 3 to 6 months of admission.	

Change Idea #2 GPA education for training for responsive behaviours 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 support as needed. 3). Register participants for education sessions.	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. 4.) Feedback from participants in the usefulness of action items developed to support resident care.	1.) GPA sessions will be provided for staff by December 2025 2.) Feedback from participants in the session will be reviewed and actioned on by September 2025	

Change Idea #3 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 who take anti-psychotic will have medication and diagnosis review completed to validate usage by December 2025 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by December 2025	

### Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who has pressure ulcer that recently got worse - Q2FY 2025/26, CCRS eReports - unadjusted	C	% / LTC home residents	Other / October - December 2024	5.83	2.00	Extendicare Benchmark	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 training on wound staging by end of third quarter of year. 3) Wound care lead 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 May 2025 2) 100% of Registered staff will have completed education on correct wound staging by October 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 June 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	1. # of staff that have been educated 2. # of audits completed 3. # of reviews completed by Skin and Wound committee	1) All PSW will have attended education sessions on turning and repositioning by October 2025. 2) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by December 2025	

Change Idea #3 Ensure residents at risk of skin issues have appropriate surfaces.

Methods	Process measures	Target for process measure	Comments
1) Educate Registered staff on importance of sending referrals to wound care lead 2) Wound Care lead to provide a updated list of skin issues. 4) Review surfaces and seating during Skin and Wound committee meetings for any follow up 5) Tracking of specialty surfaces and preventative maintenance program for equipment 6) Wound care lead/ESM to audit this process and part of the evaluation process of the skin and wound care annual program	# education sessions provided for Registered staff # of residents requiring wound care referrals # of referrals received by wound care # of surfaces reviewed # of specialty surfaces and pumps	1)Wound care lead to provide refresh education for Registered staff on improving communication by October 2025 2) All surfaces for at risk residents will have been reviewed by October 2025	

**Measure - Dimension: Safe**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who were physically restrained (daily) Q2 FY 2025/26 CCRS eReports unadjusted	C	% / LTC home residents	CIHI CCRS / 4-quarter average	0.83	0.50	To continue to improve and maintain results better than Extendicare Benchmark 2%	Achieva

**Change Ideas**

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

Methods	Process measures	Target for process measure	Comments
1). Implement 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 tracking tools completed monthly 2. ) # of analysis completed by restraint team on results.	1). Tracking tool implemented by September 2025 2). Process for analysis of tracking tool results by restraint team will be 100% in place by September 2025	

Change Idea #2 Trial alternatives to each restraint in use (change in environments, sensory rooms, etc.

Methods	Process measures	Target for process measure	Comments
1). Discuss alternatives and options with interdisciplinary team and frontline care staff. 2). Review alternatives trialed during each monthly restraint use review.	1.) # of Alternatives trialed per month 2.) # of reviews completed	100% of the restraints in the home have had alternatives trialed and documented by December 2025	