Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: I am satisfied with the quality of care from Dietitian	C	% / LTC home residents	In-house survey / 2024	62.50	65.00	Continued improvement as we strive to meet Extendicare target of 85%	

Change Ideas

Change Idea #1   Increase awareness of the role of Dietitian in the home with residents and families.

Methods	Process measures	Target for process measure	Comments
1) Dietitian to meet at minimum annually with Family Forum & Residents Council 2) Feedback on services and areas for improvement will be discussed. 3) Update at CQI Meeting on action plan.	1) Number of meetings with Council and Forum where RD attended 2) Number of suggestions provided by Council and Forum	1) RD will attend Family Forum by June 2025 2) RD will attend Residents Council by June 2025	

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Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to I am satisfied with the variety of recreation programs.	C	% / LTC home residents	In-house survey / 2024	66.70	70.00	Continue to improve and meet Extendicare target of 85%	

Change Ideas

Change Idea #1   Integrate specific activities, programs and strategies to include all 5 domains.

Methods	Process measures	Target for process measure	Comments
1) Review statistics from last year, ActivityPro, and identify domain gaps 2) Include all 5 domains in discussion when Program Planning (w/residents and dept. meetings) 3) Audit calendars prior to print to ensure balance of domains.	1) Previous variances in domains (%) 2) Number of Resident and staff feedback on programs 3) Check the # of domains monthly on calendar	1) Recreation Manager to review domains monthly 2) Review number of Resident and staff feedback at Recreation department meeting 1/4ly	

Change Idea #2   Include more seasonal and theme events

Methods	Process measures	Target for process measure	Comments
1) Plan a timeline with seasonal & theme events at the Recreation Staff meeting for the year 2) Plan 1-2 unique/new programs a month based on resident's interests as per recreation assessment/requests from residents at Residents Council meetings, Resident program planning meetings.	1) Note the # of events (seasonal & theme) last years calendars. 2) Review # of unique programs in Activity Pro department multi month report.	1) Timeline will be developed by April 11th,2025 2) Process for gathering feedback monthly will be implemented by May 30th, 2025, and ongoing	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: I am satisfied with the variety of food and beverage options	C	% / LTC home residents	In-house survey / 2024	62.20	65.00	Continue to strive to meet Extendicare target of 85%	

Change Ideas

Change Idea #1   Adjust menu to include seasonal availability

Methods	Process measures	Target for process measure	Comments
Monitor seasonal availability of fruits and vegetables and incorporate where possible (and locally sourced)	# of seasonal foods to be incorporated in each menu cycle	Seasonal food changes will be made to menu each cycle May 2025 & October 2025	

Change Idea #2   Increase special food programs in collaboration with Recreation Department

Methods	Process measures	Target for process measure	Comments
1. Recreation Manager & Nutrition Manager will meet once a month to work collaboratively on special food programs. 2) Nutrition Manager will seek input from residents at Food Committee meetings	1) # of food reated programs being offered 2) Attendance at food related programs 3) Resident feedback at Residents Council meetings, & Program planning meetings.	Monthly - 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	17.57	15.00	Extendicare target	Achieva, Behavioural Supports

Change Ideas

Change Idea #1   Reassess falling star program and re-educate staff on program

Methods	Process measures	Target for process measure	Comments
1) ADOC or designate will provide annual education sessions on falls program/falling stars to all PSWs and Registered staff. 2) Managers will audit and monitor progress to ensure implementation	1) # of staff attending education 2) # of audits completed on Falls Program	1) Education Sessions for PSW's & Registered Staff to be completed by June 30, 2025. 2) Falls Program Audits to be completed on a quarterly basis to be initiated April 1st, 2025	

Change Idea #2   Review Safe Lift and Handling Policy and procedures Program with staff

Methods	Process measures	Target for process measure	Comments
1. Education sessions for staff on safe lift and handling procedures. 2) Managers complete weekly compliance check on prestart up for lifts 3) Action plan created for any gaps/deficiencies	1) # of Education sessions provided for staff on safe lift and handling procedures. 2) # of deficiencies identified	1) Staff education sessions will be 100% completed by December 31, 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	20.49	17.30	Extendicare target	Medisystem, Behavioural Suports

Change Ideas

Change Idea #1   Implement Extendicare's Antipsychotic reduction program which includes using the Antipsychotic decision support tool

Methods	Process measures	Target for process measure	Comments
1) Establish Behaviour Support/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 Regional/National Quality labs 4) Percentage of residents with an action inputted	1)Home team will be established by April 30, 2025 2) Education and training completed by June 30, 2025). Antipsychotics review monthly/ongoing.	

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Change Idea #2 To ensure Behaviour Rounds are being completed on a consistent basis			
Methods	Process measures	Target for process measure	Comments
1) Behaviour Lead will coordinate with the interdisciplinary team and external behaviour supports to create a schedule and communicate expectations of behavioural rounding.	1) # of rounding sessions scheduled 2) # of behavioural rounding completed per month 3) # of audits completed when required	1) Behavioral Leads will contact team supports to arrange for guidance and training by April 15th, 2025, 2) Behavioral Rounding schedule and expectations to be communicated by April 30, 2025, 3) Audit process will be in place for compliance by May 31, 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 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	2.08	2.00	Extendicare 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 education on wound staging by end of third quarter of the year 3) DOC or designate to monitor completion rates.	1) # of Registered staff who have completed education on wound staging	1) Communication on mandatory requirement will be completed by April 30, 2025. 2) 100% of Registered staff will have completed education on correct wound staging by December 2025	

Change Idea #2	Review team membership to ensure interdisciplinary and that team ensures that all wounds and skin issues in previous month are reviewed during the meetings.

Methods	Process measures	Target for process measure	Comments
1) Review current membership of skin & wound team. 2) Recruit new members and encourage that each discipline is represented. 3) Standardized agenda and follow up by team on skin issues in the home.	1) # of new members recruited by discipline 2) Standardized agenda which includes review of # pressure ulcers by stage on each home area on a monthly basis	1) Membership review of skin and wound committee will be completed by April 30, 2025, 2) Recruitment of new members to be completed by April 30th, 2025, 3) Standardized agenda will be developed and in place by April 30th, 2025	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
LTC Resident who used a daily restraint	C	% / LTC home residents	Other / October - December 2024	1.98	1.50	To continue to improve and to maintain better results than Extendicare target of 2.0%	Achieva

Change Ideas

Change Idea #1   Provide information to families and residents on Least restraint policy

Methods	Process measures	Target for process measure	Comments
1) Provide restraint information in admission packages for new admissions. 2) Meet with resident council and Family forum to provide education on least restraint and risks associated with restraint use.	1) # of admission packages with restraint information included 2) Minutes & Attendance from meeting with resident council and family forum to discuss least restraint and evaluate potential knowledge gaps.	1) 100% of admission packages will have restraint information included for new admissions April 1, 2025, 2) Resident Council will occur by September 2025 and Family forum by September 2025 to discuss restraints.	