

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 have input into the recreation programs available.	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	43.80	70.00	Our goal is to increase positive feedback to 70% by the next survey results as we continue to strive to meet corporate target of 85%	

Change Ideas

Change Idea #1 To increase the opportunities for input of residents for recreation programs available to them

Methods	Process measures	Target for process measure	Comments
1)To facilitate the initial process, list will be made available to resident of possible programs 2) residents will choose from a generous list of possible programs 3) Residents can provide other suggestions not on the list that will be considered for implementation	# of meetings with residents where options were discussed # of programs chosen by residents # of suggestions provided by residents # of programs implemented based on feedback from resident	list for available programs will be ready by April 30 2025 review of ideas presented by residents will occur by May 2025 Suggestions will be implemented by June 2025 Process for ongoing review by residents will be fully in place by December 2025	This was discussed as residents' council and residents are looking forward to choosing from a list of possible recreation programs

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 quality of from doctor	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	66.70	70.00	Continue to improve towards corporate target 85%	

Change Ideas

Change Idea #1 Tracking of physician visits to ensure visits are occurring for each resident.

Methods	Process measures	Target for process measure	Comments
Discuss with both doctors to determine regular visit schedule. 2) Create list of each physician's residents to track in person visits to ensure each resident meets with physician 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 March 2026	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: If I need help right away, I can get it.	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	66.70	75.00	Continue to improve towards corporate target of 85%	

Change Ideas

Change Idea #1 Increase satisfaction by decreasing wait times when residents need help.

Methods	Process measures	Target for process measure	Comments
1) DOC/designate to review call bell response times on monthly basis. 2) communicate results to staff and leadership team monthly basis. 3) Incorporate on the spot monitoring by leadership walkabouts to observe response times. 4) Follow up with staff for any areas of improvement for response times.	1) # of call bell response time reviews completed 2) # of times results communicated to staff and to leadership team 3) # of leadership walkabouts completed monthly 4) # of staff follow ups required.	1) Call bell response review process will be in place by May 2025 2) Communication of call bell responses to staff and to leadership will be in place by May 2025 3) Process for leadership walkabouts will be in place by May 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	28.00	15.00	Extendicare target	Achieva

Change Ideas

Change Idea #1 PSWs will be in resident area while charting to increase monitoring and result in less falls.

Methods	Process measures	Target for process measure	Comments
PSW and registered staff will be educated on expected process for charting system Feedback from staff on new process post implementation to see if effective or changes required Review data to see if improvement in fall rates post implementation	The number of staff educated on new charting system The number of feedback received, and changes made to process The number of falls pre and post implementation of new process	100% of front-line staff will be educated on new charting system by May 1, 2025. Feedback will be gathered post implementation by May 15, 2025 Review of falls pre and post implementation will be tracked and evaluated for improvement in falls by May 30, 2025	

Change Idea #2 Determine root cause of falls in order to reduce amount of falls

Methods	Process measures	Target for process measure	Comments
Have post fall huddles and assessments completed by care team after each fall to help identify root cause	Audit the number of huddles and assessment 100% completed vs number of falls # of gaps identified based on the audits	Audits will begin by April 30, 2025 Each resident who has experienced a fall will have a post fall huddle and post fall assessment completed for 100% of falls by May 30, 2025.	This will be used and reviewed at fall meetings to review trends

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	17.27	15.00	Continue to improve and perform better than Extendicare target 17.3%	medisystem, Behavioral Supports Ontario, Canadian Mental Health Association (CMHA) Durham

Change Ideas

Change Idea #1 Medication reviews completed for all residents currently prescribed antipsychotics, reviewed with pharmacist, physician and BSO lead

Methods	Process measures	Target for process measure	Comments
Medication reviews completed for all residents currently prescribed antipsychotics, reviewed with pharmacist, physician and BSO leadership	Will be measured by increased or decreased behaviors within a set time frame of medication changes # of medication reviews completed for those currently prescribed antipsychotics # of reviews completed with pharmacist, physician and BSO	Medication review process will be 100% implemented by May 30, 2025.	Updates also provided to families at IDTCs and their input is valued.

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	CIHI CCRS / as target of rolling 4-quarter average	1.90	1.80	Percentage of increase or decrease pressure ulcers will be analyzed and reviewed	3M

Change Ideas

Change Idea #1 Create a standardized schedule for pressure wounds to be monitored

Methods	Process measures	Target for process measure	Comments
1) A standardized schedule will be set up for all wounds to be assessed weekly 2) Wound schedule will be on Mondays Hall 100 and Tuesdays Hall 200 weekly 3) Registered staff will receive education on schedule	# of wounds assessed weekly as per schedule # of assessments completed Mondays and # completed Tuesday on a weekly basis 3) # of Registered staff who have received education on scheduling system	Scheduling for weekly wounds assessments will be 100% in place and functioning by May 30, 2025. 100% of Registered staff will have received education on scheduling system by May 1, 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 in daily physical restraints over the last 7 days	C	% / LTC home residents	CIHI CCRS / october to december 2024	1.90	1.80	Percentage of increase or decrease pressure ulcers will be analyzed and reviewed	3M

Change Ideas

Change Idea #1 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 council and family meeting 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 council and Family meetings to discuss Least Restraint and Risks. "	1). 100% of admission packages will have Restraint brochure included for new admissions by June 30, 2025 2). Meetings with Resident Council and Family meeting will be attended to discuss Restraints by September 30, 2025	