

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from the following interdisciplines: Physician; Dietitian; Social Worker and Leadership Team	C	% / LTC home residents	In-house survey / 2024	35.20	75.00	Continued improvement toward Extendicare target of 85%	

Change Ideas

Change Idea #1 Rounding for all management team starting Feb 2024:

Methods	Process measures	Target for process measure	Comments
Rounding tool provided to management/leadership team that has specific check list for the following elements listed with indicators i.e. Care; Health & Safety; Living Environment; values in Action; Dining room service & skin; interviewing staff on process and procedures etc. Rounding tool to be completed daily by all management/leadership team members Tool to be signed off daily by Administrator or delegate. Identify gaps based on rounding tool and implement action plan to address	# of rounding tools completed daily by each member of leadership team # of rounding tools signed off daily by Administrator/designate # of gaps identified monthly # of actions implemented to address monthly	Rounding checklists will be initiated by February 2024. Process for review of gaps and action plan to address will be in place by June 2024	The rounding tool can be edited to include departmental specific indicators

Change Idea #2 Increase the visibility of the interdisciplinary team at Family Council and Resident Council

Methods	Process measures	Target for process measure	Comments
All disciplines will accept/request the invitation to Family Council and Resident Council meetings when invited. Provide an update to residents and families of operational or care practices for their awareness and engagement. Provide monthly departmental/Interdisciplinary updates in the monthly Administrator's report.	# of meetings each discipline is invited and presents at Family council # of meetings each discipline is invited and presents at Resident Council	Family Council and Resident Council are knowledgeable of the management/leadership structure. (roles and responsibilities) by December 2025. Each interdisciplinary/management/Leadership has attended annually to both Resident Council and Family Council by December 2025.	

Change Idea #3 1) Implement Town hall newsletter to inform and engage residents and family members on a regular basis

Methods	Process measures	Target for process measure	Comments
1) Send out newsletter on a regular basis to inform residents and families about important information 2) Ask resident and family councils what information they would like to see included and how often to send out. 3) Post newsletter on bulletin board in home	1) # of times newsletter was sent to residents and families 2) # of resident and family council meetings information 3) # of months newsletter was posted on bulletin board.	1) Newsletter will be sent out to all residents and families as of April 2025 2) Discussion with resident and family council about newsletter will occur by mid April 2025 3) Newsletter will be posted on bulletin board by April 2025	

Change Idea #4 Have "Tea and Chats" or social sit-down programs with residents, families, and leadership teams to inform and engage on a regular basis.

Methods	Process measures	Target for process measure	Comments
1) Add program monthly to programs calendar 2) Add reminders to monthly newsletters 3) Advertise via poster throughout the home	1) # of times programs was implemented 2) # of people participated in program	1) Program will be introduced and implemented as of May 2025	

Measure - Dimension: Patient-centred

Indicator #2	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 / 2024	56.30	75.00	Continued improvement toward Extendicare target of 85%	

Change Ideas**Change Idea #1** review annual care conference process

Methods	Process measures	Target for process measure	Comments
1) Complete review of current care conference process including scheduling, agenda 2) Adjust agenda if required to include time for discussions with resident/family members 3) Ask resident/family members if they felt their needs and feedback were addressed	1) # of reviews of care conference process completed 2) # of modifications to agenda 3) % of positive feedback resident responses post care conference	1)Review of care conference process, including changes to agenda will be completed by end of April 2025 2) there will be a [80 %] improvement in overall positive responses post care conference by September 2025	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Bladder care products are readily available to keep the resident dry and comfortable	C	% / LTC home residents	In-house survey / 2024	63.90	75.00	Continued improvement toward Extendicare target of 85%	

Change Ideas

Change Idea #1 Develop a product distribution system and an inventory spreadsheet of available products on hand at times.

Methods	Process measures	Target for process measure	Comments
Complete an inventory of products - captured on a spreadsheet Consult with Prevail on process for Product distribution Assign resources to implement the process then develop a sustainable plan to control product distribution	1) # of residents who are using incontinent products 2) # of residents to be asked for feedback per month /per home area 3) # of responses received 4) # of action items received based on survey	1. List of residents who are using incontinent products will be created by end of March 2025 2. Process for ongoing feedback will be in place by April 2025 with approx. 50% of residents per month per home area.	

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	20.65	15.00	Extendicare target	Achieva, Behavioural Supports

Change Ideas

Change Idea #1 2) Complete environmental assessments of resident spaces upon admission to identify potential harms and correct before falls occur.

Methods	Process measures	Target for process measure	Comments
1) # of environmental assessments completed monthly 2) Staff to complete environmental assessment monthly in each resident room that is deemed a risk.	1) #of education sessions completed monthly with registered staff	1) Educate all registered staff on how to complete environmental assessments By Sept 2025	

Change Idea #2 Review and update lighting for high-risk residents

Methods	Process measures	Target for process measure	Comments
Assess lighting for residents who are at high risk for falls Order lighting and install Measure results	# of residents assessed # of lights ordered # of lights installed at bedside, and in Bedroom/bathroom # of falls per month preinstallation and post installation	1) Lights will be ordered by [June] and installed by [Sept 2025] 4) Review baseline vs post installation data for falls for residents with enhanced lighting by Dec 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	12.06	10.00	Continued improvement to theoretical best.	Medisystem, Behavioural Supports, GPA

Change Ideas

Change Idea #1 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 end of third quarter 2). Education and training completed by beginning of fourth quarter 3). Antipsychotics review meetings are occurring every 4 weeks as of September 2025 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 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 (note: GPA Bathing module now available. 2). 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 [75%]staff by end of third quarter 2.) Feedback from participants in the session will be reviewed and actioned on by Nov 2025	

Change Idea #3 3) Family education resources provided for appropriate use of Antipsychotics

Methods	Process measures	Target for process measure	Comments
1. Provide 'Centre for Effective Practice (CEP)' resource for appropriate use of anti-psychotics when families have questions about appropriate antipsychotic prescribing 2). Make resource available at nurses' station if family have questions)	"1.) # of CEP resources provided to families monthly 2.) # of antipsychotics d/c as a result of increased family awareness.	1) CEP resources will be printed and available at nurses' station by beginning of third quarter.	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who were physically restrained (daily)	C	% / LTC home residents	Other / October-December 2024	2.60	2.50	Extendicare target	Achieva, Behavioural supports, GPA

Change Ideas

Change Idea #1 Continue to educate families and staff on risk of restraints and least restraint policy

Methods	Process measures	Target for process measure	Comments
1) Reeducate staff on restraint policy and alternatives prior to use. 2) Provide education sessions to staff on restraint policy 3) Implement Resident safety meetings to discuss restraints	1) # of meetings held with families to provide education on least restraint policy. 2) # of education sessions held monthly 3) # of resident safety meetings held monthly 4) # of action plans created if indicator changes.	Education sessions will be implemented by September 2025 Process for meeting with families about restraints will be in place by June 2025 Resident safety meetings will be organized and in place by September 2025	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Reduce incidence of worsening pressure ulcers	C	% / LTC home residents	In house data collection / All homes enter your Jan Power BI unadjusted result . (Oct-Dec quarter)	0.80	0.50	Continue to perform better than Extendicare benchmark with continued improvement to theoretical best.	Solventum/3M, Wounds Canada

Change Ideas

Change Idea #1 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 for each unit 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 May 2025 2) Tracking tools will be correctly completed on a monthly basis by May 2025 3) Process for review , analysis and follow up of trends from tools will be 100% in place by June 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 their meetings

Methods	Process measures	Target for process measure	Comments
1) Review current membership of Skin and Wound team 2) Recruit new members and ensure each discipline is represented 3) Standardized agenda and follow up by team on skin issues in home. "	1) # of reviews completed on current membership 2) # of new members recruited by discipline 3) Standardized agenda developed which includes review of # pressure ulcers by stage on each unit on a monthly basis"	1) Membership review of skin and wound committee will be completed by Feb 2025 2) Recruitment of new members will be completed by March 2025 3) Standardized agenda will be developed and in place by March 2025	

Change Idea #3 Education on Product selection wound care.

Methods	Process measures	Target for process measure	Comments
1) Education sessions set up for all registered staff on products on wound care protocol 2) Sessions to be arranged for all shifts 3) audits to be completed by wound care lead of home for correct usage of products	# of education sessions /shift # of audits completed monthly # of audits that identified areas for improvement monthly	1) Education sessions on products and selection of products will be completed for all Registered staff by End of April 2025 2) Audits will show a 50% improvement in compliance by June 2025	