

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience - 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	60.00	85.00	Improve Resident Satisfaction towards exceeding Extendicare benchmark of 85%.	

Change Ideas

Change Idea #1 Obtain feedback on the annual care conference process

Methods	Process measures	Target for process measure	Comments
1) Determine survey questions to ask post care conference for feedback. 2) Post care conference ask for feedback via survey or discussion with residents on how process can be improved. 3) Review responses and determine plan of action for improvement. 4) Communicate feedback results and actions to resident & family councils	1) # of survey questions 2) # of feedback responses received monthly. 3) # of improvements actions implemented.	1) Survey questions will be developed by April/2025 2) Process for post care conference feedback will be in place by April/2025 3) Feedback survey results will be shared with resident/family council with action improvements by September/2025.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience - I enjoy eating in the dining room	C	% / LTC home residents	In-house survey / 2024	60.70	85.00	Improve Resident Satisfaction toward exceeding Extendicare benchmark of 85%	

Change Ideas

Change Idea #1 Provide Education on improving the Resident Experience during meal service.

Methods	Process measures	Target for process measure	Comments
Re-educate on Meal Service utilizing Meaningful Mealtimes Customer Service Program for all staff.	1) # of in-services held to review Meaningful Mealtimes Customer Service Program. 2) # of staff who attended in-services by July/2025. 3) # of times redirection though audits or observation provided by management team during meal service.	1) 100% of Nursing & PSW staff are re-trained on Meaningful Mealtimes by August/2025 2) New employees hired are provided the education at orientation. 3) Average of three (3), meal services per week will be observed by a member of the management team with the purpose of providing on the spot redirection.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience I am satisfied with the schedule of religious and spiritual care programs.	C	% / LTC home residents	In-house survey / 2024	61.10	75.00	Improve resident satisfaction towards Extendicare benchmark of 85%.	

Change Ideas

Change Idea #1 Obtain feedback from Residents & Family regarding the current schedule for religious and spiritual care programs.

Methods	Process measures	Target for process measure	Comments
1) Determine survey questions to obtain feedback from residents and family. 2) Post religious/spiritual care programs, request feedback via survey or discussion with families on timing of programs. 3) Review response and determine plan of action for improvement. 4) Communicate feedback results and actions to residents/family councils.	1) # of survey questions. 2) # of feedback responses received monthly. 3) # of improvement actions.	1) Survey questions will be developed by March 30/2025. 2) Feedback/survey results will be shared with resident/family councils with action for improvement by July 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	17.79	15.00	Corporate Target.	

Change Ideas

Change Idea #1 Re implement Post fall huddles

Methods	Process measures	Target for process measure	Comments
1) Review policy on post fall huddles with Registered & PSW staff. 2) Falls Lead in home to attend and /or review post fall huddles documentation. Falls Lead to 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. 3) # of additional education sessions provided by lead on a monthly basis	1) Staff education on post fall huddles will be completed with 100% participation by June30/2025. 2) By June 30/2025 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	13.84	13.00	Continue to maintain results better than Extendicare 17.3% target.	Medisystem Pharmacy, Behavioral Support Ontario

Change Ideas**Change Idea #1 GPA Education for Responsive Behaviors related to Dementia**

Methods	Process measures	Target for process measure	Comments
1) Engage with Certified GPA coaches to roll-out home level education 100% of all staff. 2) Contact RM, LTC Consultant or BSDC support as required. 3) Register participants for educational sessions.	1) # of GPA sessions provided 2) # of staff participating in education 3) Feedback from participants in the usefulness of action items developed to support resident care.	1) GPA sessions will be provided to 100% of staff by December 15/2025. 2) Feedback from participants in the sessions will be reviewed and actioned on by November 30/2025.	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents with worsened ulcers stage 2-4.	C	% / LTC home residents	Other / Oct - Dec 2024	0.80	0.50	Continue to perform better than Corporate Target.	3M/Solventum, NSWOC

Change Ideas

Change Idea #1 Adopt a new point of care(POC) alert processes to notify nursing staff of by exception issues for early identification of skin issues.

Methods	Process measures	Target for process measure	Comments
1) Educate staff on new alert processes on all shifts. 2) Registered staff to check end of shift for outstanding alerts. 3) DOC/designate audit compliance monthly and follow up with any additional educational requirements.	1) # of staff that have been educated. 2) # of audits completed. 3) # of alerts that were completed on a monthly basis.	1) Staff are educated on the new process by June 30/2025 2) Registered staff will complete # of audits by June 30/2025 3) Alerts will be 100% implemented by August30/2025.	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents with restraints	C	% / LTC home residents	Other / Oct-Dec 2024	0.80	0.50	Continue to maintain improvement better than 2.5% Corporate Target.	Achieva

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) Post information regarding Least Restraints on bulletin boards. 3) Meet with Resident and Family Councils to provide education on Least Restraint including risks.	1) # of admission packages with Restraint brochures included. 2) # of meetings with Resident/Family councils to discuss Least Restraints and Risks.	1) 100% of admission packages will have restraint brochure included for new admissions. 2) Meetings with Resident/Family councils will be attended to discuss Restraints by September/2025.	