

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	12.98	11.00	to remain below regional and provincial averages, and improve on current performance.	

Change Ideas

Change Idea #1 Improve communication with doctors/nurse practitioner by using SBAR

Methods	Process measures	Target for process measure	Comments
Provide education for Registered staff on use of SBAR	# of staff who attended the training	100% of staff will have completed the SBAR training by December 2025	

Change Idea #2 Enhance the resident and SDM consent process by educating Reg. staff on effective communication of medical status.

Methods	Process measures	Target for process measure	Comments
Reg. Staff will be trained to provide clear, comprehensive information, enabling informed decision-making regarding whether to transfer a resident to the ED or continue care at home.	# of Reg. staff trained on providing clear, comprehensive information, enabling informed decision-making	100% of Reg. staff trained on providing clear, comprehensive information, enabling informed decision-making by December 2025	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Residents who answered positively to the question "I feel my goals and wishes are heard and considered in my care"	C	% / LTC home residents	In-house survey / 2024	50.00	80.00	Extendicare target	

Change Ideas

Change Idea #1 Ensure every resident is being asked about their goals and wishes during their IDTC conferences

Methods	Process measures	Target for process measure	Comments
Add to IDTC conference agenda Track to ensure goals and wishes are asked during their IDTC conferences Update plan of care to include goals and wishes expressed during meetings	# of residents who have been asked about their goals and wishes during their IDTC conferences # of plans of care that have been updated to reflect identified goals and wishes	100% of residents have been asked the question during their IDTC conferences by Dec 2025 100% of resident plans of care will be updated to reflect goals and wishes by Dec 2025	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Residents who answered positively to the question "I am satisfied with the schedule of religious and spiritual care programs."	C	% / LTC home residents	In-house survey / 2024	62.50	80.00	Extendicare target.	

Change Ideas

Change Idea #1 Ensure every resident is being asked about their spiritual preference and the appropriate time to practice their belief

Methods	Process measures	Target for process measure	Comments
Add to agenda for IDTC annual conferences/on admission Ensure program staff are aware of needs so programs can be offered Track to ensure programs are being offered that meet resident needs	# of residents who are asked the question during their IDTC conferences/on admission # of residents who have designated spiritual preferences # of residents who have attended spiritual activities	100% of residents will have been asked the question during their IDTC conferences/on admission by Dec 2025 Tracking of attendance at spiritual activities will be in place by December 2025.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Residents who answered positively to the question "I have input into the recreation programs available".	C	% / LTC home residents	In-house survey / 2024	63.20	85.00	Extendicare target	

Change Ideas

Change Idea #1 Ensure that all residents have the opportunity to participate in the planning of recreational program choices.

Methods	Process measures	Target for process measure	Comments
Add Program Planning Meetings on the calendar and inform residents about the meeting personally. Review feedback obtained about program choices Implement new programs based on feedback	# of residents who shared in the Program Planning Meetings # of suggestions /feedback received # of programs implemented based on feedback	100% of residents share in the Program Planning Meetings there will be at least 2 changes in programs based on feedback by December 2025	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Residents who answered positively to the question "communication from home leadership (administrator, and managers) is clear and timely".	C	% / LTC home residents	In-house survey / 2024	63.20	85.00	Extendicare target	

Change Ideas

Change Idea #1 Upon invitation, ensure administrator and all managers attend every residents related meeting

Methods	Process measures	Target for process measure	Comments
Upon invitation, put residents council meetings/town hall meetings/residents focus group, etc. on the calendar monthly	# of managers attend the residents related meetings upon invitation	100% of managers attend every residents related meeting, upon invitation, by December 2025	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Residents who answered positively to the question "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	65.00	85.00	Continued improvement to theoretical best.	

Change Ideas

Change Idea #1 Ensure every IDTC meeting team discusses what is going well, what could be better and how we can improve things

Methods	Process measures	Target for process measure	Comments
1) Review a template of meeting minutes that is divided into three main parts: what is going well, what could be better and how we can improve things 2) Evaluate if it meets needs and provides the required information	# of IDTC that has been completed using the new template # of evaluations completed of new template	New template will be in place by June 2025. 100% of IDTC meetings are completed using the new template by December 2025 Evaluation of process will be completed by September 2025.	

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of family who answered positively to the question " I am satisfied with the cleaning within the resident's room"	C	% / Family	In-house survey / 2024	68.20	80.00	Continued improvement to theoretical best.	

Change Ideas

Change Idea #1 A project team will audit cleanliness of the residents rooms and follow up with the staff. A fluorescent marking fluid will be included as part of the audit.

Methods	Process measures	Target for process measure	Comments
1.This project will include IPAC, Environmental and Program Managers to conduct the monthly audits on resident's rooms. Every housekeeping staff and resident service aids will be audited monthly on one resident room. 2. Will present audit findings to the resident and family council meetings and seek feedback.	# of monthly audits completed with 80% or more for met items on the audits. # of presentations of results to resident and family council	100% of the audits will be completed and satisfactory by end of December 2025. Audit findings will be presented to both resident and family councils by December 2025	

Measure - Dimension: Patient-centred

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of family who answered positively to the question "I am satisfied with the timing and schedule of the spiritual programs"	C	% / Family	In-house survey / 2024	44.40	80.00	Extendicare target	

Change Ideas

Change Idea #1 ensure family is oriented about resident's spiritual preference and attendance of spiritual activities

Methods	Process measures	Target for process measure	Comments
1) Add to agenda for IDTC. 2) Discuss the topic during IDTC meetings while both resident and family members are attending 3) Update information for spiritual programs for each resident	# of IDTC when spiritual preference has been discussed # of resident/family members attending IDTC # of residents whose spiritual preference is updated	100% of IDTC meetings has a question about spiritual preference has been discussed by December 2025 with 100% of residents spiritual preference being updated by Dec 2025.	

Measure - Dimension: Patient-centred

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Family who answered positively to the question" the resident has input into the recreation programs available	C	% / Family	In-house survey / 2024	50.00	80.00	Extendicare target	

Change Ideas

Change Idea #1 Ensure that family is receiving updates about the variety of recreation programs and the attendance rate

Methods	Process measures	Target for process measure	Comments
communication through quarterly newsletter, monthly family council meetings, townhall meetings, and welcome tea gatherings with new families	# of reports communicated through all of these meetings and panels.	at least 4 reports have been communicated through different panels and meetings by December 2025	

Measure - Dimension: Patient-centred

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Residents who would recommend this home to others.	C	% / LTC home residents	In-house survey / 2024	78.90	85.00	Our results in 2023 were (88.5%) and we strive to improve toward that target .	

Change Ideas

Change Idea #1 Ensure that all residents are well-informed about upcoming events, services, and resources. Clear communication can enhance resident engagement.

Methods	Process measures	Target for process measure	Comments
Provide information through newsletters, 2) discuss changes and information at resident council meetings 3) hold resident focus groups to enhance resident engagement.	# of newsletters sent monthly # of resident council meetings where changes and information communicated # of resident focus groups held # of ideas suggested by residents which are fully implemented	Process for improving communication through newsletters, resident council and focus groups will be initiated by June 2025. 100% of ideas suggested by residents from the various forums are fully implemented by December 2025.	Encourage ideas production by residents during all events will help improve resident engagement.

Change Idea #2 Managers visit a designated number of residents each month to conduct interviews, gathering feedback and suggestions on ways to enhance their experience living in the home.

Methods	Process measures	Target for process measure	Comments
1) Questions will be standardized for interviews utilizing a specific set of questions. 2) Schedule for managers will be set) Feedback will be reviewed and implemented.	# of questions being asked # of managers participating in scheduled interviews # of residents who are interviewed by the end of December 2025. % of feedback reviewed and implemented	100% of residents have an individual interview with managers by December 2025. Process is to begin by June 2025. Feedback will be reviewed and suggestions implemented as able by December 2025.	

Safety

Measure - Dimension: Safe

Indicator #11	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	8.46	8.00	Continued improvement to theoretical best.	

Change Ideas

Change Idea #1 Audit hourly 4P's rounds for residents who are listed on the falling star program at all shifts

Methods	Process measures	Target for process measure	Comments
Audit the hourly rounds using signage sheet to ensure completion	# of audit sheets with 100% completion	100% of audit sheets are being completed at all shifts by December 2025	

Change Idea #2 Ensure that at least one personalized intervention is being implemented for every resident on falling star program.

Methods	Process measures	Target for process measure	Comments
Review plan of care for each resident at risk and Discuss strategies with fall team and staff Implement strategies to address root cause of falls and evaluate.	# of high-risk for falls residents who are being discussed in falls committee meetings # of strategies implemented # of residents in falling star program # of strategies that were effective	100% of high-risk for falls residents who are on falling star program are being discussed individually with tailored falls prevention interventions by December 2025. Process for evaluating strategies will be in place by September 2025	

Measure - Dimension: Safe

Indicator #12	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	11.79	10.00	Continued improvement to theoretical best.	

Change Ideas**Change Idea #1** Using Extendicare's Antipsychotic Decision Support Tool (AP-DST)

Methods	Process measures	Target for process measure	Comments
Ensure to use Extendicare's Antipsychotic Decision Support Tool (AP-DST) every month	# of Antipsychotic Decision Support Tool (AP-DST) completed	100% of Antipsychotic Decision Support Tool (AP-DST) is completed by the end of December 2025	

Change Idea #2 Collaborate with the physician/NP to ensure all residents using anti-psychotic medications have a medical diagnosis and rationale identified.

Methods	Process measures	Target for process measure	Comments
ensure NP is attending every BSO meeting and being informed about any resident with antipsychotic without diagnosis	# of BSO meeting which NP is attending # of residents reviewed	100% of meetings are being attended by NP by December 2025	

Measure - Dimension: Safe

Indicator #13	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who had a pressure ulcer that recently got worse	C	% / LTC home residents	Other / October - December 2024	1.00	0.50	Continue to improve and remain below Extendicare's target of 2%.	Solventum/3M, Wounds Canada

Change Ideas**Change Idea #1** Turning and repositioning re-education

Methods	Process measures	Target for process measure	Comments
1) Arrange education program for PSWs and registered staff about turning and repositioning for residents with skin breakage liability 2) Track attendance and follow up as needed	# of staff attended the education program % of registered and PSW staff who have completed the education	100% of Registered and PSW staff will have successfully completed the education program by December 2025	

Change Idea #2 Ensure registered dietitian follows up on residents with high PURS and provide them with nutritional interventions.

Methods	Process measures	Target for process measure	Comments
1) provide an updated list of skin issues to the dietitian internally 2) ensure dietitian attends wounds meeting monthly	# of shared PURS scale reports annually # of wound meetings dietitian attends monthly	12 updated lists of PURS have been shared with dietitian by December 2025 Dietitian will have attended at least 50% of wounds meetings by December 2025.	