

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfaction with the quality of care of the doctors	C	% / LTC home residents	In-house survey / Sept 2024-Oct 2025	56.30	85.00	corporate target	

Change Ideas

Change Idea #1 Improve visibility of physicians in home with residents and families.

Methods	Process measures	Target for process measure	Comments
1) Order Extendicare name tags for physicians 2) Utilize a communication board for families and residents so they are aware of when physician is going to be onsite.	1) # of name tags ordered 2) % of communication boards with physician visits included	1) Name tags will be ordered for all physicians in home by April 1, 2025. 2) Process for utilizing communication board for posting of visit schedules will be 100% implemented by April 2025.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfaction with food and beverages served to me	C	% / LTC home residents	In-house survey / Sept 2024-Oct 2025	62.00	85.00	Corporate target	

Change Ideas

Change Idea #1 Hold food tastings prior to each Menu launch to obtain feedback on types of food to be incorporated into next menu cycle. Could potentially be in collaboration with Recreation Department

Methods	Process measures	Target for process measure	Comments
1) Schedule food tastings and determine products to be tested. 2) Advertise food tasting event and have sign up sheet for Residents 3) Plan for event, ensure that home adheres to Residents nutritional plan of care when providing samples to Residents. 4) Order food items required for event	1) # of food tasting sessions held annually 2) # of items accepted by Residents (and included on the menu) and # of items rejected by Residents 3) Improvement of overall Resident satisfaction score.	Four Food tasting sessions will occur each year by December 2025. There will be an improvement to 85% by December 2025 in overall satisfaction for this area.	

Change Idea #2 Increase special food programs through Recreation Team

Methods	Process measures	Target for process measure	Comments
1. Review previous year calendar to determine # of events with food 2. Brainstorm change ideas including monthly breakfast clubs, friendship luncheons, outings, BBQs, around the world programs, themed meals that can incorporate variety 3. Review in Program Planning Meetings, gathering feedback on resident interests 4. Host programs monthly	1. # of food related programming being offered 2. Attendance in said programs 3. Resident feedback in RC	1. Incorporate at least 8 food related programs each month on programs calendar beginning May 2025 2. Implement breakfast programs [1/month] for each RHA throughout 2025 beginning May 2025 3. Facilitate at least 1 friendship luncheon monthly for 2025 starting in May 2025	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have input into the Recreation programs available	C	% / LTC home residents	In-house survey / Sept 2024-Oct 2025	62.90	85.00	Corporate target	

Change Ideas

Change Idea #1 Implement monthly Program Planning Meetings to inform and enage residents in program decision making

Methods	Process measures	Target for process measure	Comments
1) Add Program Planning Meetings on the calendar, 1x/month for each unit 2) Document on meeting minute template 3) Share and post minutes in common area	1) # of meetings throughout the year 2) # of change ideas provided in meeting that were implemented 3) # of residents participating on each home area	1) Program will be introduced and fully implemented as of April 2025 2) Residents will meet monthly on each unit, providing feedback on programs and selecting upcoming events beginning April 2025	

Safety

Measure - Dimension: Effective

Indicator #1	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	In house data, interRAI survey / Oct 1, 2024 - Dec 31, 2024	1.90	1.75	Continue to improve and perform better than Extendicare target of 2%	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 on each unit and shift 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 July 2025 2) Tracking tools will be correctly completed on a monthly basis by August 2025 3) Process for review, analysis and follow up of trends from tools will be 100% in place by September 2025.	

Measure - Dimension: Safe

Indicator #5	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	12.50	12.00	Continue to improve and remain better than Extendicare target of 15%	Achieva

Change Ideas**Change Idea #1** Reassess Falling Star program and reeducate staff on program

Methods	Process measures	Target for process measure	Comments
1) ADOC / Designate will provide education sessions on Falling Star Program to all PSW and Registered Staff on all units on all shifts. 2) Managers will audit and monitor progress to ensure implementation.	1) # of education sessions provided to PSW and Registered staff 2) # of audits completed on Falling star program monthly 3) # of audits on Falling star program with no deficiencies	1) All Education sessions for PSW and Registered staff will be completed by June 30, 2025 2) Audits on Falling star program will begin by June 30, 2025	

Change Idea #2 Review Safe Lift and Handling Policy and Procedures Program with Staff

Methods	Process measures	Target for process measure	Comments
1) Educations sessions for staff on safe lift and handling procedures .	1) # of education sessions held for staff on safe lift and handling procedures	1) All Staff education sessions will be 100% completed by June 30, 2025	

Measure - Dimension: Safe

Indicator #6	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	9.45	9.00	Continue to improve and maintain results better than Extendicare target of 17.3%	Medisystem, Behavioural Supports Ontario

Change Ideas

Change Idea #1 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 2). Contact Regional Manager, LTC Consultant or Manager of Behaviour Services & Dementia Care for support as needed 3). 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.	1.) GPA sessions will be provided for 80% of front-line staff by December 31, 2025	