

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 dietitian	C	% / LTC home residents	In-house survey / 2024	33.30	70.00	Continued improvement toward Extendicare target 85%	

Change Ideas

Change Idea #1 Improve awareness of the dietitian role in the home with residents and families

Methods	Process measures	Target for process measure	Comments
1. Create a profile page with description of services with her picture and post on the dietary door and include in welcome package. 2. Dietitian to meet minimum annually with resident and family councils	1. # of meetings with councils where Dietitian attended 2. # of suggestions provided by councils	1. Dietician will attend Resident Council by May 2025 2. Suggestions and actions will be discussed at CQI meeting with dietitian by July 2025.	Profile provides residents and families an understanding of the dietitian's role and awareness of the services provided in the home

Change Idea #2 Increase opportunities for residents to book one-on-one sessions with the Dietitian within the home

Methods	Process measures	Target for process measure	Comments
1. Requests are to go through the Dietary Manager where residents can sign up for a one-on-one session. 2. Dietitian to confirm appointment date with resident 3. Feedback received, reviewed and actioned 4. Action items and plan discussed at CQI meeting for follow up	1. # of requests to meet with Dietitian 2. # of one-on-one sessions with Dietitian that occurred 3. # of action items created from feedback 4. # of action items implemented	1. Process for sending requests to Dietitian will be in place by May 2025. 2. One-on-one sessions with Dietitian will be in place by June 2025 3. Action items and action plan discussed at CQI committee meeting with Dietitian by July 2025.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from doctors	C	% / LTC home residents	In-house survey / 2024	37.50	70.00	2023 performance was 73.9% and we feel that we can improve this indicator with our change ideas	

Change Ideas**Change Idea #1** Improve the visibility of the physicians in the home with residents and families

Methods	Process measures	Target for process measure	Comments
1. Order nametags for each physician 2. Post communication on each unit with details on when the physician will be on site	1. # of nametags ordered 2. # of communication boards with physician visit information posted	1. nametags will be ordered for all physicians by March 2025 2. Process for communication of physician visits will be implemented by March 2025 and posted by April 2025	

Change Idea #2 Tracking of in person resident visits to ensure every resident has a visit

Methods	Process measures	Target for process measure	Comments
1. Ensure that each new resident has met with the physician by their 6 week care conference 2. Track in person visits to ensure that each resident meets with the physician at least once per quarter	1. # of new resident admissions per quarter 2. # of new residents who met the physician by their 6 week care conference per quarter 3. # of residents per physician 4. # of residents who had in person visits during the quarter	1. Tracking of new admissions per quarter and who met the physician will begin March 2025 2. Each resident will have an in person visit with the physician at minimum once per quarter by July 2025	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from social worker	C	% / LTC home residents	In-house survey / 2024	46.20	70.00	we feel that we can drastically improve in this area through our change ideas and improve toward Extendicare 85% target.	

Change Ideas**Change Idea #1** Improve awareness of the Social Service Worker role in the home

Methods	Process measures	Target for process measure	Comments
1. Create a profile page with description of services offered with picture and post on the SSW office door 2. Social service worker to attend at minimum annually with councils to share services and gain feedback of services and areas for improvement. 3. Social service worker to update at CQI meeting feedback and action plans.	1. # of meetings with councils where Social Service Worker attended. 2. # of suggestions provided by councils 3. # of CQI meetings where action items were discussed with Social Service Worker	1. Social Service Worker will attend Resident council meeting by March 2025 2. Action items and plan will be discussed at CQI committee with Social Worker by April 2025.	

Change Idea #2 Social Service Worker will facilitate a resident and family social group

Methods	Process measures	Target for process measure	Comments
Social Service Worker will host monthly information sessions with residents and families to bring awareness of role and any topics of interest, provide support and education	1. # of support sessions per quarter 2. # of residents and family in attendance	1. Social Service Worker will coordinate session and calendar by April 2025. 2. 10% of residents will participate in the social group 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	16.88	15.00	Extendicare Benchmark	

Change Ideas**Change Idea #1 Refresh 4 P's rounding**

Methods	Process measures	Target for process measure	Comments
1. Educate staff on 4P's process 2. Provide 4P's cards to staff as a reminder 3. Inform Resident Council what 4P's process is	1. # of staff educated on 4P's process 2. # of 4P cards provided 3. Resident Council informed of process	1. Education session on 4P process for front line staff will be completed by June 1, 2025. 2. 4P cards will be distributed to staff by April 1, 2025 3. Resident Council will be informed of 4P process at the March 2025 meeting.	

Change Idea #2 Increase awareness of fall hazards in resident environment

Methods	Process measures	Target for process measure	Comments
1. Create a simulation room for hazard training 2. Educate staff on hazard awareness /fall risk	# of staff educated on hazard awareness/fall risk	Education of hazard awareness and fall risk will be completed by Jul1, 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	16.87	15.00	Continued to improvement theoretical best	

Change Ideas**Change Idea #1** GPA education training for responsive behaviors related to dementia

Methods	Process measures	Target for process measure	Comments
1. Connect with our PRC for GPA training 2. Register participants for education 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	The home will connect with PRC by April 1, 2025 to set up sessions	

Change Idea #2 Education for registered staff on antipsychotic medication

Methods	Process measures	Target for process measure	Comments
Nurse practitioner and/or Pharmacy Consultant to provide education sessions to registered staff on antipsychotic medications including dosage, usage, side effects, alternatives etc.	# of registered staff who attended training sessions on antipsychotic medications	All registered staff will have attended a training session on antipsychotic medication by July 1, 2025.	

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	Other / Oct-Dec 2024	1.65	1.00	Continue to improve performance better than Extendicare benchmark	

Change Ideas**Change Idea #1** Refresher training on turning and repositioning

Methods	Process measures	Target for process measure	Comments
1. Collaborate with Achieva rep on training materials 2. Educate staff on the importance of turning and repositioning to offload pressure areas 3. Educate staff on our turning clock policy and process	# of staff that have received turning and repositioning training	1. DOC/DOC Quality lead will collaborate with Achieva rep by April 1, 2025 2. DOC/DOC Quality lead will educate staff by June 1, 2025	

Change Idea #2 Education on product selection for wound care

Methods	Process measures	Target for process measure	Comments
1. Education sessions set up for all registered staff on products and wound care protocol 2. Wound care lead will audit for correct usage of products	1. # of education sessions 2. # of audits completed by Wound care lead and provide results and action plan to Skin & Wound committee meeting	1. Education sessions on products and selection of products for all registered staff will be completed by May 1, 2025 2. Audits will start once education is completed and be shared at the next committee meeting.	