

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication from home leadership is clear and timely	C	% / Residents	In-house survey / 2024	42.90	80.00	Extendicare Benchmark	

### Change Ideas

Change Idea #1 Have "Tea and Chats" social program with residents, families and leadership teams to engage on a regular basis

Methods	Process measures	Target for process measure	Comments
1) Add program monthly to program calendar 2) Add reminders to monthly newsletters 3) Advertise via posters throughout the home.	1 ) # of times program was implemented 2) # of people participated in the program	Program will be fully introduced and implemented on a monthly basis as of April 2025	

**Measure - Dimension: Patient-centred**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have input into recreation programs available.	C	% / Residents	In-house survey / 2024	41.30	66.00	LTC division overall score 2024	

**Change Ideas**

Change Idea #1 Implement monthly program planning meetings to inform and engage residents in program decision making. Will be held in both group and 1:1 settings

Methods	Process measures	Target for process measure	Comments
1) Add program planning meetings to the calendar each month 2) Document on meeting minute template 3) Share and post minutes on activity boards in each home area. 4) Include activities added from program planning meetings in the monthly newsletter.	1) # of meetings held throughout the year 2) # of change ideas provided in meetings that were implemented 3) # of residents participating in monthly meetings 4) # of newsletter articles sharing programs implemented from program planning meetings.	1) Full Program will be introduced by April 2025 2) Residents will meet monthly to provide feedback and selecting upcoming events starting April 2025. 3) Program Staff will engage with 100% of residents who do not attend planning meetings on 1:1 basis to gain input beginning April 2025	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The Resident enjoys eating meals in the dining room	C	% / Residents	In-house survey / 2024	68.70	77.00	To improve to better than 2024 Survey Results	

**Change Ideas**

Change Idea #1 1) Provide Education on improving the Resident Experience during meal-time

Methods	Process measures	Target for process measure	Comments
1) Re-educate on Meal Service Policies and Pleasurable Dining	1) # of in-services held for front line team on policies and expectations during meal service 2) # of staff who attended in-services 3) # of meal service audits completed	1) 10 in-services will be held over the year 2) 75% of all front line staff will have attended the in-service by Dec 2025 3) # of meals observed by a member of management team using the Surge audit tool.	

## 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	17.43	15.00	Extendicare Benchmark	Achieva, Behavioural Supports

### Change Ideas

#### Change Idea #1 1) Implement 4 P's Rounding

Methods	Process measures	Target for process measure	Comments
1) Educate staff on 4 P's Process 2) Provide 4 P's cards to all staff as reminder 3) Inform Resident and Family Council what 4P Process is	1) # of staff educated on the 4P Process 2) # of 4P cards provided to team members 3) # Resident Council and Family Council informed of the process	1) 100% of frontline staff will be educated on the 4P process by May 2025 2) 4P cards will be distributed to staff by May 2025 3) Resident Council will be informed by June 2025	

**Measure - Dimension: Safe**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents who had a stage 2-4 pressure ulcer that worsened.	C	% / LTC home residents	Other / October - December 2024	5.26	2.00	Extendicare benchmark	Solventum/3M, Wounds Canada

**Change Ideas**

Change Idea #1 1) Mandatory education for all Registered staff on correct staging of Pressure ulcers

Methods	Process measures	Target for process measure	Comments
"1) Communicate to Registered staff requirement to complete education. 2) Registered staff to complete online modules on wound staging by end of third quarter of year. 3) DOC/designate to monitor completion rates "	"1) # of communications to Registered staff mandatory requirement to complete education. 2) # of Registered staff who have completed online modules on wound staging on a monthly basis. 3) # of audits of completion rates completed by DOC/designate and follow up as required. "	1) Communication on mandatory requirement will be completed by April 2025 2) 100% of Registered staff will have completed education on correct wound staging by June 2025 3) Audits of completion rates will be completed monthly with required follow up will occur by 1st week of each month and process is to be in place by August 2025	