

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "I am satisfied with the quality of laundry services for my clothing and linens"	C	% / LTC home residents	In-house survey / 2024	80.50	85.00	Extendicare target	

Change Ideas

Change Idea #1 Improve item tracking for new clothing

Methods	Process measures	Target for process measure	Comments
Development of new tracking tool; auditing use of tracking tool; education for family and residents regarding labelling process	Number of monthly audits completed; number of education sessions provided to residents and family	Process for monthly tracking, audits and education will be fully implemented by August 2025	

Change Idea #2 Improve the efficiency of internal laundry delivery by auditing laundry cart prior to delivery to resident home areas

Methods	Process measures	Target for process measure	Comments
New audit forms and schedule developed to monitor laundry processes; review audit forms to analyze gaps	Number of monthly audits completed; number of identified gaps; number of implemented improvements	Monthly audits will be developed by April 2025 and process fully implemented by June 2025.	

Change Idea #3 Improve laundry turnaround time

Methods	Process measures	Target for process measure	Comments
Gap analysis on internal laundry processes; educate staff on internal laundry processes; review audit forms to analyze gaps	Gap analysis completed; number of education sessions provided; number of audits completed	Audits will be developed by April 2025; gap analysis will be completed by April 2025; education sessions will be provided by May 2025	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "I am satisfied with the variety of food beverage options"	C	% / LTC home residents	In-house survey / 2024	82.90	85.00	Extendicare target	

Change Ideas**Change Idea #1** Implement specific themed dining programs based on resident preference

Methods	Process measures	Target for process measure	Comments
Resident communication at monthly food committee and calendar planning meetings; collaboration with programs and dietary department to facilitate themed dining	Number of opportunities for resident feedback; number of suggestions implemented; number of themed dinner programs offered	Themed dining programs will be offered based on resident feedback as of April 2025; committee meetings are ongoing monthly	

Change Idea #2 Roll out of Meaningful Dining experience education

Methods	Process measures	Target for process measure	Comments
Education for all staff involved in dining service by Quality team; presentation of education to family and resident council; gather feedback from resident and family council	Number of education sessions provided; number of council meetings; number of opportunities for feedback provided by residents and family	Education will begin April 2025 with all staff involved in dining service completed by September 2025	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "If I need help, I can get it right away"	C	% / LTC home residents	In-house survey / 2024	82.90	90.00	To improve and exceed Extendicare target of 85%	

Change Ideas**Change Idea #1** Increase staff awareness of call bell times

Methods	Process measures	Target for process measure	Comments
DOC/designate to review call bell response times on a daily basis; follow up with staff for any areas of improvement for response times	Number of call bell audits completed; number of staff follow up meetings	Call bell audits will be in place and follow up meetings ongoing as of May 2025	

Change Idea #2 Implementation of walkie and pager communication systems

Methods	Process measures	Target for process measure	Comments
Installation of new pager system; purchase walkie talkies; educate Nursing staff on usability of system; call bell audits daily	Number of call bell audits completed; number of pagers and walkies purchased; number of education sessions provided to staff	Call bell audits and follow up meetings ongoing as of May 2025; Pagers and Walkies implemented by May 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	25.86	15.00	To improve current target to 15% or less which is Extendicare target	Achieva, Behavioural Supports Ontario

Change Ideas**Change Idea #1 Falls Friday unit meetings**

Methods	Process measures	Target for process measure	Comments
Review process for Falls Friday meetings; complete gap analysis; continue review of high-risk residents during Friday unit meetings; implement fall prevention strategies; care plan reviews	Number of Falls Friday meetings held; number of strategies implemented; number of care plans reviewed	Falls Friday process will be in place by May 2025 with gap analysis also completed by May 2025	

Change Idea #2 Education for Registered Staff on Fall documentation

Methods	Process measures	Target for process measure	Comments
Review process for Fall documentation; arrange education sessions for Registered Staff; audit Falls following education	Number of education sessions provided to Registered Staff; number of audits completed	Process for documentation will be reviewed by May 2025; education for Registered Staff will be completed by May 2025; process for auditing will be in place by April 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	10.61	10.50	To improve current target for continued improvement to theoretical best.	Medisystem, Behavioural Supports Ontario, GPA

Change Ideas**Change Idea #1** Medication reviews for all residents prescribed antipsychotic medication without a diagnosis

Methods	Process measures	Target for process measure	Comments
Monthly meeting to review antipsychotic usage with BSO, Pharmacy and DOC; provide recommendations to physician based upon review; update care plan as required; collaborate with resident and family	Number of meetings held; number of recommendations implemented; number of care plans updated; number of family communications	Process for medication reviews will be fully implemented by April 2025	

Change Idea #2 GPA training for all Nursing staff

Methods	Process measures	Target for process measure	Comments
Arrange GPA education sessions; register participants for GPA education sessions	Number of education sessions provided; total number of staff educated	Education sessions will be completed for all Nursing staff by December 2025	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of home care patients who developed a stage 2 to 4 pressure ulcer that worsened	C	% / LTC home residents	Other / October - December 2024	2.26	2.00	To improve to Extendicare target	Solventum/3M , Wounds Canada

Change Ideas**Change Idea #1** Recruit and retain an additional SWAN to provide further in house expertise

Methods	Process measures	Target for process measure	Comments
Offer opportunity for ongoing professional development to Registered Staff; register staff for SWAN course	Number of staff interested in SWAN certification; number of staff registered for SWAN course	Additional 2 SWANs will be recruited and registered by May 2025	

Change Idea #2 Enhance collaboration with healthcare team to communicate and adjust wound treatment plans

Methods	Process measures	Target for process measure	Comments
Attend community of practice sessions at PRHC; education sessions for Registered Staff based on community of practice learnings	Number of community practice sessions attended; number of education sessions provided to Registered Staff	Schedule for Registered Staff education sessions will be implemented starting May 2025	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents in daily physical restraints over the last 7 days preceding their resident assessment	C	% / LTC home residents	CIHI CCRS / October - December 2024	0.67	0.50	To continue to improve current target to 0.5% or less	Achieva , Behavioural Supports Ontario

Change Ideas**Change Idea #1** Continue family and staff education on least restraint policy

Methods	Process measures	Target for process measure	Comments
Arrange education sessions for family and resident council; arrange education sessions for Nursing team	Number of education sessions provided	Education for Nursing team will be completed by May 2025; education for family will be provided by May 2025	

Change Idea #2 Develop a family handbook that will include least restraint information

Methods	Process measures	Target for process measure	Comments
Develop family handbook; review handbook with family and resident council; provide handbook to resident on admission	Number of handbooks provided; number of meetings attended where handbook was reviewed	Handbook will be completed by July 2025; handbook will be reviewed with resident and family council by June 2025	