

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have input into recreation programs offered in the home.	C	% / Family	In-house survey / Sept-Oct 2024	25.00	60.00	Resident Council members discussed and had some ideas to implement to increase satisfaction in this area. It should also be noted that the family satisfaction on this item is low however resident satisfaction is much higher. It was felt that working on this item may result in an overall increase in satisfaction around programs in general.	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
1) Add Program Planning Meetings on the calendar, 1x/month for home 2) Document on meeting minute template 3) Share and post minutes in common area	1) # of resident meetings held throughout the year 2) # of program ideas implemented 3) # of Residents participating in the programs implemented	1) Standard monthly resident program planning meeting to be introduced for April 2025 on onward. 2) Residents to be regularly encouraged to attend and provide ideas for programs daily basis as of April 2025 3) Staff will bring forward ideas from any residents who choose not to attend the meeting but, have ideas for change beginning April 2025.	

Change Idea #2 Increase family awareness of resident initiated programs and participation

Methods	Process measures	Target for process measure	Comments
1) Add success stories to the monthly newsletter 2) Posterboards to celebrate success	1) # of success stories reported in the newsletter 2) # of posterboard displays	1) Initiate newsletter stories starting with the April 2025 Newsletter 2) Initiate Posterboard displays by May 31, 2025	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I can provide feedback about the products used for me.	C	% / LTC home residents	In-house survey / Sept-Oct 2024	64.00	80.00	To improve resident satisfaction and increase knowledge of products and how they best work. To exceed the overall division satisfaction of 70.4% from 2024 Survey.	

Change Ideas

Change Idea #1 1. Host a Vendor fair where families and residents can ask questions about products and provide feedback. 2. Staff to meet with 25% of residents each quarter to have discussion regarding their incontinence/products

Methods	Process measures	Target for process measure	Comments
1. Schedule a day where vendor is in home and can set up table for information 2. Post notice to let families and residents know they will be there to answer questions. 3. Follow up with Resident and Family council for feedback after vendor fair to see if it was of value and discuss at CQI meeting 4. Feedback provided by residents will be actioned, discussed with family/resident council, at CQI meeting and product vendor	1. # of vendor fair days held 2. Post event information on bulletin board, in newsletter and via email 3. % of positive responses based on feedback received. 5. # of resident interviews completed by staff quarterly	1. Vendor day for families/residents will be held by June 31st/2025 2. Event information will be posted on bulletin board, placed in newsletter and sent in email by April 15, 2025 3. Follow up with resident and family council for feedback on event will be 100% completed by Sept 2025 4. Staff will have interviewed 100% of residents by December 2025	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication from home leadership is clear and timely	C	% / LTC home residents	In-house survey / Sept-Oct 2024	48.30	75.00	Continued improvement toward Extendicare target 85%	

Change Ideas

Change Idea #1 1. Welcome tea and cookie social monthly for all new admissions, their families and leadership team to engage in purposeful conversation and build a care rapport.

Methods	Process measures	Target for process measure	Comments
1. Add welcome tea and cookie social to monthly programs calendar 2. Add reminders to monthly newsletters 3. Leadership team to contact families of new admissions	1. # of times program was held 2. # of people participated in welcome tea/cookie social 3. # of phone calls placed to invite	1. Tea and cookie social Program will be introduced and 100% implemented as of June 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	20.60	15.00	Continue towards the corporate target of 15%.	Achieva

Change Ideas

Change Idea #1 Continue with tripping Thursday huddles on the units to review data and implement new interventions.

Methods	Process measures	Target for process measure	Comments
1. Implement purposeful rounding on high fallers. 2. Review high fallers at weekly falls meeting and monthly CQI	1. # of education sessions provided to PSW and Registered staff on comfort rounding 2. # of education sessions provided to PSW and Registered staff on high fallers	1. Education for PSW and registered staff will be ongoing, 100% completed by December 31/2025. Permanently apart of our huddle forward.	

Change Idea #2 1. Complete environmental assessments of resident spaces upon admission/quarterly post fall to identify potential harms and correct before falls occur.

Methods	Process measures	Target for process measure	Comments
1. # of environmental assessments completed quarterly 2. Staff to complete environmental assessment monthly on the residents room that is deemed a risk. (high risk fallers)	1. #of education sessions completed monthly with registered staff	1. Educate 100% registered staff on how to complete environmental assessments by September 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	11.02	10.00	Continue to maintain below corporate target of 17.3	Medisystem Pharmacy, BSO Lead

Change Ideas

Change Idea #1 1. Implement Extendicare's Antipsychotic Reduction Program which includes using the Antipsychotic Decision Support Tool (AP-DST).

Methods	Process measures	Target for process measure	Comments
1. Establish AP Home Team 2. Action plan for residents inputted into decision support tool.	1. Home AP team established 2. Schedule regular meetings for antipsychotic review 3. Percentage of residents with an action plan inputted.	1. Home team will be established by September 2025 2. Antipsychotic review meetings are scheduled monthly and reviewed quarter at CQI meetings by September 2025 3. 100% of Residents triggering the Antipsychotic QI will consistently have an action plan inputted into the decision support tool within 3 to 6 months of admission by December 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	0.00	0.00	Continue towards maintaining 0% and better than the corporate target 2.0%	3M, NSWOC, Prevail

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 surge module on pressure injury staging	1. # of communication to Registered staff for requirement to complete education. 2. # of Registered staff who have online surge module	1. Communication on mandatory requirement will be 100% completed by end of third quarter. 2. 100% of Registered staff will have online surge module completion by September 2025	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Restraints	C	% / LTC home residents	CIHI CCRS / July 1 to Sept 30/2024 (Q2), as target quarter	3.60	2.50	Continue towards the corporate target of 2.5%	Achieva

Change Ideas

Change Idea #1 1. Educate families upon admission of the serious risk of use restraints. A better understanding of the risks will hopefully reduce this QI

Methods	Process measures	Target for process measure	Comments
1. Educate families on least restraint policy and alternatives available. 2. Provide education to family on admission by falls lead or designate.	1. Track the number of admissions and correlate it with the number of restraints and new admissions. 2. # of families who completed education on least restraint policy and available alternatives 3. # of families who had education on resident admission by falls lead /designate	1. The home QI restraint will be below corporate bench march by September 2025 2. Process for ongoing education for families on least restraint policy will be 100% in place by June 2025.	