

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	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 / most recent consecutive 12 month period.	63.20	80.00	Extendicare Target	

### Change Ideas

Change Idea #1 Use real time feedback tools such as program evaluations or surveys seeking resident feedback on enjoyment and satisfaction programs in real time

Methods	Process measures	Target for process measure	Comments
Use evaluation templates, activity pro or other to complete Track feedback and implement new programs as able based on feedback	Number of audits completed Number of programs implemented based on feedback	There will be a 10% improvement with satisfaction by December 2025 There will be at minimum 2 new programs implemented by December 2025 based on resident feedback	

**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 the Doctors	C	% / LTC home residents	In-house survey / most recent consecutive 12 month period.	44.40	80.00	Extendicare target	

**Change Ideas****Change Idea #1** Tracking of in person resident visits by MD/NP to ensure everyone has a visit

Methods	Process measures	Target for process measure	Comments
Create list of MD/NP resident to track in person visit to ensure each resident meets with MD/NP at least once per quarter	1)Number of residents per MD/NP 2)Number of residents who had in person visits during quarter	list will be developed for tracking for 2025 by April 2025 Each resident will have an in person visit with MD/NP once per quarter by December 2025	

**Change Idea #2** Improve visibilities in the home of the MD/NP with residents and families

Methods	Process measures	Target for process measure	Comments
order Extendicare name tags for MD/NP	Number of name tags ordered	name tags will be ordered for all MD/NP in the home by April 1, 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 the Dietitian	C	% / LTC home residents	In-house survey / Most recent consecutive 12 month period.	63.20	80.00	Extendicare Target	

**Change Ideas**

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

Methods	Process measures	Target for process measure	Comments
Dietitian to meet at a minimum annually with resident and family council to discuss role and answer questions.	Number of meetings with councils where dietitian attended	Dietitian will attend family and resident council by August 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	21.38	15.00	Extendicare target	

### Change Ideas

Change Idea #1 Ensure each resident at risk for falls has an individualized plan of care for fall prevention

Methods	Process measures	Target for process measure	Comments
1) Determine residents at risk for falls 2) Review plan of care for each resident at risk 3) Discuss strategies with fall team and staff 4) update plan of care 5) communicate changes in plan of care with care staff	1) # of residents at risk for falls 2) # of plans of care reviewed 3) # of new strategies determined 4) # of plans of care updated	1) Residents at risk for falls will be identified monthly starting June 2025. 2) Care plans for high-risk residents will be reviewed and updated by August 2025 3) Changes in plans of care will be communicated to staff by after each monthly meeting or more frequently as needed beginning June 2025	

## Change Idea #2 Review Activity programming during times when most falls occur.

Methods	Process measures	Target for process measure	Comments
1) Review times when most falls are occurring 2) Review Program preferences for residents who are at risk of falls 3) Implement program at time of day when falls are occurring 4) Monitor results	1) # of residents reviewed who are high risk for falls 2) % of program review completed 3) # of new programs implemented during peak times for falls 4) # of high-risk residents who did not fall during month when activity was occurring	1) Review of falls and times when occurring will be completed by August 2025 2) Review of high-risk residents program preferences will be completed by August 2025	

## Change Idea #3 Increased communication during shift report for newly admitted residents and during outbreaks

Methods	Process measures	Target for process measure	Comments
1) Remind staff about increased risk of falls when in outbreaks and during admission period. 2) Registered staff to communicate list of residents on isolation and/or new admissions during each shift report to oncoming staff 3) Residents identified as being at increased risk of falls d/t isolation or new admission will have enhanced monitoring by all staff for two week period . 4) enter task in POC for enhanced monitoring and plan of care updated	1) # of staff receiving reminders for resident fall risk 2) # of shift reports where registered staff communicated list of high risk residents 3) # of residents on enhanced monitoring per shift 4) # of residents who had enhanced monitoring entered as task in POC and plan of care updated.	1) Reminders for staff will be communicated by August 2025. 2. Shift report process for communicating high risk residents will be in place by August 2025 3. Process for enhanced monitoring for those on isolation or newly admitted will be in place by August 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	X	5.00	continuing to improve to theoretical best. We are currently 5.9% Oct-Dec 2024 quarter PCC.	Medisystem, GPA

**Change Ideas**

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

Methods	Process measures	Target for process measure	Comments
1). Engage with Certified GPA Coaches to roll-out home-level education (note: GPA Bathing module now available), 2). Contact Regional Manager, LTC Consultant or Manager of Behavior 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 Behavior Services & Dementia Care. 4.) Feedback from participants in the usefulness of action items developed to support resident care.	1.) GPA sessions will be provided for 50% of staff by November 2025 2.) Feedback from participants in the session will be reviewed and actioned on by November 2025	

## Change Idea #2 Family education resources provided for appropriate use of Antipsychotics

Methods	Process measures	Target for process measure	Comments
1. Provide 'Centre for Effective Practice (CEP)' resource for appropriate use of anti-psychotics when families have questions about appropriate antipsychotic prescribing 2). Make resource available at nurses station if family have questions)	1.) # of CEP resources provided to families monthly 2.) # of antipsychotics d/c as a result of increased family awareness.	1) CEP resources will be printed and available at nurses station by August 2025.	

## Change Idea #3 Education for Registered Staff on antipsychotics

Methods	Process measures	Target for process measure	Comments
1) Nurse Practitioner or Pharmacy consultant to provide education session for registered staff on antipsychotic medications including usage, side effects, alternatives etc..	1) # of registered staff who attended training session on antipsychotic medications.	1) 75% of registered staff will have attended training on antipsychotic medications by October 2025.	

## Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Pressure Ulcers- Percentage of residents who had a pressure ulcer that recently got worse.	C	% / LTC home residents	Other / Oct - Dec 2024, as target quarter	5.40	2.00	Extendicare target	

## Change Ideas

## Change Idea #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 October 2025. 2) 100% of Registered staff will have completed education on correct wound staging by December 2025	

## Change Idea #2 Turning and repositioning re-education

Methods	Process measures	Target for process measure	Comments
1) Educate staff on the importance of turning and repositioning to off load pressure 2) Night staff to audit those resident that require turning and repositioning 3) Review this during the Skin and Wound committee meetings for trends	# of staff that have been educated # of audits completed # of reviews completed by Skin and Wound committee	1) 100% of PSW will have attended education sessions on turning and repositioning by October 2025. 2) Check in with staff and will be correctly completed on a monthly basis by October 2025 3) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by August 2025	