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 my doctors.	C	% / LTC home residents	In-house survey / September 2 – October 11, 2024	46.00	65.00	To meet Extendicare's 2024 LTC Division Overall score of 63.9%	Physicians

Change Ideas

Change Idea #1 Communicate role of Medical Director and Physicians for families and residents and give opportunity for feedback.

Methods	Process measures	Target for process measure	Comments
1) Medical Director to meet at minimum annually with Family and Resident councils. 2) Feedback on services and areas for improvement will be discussed. 3) Update Medical Director at CQI meeting in Q1 on QIP action plan.	1) # of meetings with councils where Medical Director attended. 2) # of suggestions provided by councils. 3) # of suggestions that were implemented. 4) # of CQI meetings where action items were discussed with Medical Director.	1) Medical Director will be invited to attend Family Council by September 2025. 2) Medical Director will attend Resident Council by September 2025. 3) Action items and plan will be discussed at a CQI committee meeting with the Medical Director by April 30, 2025.	Objective: To improve resident satisfaction.

Change Idea #2 Improve visibility of physicians in the home.

Methods	Process measures	Target for process measure	Comments
1) Order Extendicare name tags for all physicians. 2) Utilize a communication board for families/residents to communicate when a physician is visiting the home.	1) # of physician name tags ordered. 2) # of communication boards with physician visits included.	1) Name tags will be ordered for all physicians in home by April 1, 2025. 2) Process for utilizing communication board for posting of visit schedules will be 100% implemented by July 1.	Objective: To improve resident satisfaction.

Change Idea #3 Tracking of in person physician visits to ensure every resident has a visit.

Methods	Process measures	Target for process measure	Comments
1) Create list of each physician's residents to track in person visits to ensure each resident meets with their physician at least once per quarter.	1) # of residents per physician. 2) # of residents who had an in person visit with their physician during each quarter.	1) List will be developed for each physician for tracking by May 1, 2025. 2) Each resident will have an in person visit with their physician at minimum 1 per quarter by September 2025.	Objective: To improve resident satisfaction.

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the schedule of religious and spiritual care programs.	C	% / LTC home residents	In-house survey / September 2 – October 11, 2024	45.00	72.10	To meet Extendicare's 2024 LTC Division Overall score of 72.10%	Community religious organizations

Change Ideas

Change Idea #1 Add time and day feedback to Monthly Program Planning Meetings to ensure feedback is being collected r/t TOD & DOW in addition to interests.

Methods	Process measures	Target for process measure	Comments
1) Add program planning meetings on the calendar to occur 1x/month. 2) Document feedback from program planning meetings on meeting minute template. 3) Share and post minutes in common areas throughout the home.	1) # of program planning meetings held throughout the year. 2) # of change ideas communicated from residents. 3) # of change ideas provided in meeting that were implemented. 4) # of residents participating at each meeting.	1) Time and day feedback will be added to meeting agenda and implemented as of April 30, 2025. 2) Residents will meet monthly and provide feedback on program schedule by April 30, 2025.	Objective: To improve resident satisfaction.

Change Idea #2 Provide daily routines to team members to ensure religious/spiritual programming is occurring 3x per week.

Methods	Process measures	Target for process measure	Comments
1) Review existing program schedules 2) Avoid last minute changes 3) Maintain a regular, predictable schedule with feedback from residents and families	1) # of program schedules changed 2) # of programs increased in frequency 3) % of positive feedback received from residents and families	1) Program schedule will be reviewed by April 30, 2025. 2) Program offerings will increase by 1 a week as a result of new routines. 3) Residents will provide feedback on program times at minimum 6x/year in program planning meetings.	Objective: To improve resident satisfaction.

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of religious and spiritual programs.	C	% / LTC home residents	In-house survey / September 2 – October 11, 2024	50.00	74.60	To meet Extendicare's 2024 LTC Division Overall score of 74.60%	Community religious organizations

Change Ideas

Change Idea #1 Create inclusive and respectful offerings with structured programs run by program department team members.

Methods	Process measures	Target for process measure	Comments
1) Review existing offerings and resident faith/cultures. 2) Use CLRI EDI Calendar. 3) Include programs such as interfaith discussions, Christian prayer circles, mediation for Buddhists, etc. that meet religious program needs. 4) Implement regular and structured practices such as group prayer, rosary, hymn sings, etc. to meet spiritual program needs.	1) # of religions and cultures represented in the home. 2) Audit of the # of programs that support the variety of religions and cultures. 3) # of new programs implemented to target gaps.	1) Review and assess religious and spiritual care needs of every resident by June 30, 2025. 2) Identify # of programs needed to increase spiritual care offerings by July 31, 2025.	Objective: To improve resident satisfaction.

Change Idea #2 Integrate other approaches such as holistic, nature based, and reflective practices.

Methods	Process measures	Target for process measure	Comments
1) Educate family and residents on spiritual care and delivery. 2) Facilitate various programs to support spiritual connection and growth.	1) # of education session offered. 2) # of new programs implemented. 3) # of spiritual care programs/month.	1) Provide education on Spiritual Care to family and residents by April 30, 2025. 2) Provide spiritual care program ideas in Program Planning Meetings to seek interest in Q1. 3) Implement 3 programs in calendars for Q2-4.	Objective: To improve resident satisfaction.

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	18.17	15.00	To meet Extendicare's benchmark of 15%.	Achieva Health, HME Ltd (Home Medical Equipment), Durham Medical

Change Ideas

Change Idea #1 Reassess Falling Star program and re-educate staff on program.

Methods	Process measures	Target for process measure	Comments
1) ADOC will provide education sessions on Falling Star Program to all PSWs and Registered Staff on all units on all shifts. 2) Managers will audit and monitor progress to ensure implementation.	1) # of education sessions provided to PSWs and Registered staff. 2) # of audits completed on Falling star program monthly. 3) # of audits on Falling star program with no deficiencies monthly.	1) Education sessions for all fulltime and parttime PSW and Registered staff will be completed by June 30 2025. 2) Audits on Falling star program will begin by July 1, 2025.	Objective: To reduce the incidence of falls.

Change Idea #2 Review Safe Lift and Handling Policy and Procedures program with staff.			
Methods	Process measures	Target for process measure	Comments
1) Education sessions for staff on safe lift and handling procedures. 2) Auditing of safe lift procedures, 1 on each shift 1 per week. 3) Review of audit results by DOC /designate monthly. 4) Plan of action for improvement of identified deficiencies put into place.	1) # of education sessions held for staff on safe lift and handling procedures. 2) # of audits completed each shift weekly. 3) # of deficiencies identified. 4) # of improvements required monthly.	1) Staff education sessions will be 100% completed by December 31, 2025. 2) Audits of safe lift and handling procedures will show 50% improvement by September 30, 2025, and 75% improvement by December 31, 2025.	Objective: To reduce the incidence of falls.

Change Idea #3 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 committee 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 per quarter. 2) # of plans of care reviewed. 3) # of new strategies determined. 4) # of plans of care updated. 5) # of sessions held to communicate changes with staff.	1) Residents at risk for falls will be identified at each admission, quarterly assessment, fall incident, and significant change. 2) Care plans for high-risk residents will be reviewed and updated at minimum quarterly and at each fall. 3) Changes in plans of care will be communicated to staff immediately after each change.	Objective: To reduce the incidence of falls.

Change Idea #4 Increase 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 during department meetings. 2) Registered staff to communicate list of residents on isolation who are high risk for falls and/or new admissions during each shift report to oncoming staff. 3) Residents with increased risk of falls on isolation due to outbreak will be assessed for the need of enhanced monitoring.	1) # of staff meetings which involved communication of high-risk falls. 2) # of shift reports where registered staff communicated list of high-risk residents. 3) # of residents on enhanced monitoring during each outbreak.	1) Staff meetings with agenda item of high-risk falls will begin by April 30/25. 2) Shift report process for communicating high risk residents will be in place by June 2025. 3) Process for enhanced monitoring for those on isolation or newly admitted will be in place by April 30 2025.	Objective: To reduce the incidence of falls.

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	14.55	10.00	Continue improvement in reducing inappropriate prescribing of antipsychotics. Score for January 2025 was 11.11%	Ontario Shores Centre For Mental Health Sciences, Behavioural Supports Ontario (BSO), VON Durham, Physicians, MediSystem Pharmacy

Change Ideas

Change Idea #1 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. 3) Include education on antipsychotics at meetings with family members. 4) Provide resource in all new admission packages.	1) # of locations resource is located. 2) # of meetings the antipsychotic education was part of the agenda. 3) # of family members who attended meetings where antipsychotic education was part of the agenda. 4) # of new admission packages with antipsychotic resource given.	1) CEP resources will be printed and available at nurses' station by April 1/25. 2) First meeting with antipsychotic education as an agenda will occur by June 30/25. 3) Admission packages will include the resource by May 2025.	Objective: To reduce inappropriate prescribing of antipsychotics.

Change Idea #2 Education for Registered Staff on antipsychotics.

Methods	Process measures	Target for process measure	Comments
1) 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 September 2025.	Objective: To reduce inappropriate prescribing of antipsychotics.

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Pressure ulcers: Percentage of LTC residents who had a pressure ulcer that worsened from a stage 2-4 - Q2FY 2025/26, CCRS eReports - unadjusted	C	% / LTC home residents	Other / Q4 October - December 2024	2.13	2.00	To meet Extendicare's benchmark of 2%.	RNAO, CNO, Surge Learning

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 the requirement to complete education. 2) Registered staff to complete online modules on wound staging by end of second quarter of 2025. 3) DOC/designate to monitor completion rates.	1) # of communications to Registered staff on 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 to registered staff on education requirement will be completed by April 7, 2025. 2) 100% of Registered staff will have completed education on correct wound staging by June 30, 2025. 3) Audits of completion rates and required follow up will occur by end of 1st week of each month and process is to be in place by April 30, 2025.	Objective: To reduce the incidence of worsened pressure injuries.

Change Idea #2 Education for Registered staff 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 on wound care protocol. 2) Sessions to be arranged for all shifts. 3) Audits to be completed by wound care lead of home for correct usage of products.	1) # of education sessions / shift. 2) # of audits completed monthly. 3) # of audits that identified areas for improvement monthly.	1) Education sessions on products and selection of products will be completed for all Registered staff by June 30, 2025. 2) Audits will show a 50% improvement in compliance by September 2025. 3) Audits will start by July 1, 2025.	Objective: To reduce the incidence of worsened pressure injuries.

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Restraints: Percentage of residents who were physically restrained (daily) - Q2 FY 2025/26 CCRS eReports- unadjusted	C	% / LTC home residents	Other / Q4 October - December 2024	0.18	0.00	Continue improvement in reducing restraint usage.	Achieva

Change Ideas

Change Idea #1 Provide information to families and residents on the least restraint policy and PASD.

Methods	Process measures	Target for process measure	Comments
1) Add safety review topic to the newsletter quarterly. 2) Meet with Resident Council and Family Council to provide education on the Least Restraint Policy and risks associated with restraint use.	1) # of newsletters that included info on the least restraint policy and/or PASD use. 2) # of meetings with Resident and Family council to discuss the least restraint policy and risks of restraint use.	1) Meetings with Resident Council to include discussion on least restraint policy will occur by September 2025. 2) Meetings with Family Councils will be offered to discuss Restraints by the end of the year.	Objective: To reduce restraint usage.

Change Idea #2 Provide resource for staff to use when discussing restraints with residents and families.

Methods	Process measures	Target for process measure	Comments
1) Implement new FAQ document/resource to assist with discussing restraints. 2) Standing agenda item of restraints at general staff meetings and monthly falls committee meeting.	1) # of locations resource is available. 2) # of staff meetings held with least restraint policy and/or resource as an agenda item. 3) # of additional education sessions held regarding the least restraint policy.	1) Resource will be available in the nursing stations by June 30, 2025. 2) Standing agenda item will be implemented by June 2025.	Objective: To reduce restraint usage.