

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 / 2024	45.80	50.00	Continuous improvement to enhance resident quality of life. We feel we can meet this target as we continue to improve results.	

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 each unit 2) Document on meeting minute template 3) Share and post minutes in common area	1) # of meetings throughout the year 2) # of change ideas provided in meeting that were implemented 3) # of residents participating on each home area	1) Program will be introduced and implemented as of March 2025 2) Residents will meet monthly providing feedback on programs and selecting upcoming events	

Change Idea #2 Use real-time feedback tools such as evaluations of programs, seeking resident feedback on enjoyment and satisfaction of program in real time

Methods	Process measures	Target for process measure	Comments
1) Select up to 5 programs per month to audit. 2) Use evaluation templates, activitypro, or other documentation to complete 3) Review and action after each evaluation	1) # of audits completed throughout the year 2) Rate of satisfaction of program 3) # of Change actions	1) 5 audits will be completed monthly directly after programs to evaluate level of enjoyment/satisfaction starting May 2025 2) There will be a 30% improvement with satisfaction of program by July 2025	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the food and beverages served to me	C	% / LTC home residents	In-house survey / Jan-Dec 2024	43.80	50.00	Continuous improvement to enhance resident quality of life and improve results.	

Change Ideas

Change Idea #1 Hold food tastings prior to each Menu launch to obtain feedback on types of food to be incorporated into next menu cycle. Could potentially be in collaboration with Recreation Department

Methods	Process measures	Target for process measure	Comments
1)Schedule food tastings and determine products to be tested. 2) Advertise food tasting event and have sign up sheet for Residents 3) Plan for event, ensure that home adheres to Residents nutritional plan of care when providing samples to Residents. 4) Order food items required for event	1) # of food tasting sessions held annually 2) # of items accepted by Residents (and included on the menu) and # of items rejected by Residents 3) Improvement of overall Resident satisfaction score	1) 1-2 Food tasting sessions will occur each year by Dec 2025. 2) 10% - 25% of new menu choices will be included as a result of tastings as of Dec 2025.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the laundry services in the home	C	% / LTC home residents	In-house survey / 2024	36.80	50.00	Continuous improvement to enhance resident quality of life and we feel that we can meet this target.	

Change Ideas**Change Idea #1 Review process for labelling clothing**

Methods	Process measures	Target for process measure	Comments
1) Review process for labelling with staff 2) Attend Family and Resident councils to discuss labelling process 3) Put communication about labelling process in monthly newsletter to families and residents.	1) # of staff attending session about process for labelling 2) # of resident and family council meetings attended by Support Services manager/designate 3) # of newsletters where labelling process was communicated	1) Staff session about labelling process will be held by April 2025 2) Support Services manager/designate will attend resident and family council meeting by April 2025 3) Communication will be sent out about labelling process in newsletter by April 2025	

Change Idea #2 Hold a lost and found day 2x/year?

Methods	Process measures	Target for process measure	Comments
1) Advertise a lost and found day 2) Arrange items in a specified location for residents/families to come and look for missing items 3) Obtain feedback from resident and family councils on lost and found days	1) # of lost and found days advertised per year 2) % of missing items returned to resident/family member 3) # of resident and family council meetings where lost and found days discussed and feedback obtained 4) # of improvements made based on feedback	1) By December 31st 2 lost and found days will have occurred 2) 30% of missing items will have been returned to residents and families by December 31, 2025 3) Feedback from resident and family councils will be obtained on the lost and found days by July 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	14.81	13.50	To continue to strive and improve results while performing better than corporate target of 15%	

Change Ideas

Change Idea #1 Ensure each resident at risk for falls has a 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) communicate changes in plan of care with care staff	1) # of residents at risk for falls 2) # of plans of care reviewed & updated 3) # of new strategies determined 4) # of sessions held to communicate changes with staff	1) Residents at risk for falls will be identified by April 2025 2) 100% of Care plans for high-risk residents will be reviewed and updated on an ongoing basis as of June 2025) Changes in plans of care will be communicated to staff as they are updated starting April 2025	

Change Idea #2 Reassess Falling Star program and re educate staff on program

Methods	Process measures	Target for process measure	Comments
1) DOC-Q/QI will provide education sessions on Falling Star Program to all PSW 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 PSW and Registered staff 2) # of audits completed on Falling star program monthly 3) # of audits on Falling star program with no deficiencies	1) Education sessions for PSW and Registered staff will be completed quarterly beginning May 2025 with 100% completed by Dec 2025 2) Audits on Falling star program will begin 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	7.18	6.50	Continue to improve results and perform better than Extendicare target of 17.3%	Medisystem, Behavioural supports

Change Ideas**Change Idea #1 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 June 2025	

Change Idea #2 Enhance collaboration with Behavioral Supports Ontario (BSO) Lead and interdisciplinary team.

Methods	Process measures	Target for process measure	Comments
1) Invite BSO lead to PAC meeting, or other interdisciplinary meetings for increased visibility 2) Remind staff to refer to BSO for supports when appropriate	1) # of interdisciplinary meetings BSO invited to attend 2) # of monthly referrals to BSO	1) All interventions by registered staff will be used before BSO referral (100%) of time by December 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 to Dec 2024	4.96	2.00	Extendicare Benchmark	Solventum/3M, Wounds Canada

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-QI 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/QI 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 July 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 July 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	1) # of staff that have been educated 2) # of audits completed 3) # of reviews completed by Skin and Wound committee	1) 100% of PSW will have attended education sessions on turning and repositioning by July 2025 2) Check in with staff and will be correctly completed on a monthly basis by July 2025 3) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by July 2025	