

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The resident has input into the recreation programs available.	C	% / Family	In-house survey / 2024	35.70	55.20	Continued improvement toward corporate target of 85%	

Change Ideas

Change Idea #1 Residents to have more autonomy on their home area calendar programs.

Methods	Process measures	Target for process measure	Comments
Monthly meeting with residents by home area for the purpose of their input into their home area specific calendar. This will be listed as a new program on the monthly calendar.	# of ideas generated # of attendees # of ideas implemented on the calendar	20% of residents in each home area to attend monthly meeting April 2025 to initiate resident program suggestions	

Change Idea #2 To increase family awareness of programs offered to residents, including highlighting the residents' input to the calendar.

Methods	Process measures	Target for process measure	Comments
Monthly newsletter to family to include a section of resident inputted calendar programs to feature the programs that residents have asked for. Newsletters is our primary method of communication with families. This is emailed out. It will also be mentioned at quarterly townhalls.	# of newsletters that include this featured section # times appearing on agenda and discussed at Family Council # times included and discussed at quarterly townhalls	Monthly newsletter to include a section of resident choice programs starting May 2025. Resident choice programs will be mentioned at quarterly townhalls beginning June 2025	

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 doctors.	C	% / Residents	In-house survey / 2024	50.00	63.90	Continue to improve toward Extendicare target 85%	

Change Ideas

Change Idea #1 Increase awareness of role of doctor in LTC and funding model. Increase awareness of role of NP Determine if NP on staff would be beneficial

Methods	Process measures	Target for process measure	Comments
DOC to attend biannual Family and Resident Council to address roles, responsibilities, and concerns. Quality of care to be added to PAC (professional advisory agenda) for quarterly meetings DOC to determine if FT NP is appropriate for our home	# of education info sessions by September 2025. # of time DOC (or ADOC) attends Family and Resident Council in 2025. To be added to the agenda 4 x at PAC for the year 2025.	Education will be provided by September 2025 DOC/ADOC will attend Family and Resident council by September 2025 Quality of Care will be added to PAC agenda by June 2025	

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 food and beverage.	C	% / Residents	In-house survey / 2024	52.90	67.90	Continued improvement toward Extendicare target 85%	

Change Ideas**Change Idea #1** To introduce Resident Choice meal monthly

Methods	Process measures	Target for process measure	Comments
Residents can suggest options and ideas at monthly food committee. Selection will be based on majority vote. FSM will implement on the following month menu. Therapeutics will be offered wherever possible to compliment this resident selected menu.	# of resident choice suggestions # of suggestions implemented	Menu choice ideas will be added to monthly food committee meeting agenda by June 2025. 10 sets of menu choice ideas will be presented by Dec 2025 1 Resident menu choice idea will appear on resident monthly menu starting in April 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	12.20	12.00	To continue to improve and perform better than Extendicare target of 15%	Achieva, Behavioural Supports

Change Ideas

Change Idea #1 Reassess the falling leaf program and educate staff on the program.

Methods	Process measures	Target for process measure	Comments
Provide mini-education sessions to registered staff and PSW staff in the facility regarding the falling leaf program.	1.# of education sessions provided to PSW/registered staff. 2.# of audits completed on the Falling Leaf program	Education sessions for PSW and Registered staff will be completed by June 2025. 8 monthly Audits on Falling Leaf program will completed by Dec 2025.	

Change Idea #2 Conduct environmental assessments of resident spaces to identify potential fall risk areas and address areas for improvement.

Methods	Process measures	Target for process measure	Comments
1. Staff to do environmental assessments for all residents at high risk for falls at minimum monthly 2. Address any identified deficiencies from completed assessments	1.# of environmental assessment completed monthly 2.# of identified deficiencies from assessments that were corrected monthly	1.11 Environmental risk assessments of resident spaces to identify fall risk will be completed by December 2025. 2. Percentage of deficiency corrected monthly February- December 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	11.57	11.00	The current performance rate is significantly lower than the target of 17.3%. The facility aims to improve the quality improvement (QI) score by setting a goal that is below the current performance rate.	Medisystem, Behavioural Supports Ontario

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

Methods	Process measures	Target for process measure	Comments
1.Certified GPA Coaches to roll-out home-level education. Register participants for education sessions	1). # of GPA sessions provided 2). # of staff participating in education. 3) # of feedbacks received by staff	2 GPA sessions will be completed by December 2025 Feedback from participants in the session will be reviewed after each session and actioned on by December 2025	

Change Idea #2 Quarterly mini-educational sessions to be completed on emerging topics of concern i.e. communication strategies, de-escalation techniques, sexuality, and mental health disorders.

Methods	Process measures	Target for process measure	Comments
Engage with the Psychogeriatric resource consultant to roll out mini educational sessions at home level.	1.#of education sessions provided to the staff	Mini education sessions will be completed on emerging topics of concern 100 % of staff by December 2025.	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents with Worsened Ulcers stages 2- 4.	C	% / LTC home residents	POC/PCC Audits / Oct-Dec 2024	3.10	2.00	The facility aims to maintain its Quality Improvement (QI) score at or better than the corporate benchmark of 2%.	Solventum/3M, Wounds Canada

Change Ideas

Change Idea #1 Review current bed systems/surfaces for residents with a PURS score of 3 or greater.

Methods	Process measures	Target for process measure	Comments
Develop list of residents with PURS score 3 or greater The skin and wound team to review the resident's list to determine if the bed surface meets their needs. Replace mattress/surface if required	# of residents with PURS score of 3 or greater. # of bed surfaces/mattresses replaced # of reviews completed of bed Quarterly.	A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by August 2025	

Change Idea #2 Improve Registered staff knowledge on identification and staging of pressure injuries.

Methods	Process measures	Target for process measure	Comments
Provide education for Registered staff on correct staging of pressure injuries	# of education sessions provided for Registered staff on identifying correct staging of pressure injuries.	100% of registered staff will have received education on the identification and staging of pressure injuries by September 2025	