

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 laundry services for personal clothing and linens	C	% / Residents	In house data collection / 2024 Result	75.30	85.00	Result obtained from 2024 Resident and Family Experience Survey. Extendicare target over 85%	

Change Ideas**Change Idea #1** Review of the current process for labelling personal clothing

Methods	Process measures	Target for process measure	Comments
Process will be reviewed with staff.	Number of staff attending session about process for labelling	Staff session about labelling process will be held by December 31, 2025	

Change Idea #2 Communicate process of labelling personal clothing to Residents and Families

Methods	Process measures	Target for process measure	Comments
Environmental Service Manager to attend Family and Resident councils to discuss labelling process	Number of meetings attended by Environmental Manager with resident and family council.	Environmental Manager will attend resident and family councils by April 30, 2025.	

Change Idea #3 Update Families on labelling process.

Methods	Process measures	Target for process measure	Comments
Updates to be done through Townhall meetings, emails, resident and family councils.	Number of communication to be sent out through townhalls, emails, resident and family councils.	Communications will be sent out quarterly and to be completed by December 31, 2025	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The resident has input into the recreation programs available.	C	% / Residents	In-house survey / 2024 Resident and Family Experience Survey	65.80	80.00	Extendicare target for the Survey to be over 85%.	

Change Ideas**Change Idea #1** Monthly Program Planning Meetings to be implemented to engage residents in programs decision making

Methods	Process measures	Target for process measure	Comments
Add Program Planning Meetings on the calendar,	Number of meetings throughout the year	Residents will meet monthly on each unit, providing feedback and input on programs. This will be completed by December 31, 2025.	

Change Idea #2 Involve families in program planning

Methods	Process measures	Target for process measure	Comments
Communicate program plans through townhalls, emails and family councils.	The number of meetings and communication sent out to families on program plans	Communication to be done quarterly and completed by December 31, 2025.	

Change Idea #3 In- House communication to Residents on planned programs.

Methods	Process measures	Target for process measure	Comments
Activity Department to display a board near the front entrance with monthly calendar.	The number of monthly programs calendar displayed at the front entrance.	Programs will be displayed monthly until December 31, 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 cleaning within the resident's room.	C	% / Residents	In house data collection / 2024 resident and Family Satisfaction Survey	80.00	85.00	To meet the benchmark set by Extendicare for over 85%	

Change Ideas

Change Idea #1 Create auditing schedule to audit cleaning and sanitation of resident rooms.

Methods	Process measures	Target for process measure	Comments
Education sessions held for housekeeping staff on use of microfiber cleaning systems.	Number of education sessions held for housekeeping on use of microfiber cleaning systems	1) Education session for housekeeping staff will be held by April 31, 2025	

Change Idea #2 Managers to audit resident rooms.

Methods	Process measures	Target for process measure	Comments
Residents room to be checked during daily walk-about.	The number of audits completed	The number of audits completed daily until December 31, 2025	

Change Idea #3 Environmental Manager to review deep clean schedules for resident rooms

Methods	Process measures	Target for process measure	Comments
Resident rooms to be audited to ensure deep clean schedules are followed	the number of residents rooms which has a schedule and it being followed.	100% of resident rooms will have a deep cleaning schedule by April 30, 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	11.50	11.25	Target Justification is to preform lower than Extendicare targeted goal of 85%.	Achieva, Behavioural Supports

Change Ideas

Change Idea #1 Team to continue with huddles on all units to review reasons for falls.

Methods	Process measures	Target for process measure	Comments
Fall Committee to review monthly falls stats to trend and analyze the factors contributing to falls.	The number of post falls huddles completed monthly.	The number of post fall huddles completed which was trended and analyzed by December 31, 2025	

Change Idea #2 Staff will identify the residents who are at high risk for falls using the FPPR report

Methods	Process measures	Target for process measure	Comments
ADOCs to educate staff on the use of FPPR report to ensure that strategies are in place for identified residents.	The number of staff education sessions completed on FPPR report.	100% of registered staff education on FPPR tool by December 31, 2025.	

Change Idea #3 1) Determine high risk for falls /frequent fallers.

Methods	Process measures	Target for process measure	Comments
Identified high risk for falls residents will be reviewed daily by the registered staff with the PSWs.	The number of identified high risk residents will have a care plan specific to fall needs.	The number of Residents who were identified as high risks for falls and the number of care plan updated by April 30th, 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	12.47	12.00	continue to improve and maintain results below the target of Extendicare 17.5%.	Medisystem, Behavioural Supports

Change Ideas

Change Idea #1 Include Pharmacist in collaboration with the in-house team and family members in deprescribing plan

Methods	Process measures	Target for process measure	Comments
Identify Residents who are newly admitted with antipsychotic usage without a diagnosis.	The number of Residents who were identified based on assessments with an MD order to deprescribe.	The number of residents who were identified and for whom an order was obtained by the MD to start deprescribing by December 31, 2025.	

Change Idea #2 Identify the residents whose behaviors have worsened or new onset of behaviors.

Methods	Process measures	Target for process measure	Comments
Identify Residents using the Cohen Mansfield tool with a score of lower than 80, the use of non-pharmacological intervention will be used for behaviors	The number of Cohen Mansfield score completed. The number of non-pharmacological interventions utilized	100% of residents with a Cohen Mansfield score lower than 80 will have review completed by December 31, 2025 Residents requiring non-pharmacological interventions will have them in place before December 2025.	

Change Idea #3 Collaboration with Registered Staff, RAIMDS coders and BSO teams to ensure accurate coding

Methods	Process measures	Target for process measure	Comments
Document incidences of residents exhibiting hallucinations/delusions in progress notes, who are on inappropriate antipsychotic medication. Implement process for collaboration between Registered staff, RAI coders and BSO to review residents and coding.	The number of resident who are documented as exhibiting hallucinations/delusions within the observation period The number of collaborative reviews completed The number of gaps identified in coding and corrected	100% of residents who were exhibiting hallucinations/delusions will be documented in progress notes, to be reviewed quarterly with annual analysis by December 30, 2025. There will be an improvement in coding accuracy by December 30, 2025	