

## 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 / September 32 to October 11,2024	40.00	85.00	To meet Extendicare Standard of 85% satisfaction.	

## Change Ideas

### Change Idea #1 Activity Surveys

Methods	Process measures	Target for process measure	Comments
1) Activity Aides will utilize program surveys to assess the quality of the programs and the engagement from the resident. 2)Program manager will assess the activity to determine if surveys are accurate, and to measure engagement as well as cognition of residents.	Activity aides will complete one to two surveys per activity aide per month. # on surveys completed per month. # Audits completed by Program Manager. # of residents engaged during audit.	Program Manager added audits and review monthly (1 review/month) started in January 2025 with department and residents during resident council. Audits remain in place by October 2025 with 1-2 surveys completed monthly.	The audits have already been started and implemented by the Activity Team. Audits are to remain throughout the year or until satisfaction has been met by residents. Overall goal is to show improvement by 50% for input into recreation programs by October 30, 2025

## Change Idea #2 Resident Council Program Review

Methods	Process measures	Target for process measure	Comments
Using Surveys completed by Activity Aides and Program Manager to help assist with program review. Using Survey answers, Program manager will ask direct questions to resident council to focus in on potential gaps and areas of improvement for Activities and adapting or changing based on the response from the residents.	# of satisfied residents with current programs. # of concerns/gaps brought up by residents. # Changes or adaptations brought up to residents.	Program manager to have on standing agenda monthly for all of 2025 beginning 1st quarter. Any change ideas will be updated the following month and tracked. Review of annual program in October 2025 will be 100% completed by November 15, 2025.	

## Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of food and beverage options.	C	% / LTC home residents	In-house survey / September 3 to October 11, 2024	69.20	85.00	To continue to meet standard set last year of 85%.	

## Change Ideas

Change Idea #1 In the second quarter of the calendar year, meal surveys are given to residents to rate the satisfaction of their meal and service.

Methods	Process measures	Target for process measure	Comments
1) the survey will be given twice weekly beginning 2nd quarter. 2) Meal survey will indicate the satisfaction of the resident's meal, choices, and quality of service. 3) The Dietary Manager will assess the surveys monthly with resident food council to determine if they were happy with the surveyed choices and make changes as necessary.	# of surveys given to residents about meal and dining service satisfaction # of survey responses received # of surveys reviewed by Dietary Manager and Resident food council # of changes made as a result of survey feedback	Meal survey was developed February 20, 2025 and will go until May 20th, 2025. Surveys are sent twice a week to residents and started February 27th. Dietary Manager will begin review of survey results by end of Jun 5, 2025 at Resident food council meeting. Feedback areas for improvement will be discussed and acted on as decided by resident food council by July 4, 2025.	

Change Idea #2 Meal and Snack Routine review as standing monthly agenda item for Food council.

Methods	Process measures	Target for process measure	Comments
1) Dietary Manager will add current meal and snack routine on the standing agenda for food council to review. 2) Dietary Manager to state current practices and to seek input from residents if they wish to make any changes. (i.e. drink cart has juices vs no juices for meals) 3) Food council and Dietary manager will agree on changes.	# of discussions at food council regarding meal and snack routine monthly # of changes requested # of changes implemented	Dietary Manager has added meal and snack routine to stand agenda for food committee on March 6, 2025, and will be discussed at food council and action plan decided on. 3 changes identified will be fully in place by September 30, 2025.	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication from home leadership (Administrator, Executive Director, and Managers) is clear and timely.	C	% / LTC home residents	In-house survey / September 3 to October 11 2024	69.20	85.00	To meet Extendicare Standard of 85% satisfaction	

**Change Ideas**

Change Idea #1 Increasing leadership communication at council meetings.

Methods	Process measures	Target for process measure	Comments
1) Each leader to attend resident and family council meetings on a quarterly basis or as necessary when invited. 2) Leaders will provide information as it changes or needs to be provided. 3) Feedback will be obtained from council members and implemented as appropriate.	# of resident and family council meetings attended by leadership to share information # of changes communicated at resident and family council by leadership # of feedback/suggestions received from resident and family council # of feedback/suggestions implemented	Leadership will provide updates on changes at resident and family council quarterly starting as of June 30, 2025 Feedback will be tracked and at least 3 suggestions implemented as appropriate by September 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	16.27	15.00	Extendicare target	Achieva, Behavioural Supports Ontario

### Change Ideas

#### Change Idea #1 High focused quality meetings for Falls

Methods	Process measures	Target for process measure	Comments
Focused quality meeting to review high risk residents, intervention implemented, falling star review, pharmacist medication review. Fall lead to provide education and re-education to all front line staff based on information provided from the quality meetings.	# of education/in-services completed, # of new falls, # of referrals to physio, # of medication changes.	Focused quality meetings will begin May 2025. All falls to be reviewed on first meeting May 2025. All new falls addressed monthly June 2025. Annual review to be completed November 2025. there will be 100% completion of staff fall education by December 2025.	

## Change Idea #2 Re-implementation of Risk rounds

Methods	Process measures	Target for process measure	Comments
1. Reintroduce weekly risk rounds on day and evening shift to review high risk residents and 2. implement interventions as necessary 3. update plan of care based on changes in interventions	# of falls reviewed per month, # of risk rounds completed weekly on day and evening shift for high-risk residents # of plans of care updated with changes	Implementation of Risk rounds May 2025 occurring weekly on two shifts with 100% review of high-risk residents completed. Risk rounds to show 50% improvement in process by October 2025. Review Annual of fall prevention program will be 100% completed by November 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	18.60	17.30	Extendicare target	Medisystem, Behavioural supports

## Change Ideas

### Change Idea #1 To continue to use the Antipsychotic reduction programs which includes using the Antipsychotic Decision Support Tool (AP-DST)

Methods	Process measures	Target for process measure	Comments
1) At monthly quality meetings, focus specifically on Antipsychotic use. 2) Review new residents two weeks post admission and follow up on residents who remain on antipsychotics without diagnosis. 3) Have pharmacist review medications of residents on antipsychotics.	# of referrals to BSO team. # of pharmacy medication reviews. # of new interventions implemented. # of residents who have reduced or discontinued medications.	Focused quality meetings for antipsychotic reduction will begin May 2025. 100% of interventions to be reviewed and measured on a monthly basis beginning May 2025 for residents without a diagnosis. Annual review to be 100% completed by September 2025.	

### Change Idea #2 Re-implementation of Risk Rounds for review of antipsychotics

Methods	Process measures	Target for process measure	Comments
Weekly risk rounds initiated by the BSO Lead alternating between day shift and afternoon shift. This will assess resident's need for medication, discuss interventions, and reduce where possible. Track and document residents reviewed, and changes made.	# of residents taking antipsychotics. # of risk rounds completed. # of attendance at each risk round. # of residents who had antipsychotics deprescribed	Risk rounds to be 100% in place by May 2025 and alternating between day and afternoon shifts. Increased staff participation rate in risk rounds by 50% by October 2025. There will be a reduction in antipsychotics (dose or discontinued) by 10% as reviewed by September 2025.	