

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfaction of quality of cleanliness in resident rooms	C	% / Family	In-house survey / Annual 2024 Family Experience survey	22.20	85.00	Extendicare Corporate Target	

Change Ideas

Change Idea #1 Review roles and responsibilities of housekeeping

Methods	Process measures	Target for process measure	Comments
Implement department champion Complete review of job routines with staff to ensure aware of responsibilities. Implement housekeeping orientation checklist.	# of staff completing orientation. # of job routines reviewed. # of contractor led sessions.	Job routines will be reviewed by June 2025 Housekeeping orientation checklist will be in place by June 2025	

Change Idea #2 Education for staff on routines and expectations for cleaning

Methods	Process measures	Target for process measure	Comments
Reach out to vendor for education Set up education session for existing staff Education to be included in orientation of new staff on ongoing basis	# of education sessions # of orientation sessions # of staff who attended training	Vendor will be contacted to do education by June 2025 Education sessions will be completed by September 2025 Orientation of new staff will include cleaning practices starting April 2025	

Change Idea #3 Review preventative maintenance schedule and revise to include spring cleaning and auditing

Methods	Process measures	Target for process measure	Comments
Deep clean each resident room initially. Review preventative Maintenance schedule to complete spring cleans. Audit room cleaning ongoing to ensure standards are met.	# of resident rooms completed for initial deep clean. # of spring cleans added to preventative maintenance schedule # of audits completed. # of maintenance audits # of housekeeping audits # of work orders	Initial deep clean of 100% of resident rooms will be completed by June 2025 Preventative maintenance schedule will be reviewed by May 2025 Audits will commence on a monthly basis by July 2025	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident satisfaction with quality of food and beverage	C	% / LTC home residents	In-house survey / Annual 2024 Resident Experience survey	68.20	85.00	Extendicare Corporate Target	

Change Ideas

Change Idea #1 Provide more opportunity for sharing of feedback on food and beverages.

Methods	Process measures	Target for process measure	Comments
Have cook attend monthly food committee meeting with residents Have scheduled open forums to allow staff and residents the opportunity to engage and to express suggestions during CQI quarterly meetings. Implement changes based on feedback received.	# of staff suggestions # of resident's suggestions # of suggestions implemented # of CQI committee meetings held where there was an open forum # of Food Committee meetings attended	Cook to attend monthly food committee meeting beginning April 2025 Opportunity for open forum at CQI meeting will be added to agenda by May 2025 Process for review of suggestions received and implementation of those suggestions will be in place by June 2025	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfaction with opportunities for input into recreational programs	C	% / LTC home residents	In-house survey / Annual 2024 Resident Experience survey	66.70	85.00	Extendicare Corporate Target	

Change Ideas

Change Idea #1 Increase available opportunities for residents to share their feedback on programs within the home.

Methods	Process measures	Target for process measure	Comments
Hold a scheduled meeting with residents to gain input on a monthly basis. Add section in Newsletter to request resident input. Implement resident choice program on calendar based on feedback. Utilize a Digital screen to communicate and increase visibility of information. Run Activity Pro reports after each program to evaluate the engagement and the responses to actual program.	# of meetings held to gather feedback # of newsletters # of suggestions received # of digital communications # of activity pro reports # of engaged residents # care conferences where program input received	Meetings to discuss program feedback and suggestions will be in place by June 2025 Section will be added to newsletter to request resident input by June 2025 Resident choice program on calendar will begin by July 2025 Digital screen will be used to communicate information by August 2025	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents in daily physical restraints over the last 7 days	C	% / LTC home residents	Other / Oct-Dec 2024	1.64	1.50	To continue to improve and exceed Extendicare Corporate Target 2%	Achieva

Change Ideas

Change Idea #1 Education of families and residents on restraint policies

Methods	Process measures	Target for process measure	Comments
Upon move in, education to be provided to all families regarding restraint policies. Brochure to be provided during move in.	Number of families provided with education. Number of residents provided with education.	100% of residents and families will be provided with education by November 2025.	Alternative measures are utilized before restraints considered.

Measure - Dimension: Safe

Indicator #5	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	24.19	15.00	Extendicare corporate Target	

Change Ideas

Change Idea #1 -Implement /Reassess Falling Star program and reeducate staff on program - educate staff on 4P's process

Methods	Process measures	Target for process measure	Comments
Provide education to staff on falling star and 4P's programs. Utilize recreation to assist with monitoring 4P's. Audit post education to ensure programs are implemented and effective	1) # of staff educated on the 4P's process and falling star 2) # of program staff utilized to assist 3) # of audits completed post education	1) 100% of front-line staff will be educated on 4P process by April 15, 2025 2) audits will be completed post education to ensure program is implemented and effective by May 30, 2025	

Change Idea #2 - Inform resident council and families what 4P process is.

Methods	Process measures	Target for process measure	Comments
Provide education at resident council meeting -Include in homes newsletter and email updates sent out to residents and families - Display informative education regarding falls prevention on resident communication board	Number of Resident council and families informed of process Number of emails and newsletters sent out to residents and families. Number of displays on communication board about fall and 4P process	Resident council and families will be informed about 4P process by May 2025. Display will be on communication board by May 2025.	Falls prevention continues to be a high priority.

Measure - Dimension: Safe

Indicator #6	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	15.64	15.00	To continue to improve and exceed Extendicare corporate Target is 17.3%	Medisystem, Behavioural Supports

Change Ideas

Change Idea #1 GPA education for training for responsive behaviours related to dementia.

Methods	Process measures	Target for process measure	Comments
1) Engage with PRC from BSO to roll out home-level education 2) Register participants for education sessions.	1) # of GPA sessions provided 2) # of staff participating in education 3) Feedback from participants in the usefulness of action items developed to support resident care.	1.) GPA sessions will be provided for 100% of nursing staff by May 30, 2025 2.) Feedback from participants in the session will be reviewed and actioned on by June 15, 2025	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	C	% / LTC home residents	POC/PCC Audits / Q4 2024	1.67	1.50	To continue to improve and exceed Extendicare benchmark target 2.0%	Solventum/3M, Wounds Canada

Change Ideas

Change Idea #1 Interdisciplinary huddles to discuss and review any resident with new or worsening pressure injuries.

Methods	Process measures	Target for process measure	Comments
Determine staff who should be included in huddles Implement interdisciplinary huddles to review residents with new or worsening pressure injuries once a week.	# of different disciplines attending huddles # of huddles held weekly	Interdisciplinary huddles will be fully implemented by May 2025.	

Change Idea #2 Education for all nursing staff of PURS and policies regarding pressure ulcers

Methods	Process measures	Target for process measure	Comments
Organized education sessions for nursing staff on PURS and wound care policies Track attendees Audit post education sessions to ensure compliance with program	# of education sessions held % of nursing staff who completed the education # of audits completed post education	100% of nursing staff will have completed education on PURS and policies regarding pressure ulcers by June 2025 Audits will commence July 2025	