

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with quality of care from my doctors	C	% / LTC home residents	In-house survey / 2024	58.80	80.00	To meet Extendicare benchmark	

Change Ideas

Change Idea #1 Communicate role of Medical Director and Physicians and give opportunity for feedback

Methods	Process measures	Target for process measure	Comments
1) Medical Director to meet at minimum annually with Family and Resident councils 2) Feedback on services and areas for improvement will be discussed 3) update at CQI meeting on action plan	1) # of meetings with Councils where Medical Director attended 2) # of suggestions provided by councils 3) # of CQI meetings where action items were discussed with Medical Director	1) Medical Director will attend Family Council by September 30, 2024 2) Medical Director will attend Resident Council by September 30, 2024	

Change Idea #2 Develop information brochure regarding physician care in the Home.

Methods	Process measures	Target for process measure	Comments
1) Develop a information brochure with physician input 2) Bring to Resident and Family Council for feedback 3) Provide to existing family and residents 4) Provide information in admission package.	100% of Residents/POA will receive information brochure by April 1, 2025.	Increase satisfaction with quality in physician care by 15% by November 2025.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To have input into the recreation program available	C	% / LTC home residents	In-house survey / 2024	43.30	80.00	To meet Extendicare benchmark of 80%	

Change Ideas

Change Idea #1 Implement monthly program audits during resident council meetings to inform and engage residents in program decision making and input

Methods	Process measures	Target for process measure	Comments
1) Add program audits to monthly resident council meeting 2) Document on meeting minute template 3. Share and post minutes in common area	1) 3 programs evaluated each month 2) # of change ideas provided in meeting that were implemented	100% of programs will be evaluated by December 31, 2025	

Change Idea #2 Implement information booklet specific to recreation programs.

Methods	Process measures	Target for process measure	Comments
Develop descriptive booklet of recreation programs available at the Home	1. Work on a description booklet 2. Get resident input on description 3. Provide to each resident with a copy 4. Add to the new resident welcome package	100% of resident will receive the description booklet by July 1, 2025	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfaction with care from personal support workers	C	% / LTC home residents	In-house survey / 2024	58.00	80.00	Extendicare benchmark	

Change Ideas**Change Idea #1** Person centered care education

Methods	Process measures	Target for process measure	Comments
1) Educate staff on person centered care topics of care. 2) Provide person centered care information reminders to staff	# of sessions with a focus on person centered care topics # of staff educated on person centered care products	Staff Education session will be completed by September 30, 2025. 100% of staff will have person centered education	

Change Idea #2 GPA education for training for responsive behaviours related to dementia.

Methods	Process measures	Target for process measure	Comments
1) Engage with Certified GPA Coaches to roll-out home-level education (note: GPA Bathing module now available), 2) Contact PRC for support as needed. 3) Register participants for education sessions.	1) Provide 1 of GPA session per year 2) 16 staff to participate in 3) Feedback from participants in the usefulness of action items developed to support resident care.	1) GPA sessions will be provided for 16 staff by October 31, 2025 2) Feedback from participants in the session will be reviewed and actioned on by December 31, 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	9.41	9.00	We are currently performing better than corporate average of 13%, and provincial average 15.4 % but strive to continue to reduce falls.	

Change Ideas

Change Idea #1 Implement 4 P's rounding

Methods	Process measures	Target for process measure	Comments
1) educate staff on 4P's process 2) Provide 4P's cards to staff as reminder 3) Inform resident council and family council what 4P process is.	1) # of staff educated on the 4P's process 2) # of 4P cards provided 3) Resident council and family council informed of process	1) 90% of front line staff will be educated on 4P process by September 30, 2025 2) 4P cards will be distributed to staff by October 31, 2025 3) Resident council and Family council will be informed of process by September 30, 2025	

Change Idea #2 Increase awareness of fall hazards in residents environment

Methods	Process measures	Target for process measure	Comments
1) Have a hazard room set up as training for staff as visual education on fall risks 2) have specified times for staff to participate 3) track education	1) # of staff participating in hazard room for fall risks	1) Hazard room for fall risks will be in place with 80 staff% participation by October 31, 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	16.67	15.00	We are performing better than the Corporate Target of 17.3 % and provincial target is 20.4, but strive to continually reduce the use of antipsychotic Medications.	

Change Ideas

Change Idea #1 Family education resources provided for appropriate use of Antipsychotics

Methods	Process measures	Target for process measure	Comments
1 Provide 'Centre for Effective Practice (CEP)' resource for appropriate use of anti-psychotics when families have questions about appropriate antipsychotic prescribing 2) Make resource available at nurses station if family who have questions and present at family forum meeting.	1) # of CEP resources provided to families monthly 2) # of antipsychotics d/c as a result of increased family awareness.	1) CEP resources will be printed and available at nurses station by April 30, 2025.	

Change Idea #2 Education for Registered Staff on antipsychotics

Methods	Process measures	Target for process measure	Comments
Nurse Practitioner or Pharmacy consultant to provide education session for registered staff on antipsychotic medications including usage, side effects, alternatives etc..	# of registered staff who attended training session on antipsychotic medications.	80% of registered staff will have attended training on antipsychotic medications by July 1, 2025	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents who had a pressure ulcer recently got worse	C	% / LTC home residents	Other / October to December 2024.	7.32	2.00	To achieve our corporate target of 2%.	Solventum/3M, Wounds Canada

Change Ideas

Change Idea #1 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 3) Use harmony room as a demonstration room for training 3) Review trends during the Skin and Wound committee meetings for trends	# 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 April 31, 2025. 2) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by May 30, 2025	

Change Idea #2 Audit surfaces and seating for appropriateness for residents at risk of developing pressure injuries.

Methods	Process measures	Target for process measure	Comments
1) Wound Care Lead to provide updated list to PSW of residents with pressure injuries 2) Review surfaces and seating during Skin and Wound committee meetings for any follow up 3) ADOC to audit this process and part of the evaluation process of the skin and wound care annual program	1) Weekly the wound care lead will provide a list to PSW and review at shift exchange. 2) # of surfaces to be reviewed by May 31, 2025. 3) # of surfaces identified to be corrected 4) ADOC to report results of annual program evaluation and get recommendations from skin and wound committee.	1) 100% of PSW will be aware of residents at risk for worsening pressure injuries 2) 100% of surfaces will be audited for appropriateness by May 31, 2025. 3) 100% of Residents will have appropriate surfaces related to their risk of developing pressure injuries. 4) 100% of recommendations will be implemented by September 30, 2025.	