

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	51.60	65.00	Meet or exceed LTC Division average.	

Change Ideas

Change Idea #1 Improve visibility of physicians in home with residents and families.

Methods	Process measures	Target for process measure	Comments
1) Order Extendicare name tags for physician 2) Utilize a communication board for families /residents so they are aware of when physician is going to be onsite.	1) # of name tags ordered 2) % of communication boards with physician visits included	1) Name tags will be ordered for all physicians in home by April 2025. 2) Process for utilizing communication board for posting of visit schedules will be 100% implemented by May 2025.	

Change Idea #2 Communicate role of Medical Director and Nurse Practitioners 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 2025 2) Medical Director will attend Resident Council by June 2025 3) Action items and plan will be discussed at CQI committee with Medical Director by 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 food and beverages served to me.	C	% / LTC home residents	In-house survey / 2024	65.80	73.00	Meet or exceed LTC Division Average.	

Change Ideas

Change Idea #1 Ensure dedicated time (standing agenda item) during Resident Council meeting to discuss food complaints and recommendations.

Methods	Process measures	Target for process measure	Comments
1) Set allotted time on the agenda OR have separate sub-committee for Food Council / feedback on food. 2) Agreed upon actions that will be taken and specify timeline. 3) Follow-up on improvement and reassess action if needed.	1) Food Committee will be provided allotted specified time during every Resident's Council meeting. 2) Feedback, recommendations and corresponding actions will be documented and monitored ongoing.	1) Food committed meetings will be held 12 times per year (unless Home is in outbreak) beginning April 2025. 2) Recommendations will be documented and actioned on within 10 days and feedback on those actions obtained within 30 days post implementation beginning April 2025.	

Change Idea #2 Hold food tastings prior to each Menu launch to obtain feedback on types of food to be incorporated into next menu cycle. Could potentially be in collaboration with Recreation Department.

Methods	Process measures	Target for process measure	Comments
1) Schedule food tastings and determine products to be tested. 2) Advertise food tasting event and have sign up sheet for Residents. 3) Plan for event, ensure that home adheres to Residents nutritional plan of care when providing samples to Residents. 4) Order food items required for event.	1) # of food tasting sessions held annually 2) # of items accepted by Residents (and included on the menu) and # of items rejected by Residents 3) Improvement of overall Resident satisfaction score.	1) 3 Food tasting sessions will occur each year by October 2025. 2) 75% of new menu choices will be included as a result of tasting held by the start of the next menu by October 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 options.	C	% / LTC home residents	In-house survey / 2024	63.20	73.00	Meet or exceed LTC Division Average.	

Change Ideas

Change Idea #1 Incorporate an "Always Available menu" offering a standard set of alternatives when scheduled meal options do not appeal to the Resident.

Methods	Process measures	Target for process measure	Comments
1) Develop a list of food items (with input from Residents) that will be available at all meals and snacks that can be provided at point of service. 2) Adjust the items available regularly based on Resident feedback. 3) Increase in overall satisfaction related to this question.	1) Implementation of an "Always Available" menu 2) Schedule will be developed to review feedback and determine changes to implement 3) Increase in overall satisfaction related to this question	1) Home will have two alternate items available at each meal. 2) Alternate items available will be reassessed 3 times per year.	

Change Idea #2 Increase special food programs through Recreation Team.

Methods	Process measures	Target for process measure	Comments
1. Review previous year calendar to determine # of events with food 2. Brainstorm change ideas including monthly breakfast clubs, friendship luncheons, food trucks, outings, BBQ's, around the world programs, etc. that can incorporate variety 3. Review in Program Planning Meetings, gathering feedback on resident interests 4. Host programs monthly.	1. # of food related programming being offered. 2. Attendance in said programs 3. Resident feedback in RC or Program Planning Meetings.	1. Incorporate at least 2 food related programs each month on programs calendar starting June 2025. 2. Implement breakfast programs 2/month for 25% of residents throughout 2025 beginning June 2025. 3. Facilitate at least 1 friendship luncheon monthly for 2025 beginning July 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	21.00	15.00	Corporate Target	Achieva, Behavioural Supports

Change Ideas

Change Idea #1 Review Activity programming during times when most falls occur.

Methods	Process measures	Target for process measure	Comments
1) Review times when most falls are occurring. 2) Review Program preferences for residents who are at risk of falls. 3) Implement program at time of day when falls are occurring. 4) Monitor results	1) # of residents reviewed who are high risk for falls. 2) % of program review completed. 3) # of new programs implemented during peak times for falls. 4) # of high risk residents who did not fall during month when activity was occurring.	1) Review of falls and times when occurring will be completed by April 1, 2025. 2) Review of high risk residents program preferences will be completed by April 15, 2025. 3) Group and individual programs will be implemented during high risk times by May 1, 2025.	

Change Idea #2 Ensure each resident at risk for falls has a individualized plan of care for fall prevention.

Methods	Process measures	Target for process measure	Comments
1) Determine residents at risk for falls. 2) Review plan of care for each resident at risk. 3) Discuss strategies with fall team and staff. 4) Update plan of care. 5) Communicate changes in plan of care with care staff.	1) # of residents at risk for falls. 2) # of plans of care reviewed. 3) # of new strategies determined. 4) # of plans of care updated. 5) # of sessions held to communicate changes with staff.	1) Residents at risk for falls will be identified by April 15, 2025. 2) Care plans for high-risk residents will be reviewed and updated by April 30, 2025. 3) Changes in plans of care will be communicated to staff by April 30, 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	31.36	17.30	Corporate Target	Medisystem, GPA

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 Certified GPA Coaches to roll-out home-level education. 2). Contact Regional Manager, LTC Consultant or Manager of Behaviour Services & Dementia Care for support as needed. 3). Register participants for education sessions.	1). # of GPA sessions provided. 2). # of staff participating in education. 3). # of referrals to Regional Managers, LTC Consultants or Manager of Behaviour Services & Dementia Care. 4.) Feedback from participants in the usefulness of action items developed to support resident care.	1.) GPA sessions will be provided for 75% of staff by December 2025. 2.) Feedback from participants in the session will be reviewed and actioned on by December 2025.	

Change Idea #2 Collaborate with the physician to ensure all residents using anti-psychotic medications have a medical diagnosis and rationale identified.

Methods	Process measures	Target for process measure	Comments
1) Complete medication review for residents prescribed antipsychotic medications. 2) Review diagnosis and rationale for antipsychotic medication. 3) Consider alternatives as appropriate.	1) # of medication reviews completed monthly. 2) # of diagnosis that were appropriate for antipsychotic medication use. 3) # of alternatives implemented.	1) 75% of all residents will have medication and diagnosis review completed to validate usage by December 2025. 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by December 2025.	

Measure - Dimension: Safe

Indicator #6	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	Other / October to December 2024	1.90	1.70	To continue to improve results and remain better than Corporate Target 2%	

Change Ideas

Change Idea #1 Review team membership to ensure interdisciplinary. and that team ensures that all wounds and skin issues in previous month are reviewed during their meetings.

Methods	Process measures	Target for process measure	Comments
1) Review current membership of Skin and Wound team 2) Recruit new members and ensure each discipline is represented 3) Standardized agenda and follow up by team on skin issues in home.	1) # of reviews completed on current membership. 2) # of new members recruited by discipline. 3) Standardized agenda developed which includes review of # pressure ulcers by stage on each unit on a monthly basis.	1) Membership review of skin and wound committee will be completed by April 30, 2025. 2) Recruitment of new members will be completed by June 30 2025. 3) Standardized agenda will be developed and in place by May 30, 2025.	

Change Idea #2 Focus on continence to keep skin clean and dry- toileting, appropriate brief selection.

Methods	Process measures	Target for process measure	Comments
1) The skin and wound lead and continence lead to look at the number of residents on a toileting routine and compare with wound list already generated from PCC. 2) Wound Care lead will work with the continence lead internally to ensure that the correct incontinence product is being used for each resident. 3) Provide education sessions as required for brief selection. 4) Review restorative goals if on restorative toileting program. 5) DOC to audit this process and part of the evaluation process of the program.	# of residents with skin issues # of residents with a toileting plan in place # of brief audit checks completed # of education sessions provided # of residents on restorative toileting program	1) The leads for Skin/Wound and Continence will 100% complete their resident review by May 2025. 2) Review of correct sizing and type of incontinence products will be 100% completed by May 2025. 3) Education sessions for product selection will be 100% completed by May 2025. 4) Annual review of continence program will be 100% completed by April 2025.	