

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Bladder Care products keep the resident dry and comfortable.	C	% / LTC home residents	In-house survey / 2024	38.70	50.00	To continue to improve from previous years performance as we strive to be closer to corporate target 80%.	Prevail

Change Ideas**Change Idea #1** Invite Product vendor to Resident council and Family forum meeting to discuss products

Methods	Process measures	Target for process measure	Comments
1) Product vendor for Continence to be invited to Resident council and Family forum meeting to discuss products. 2) Feedback provided by committees will be actioned and discussed at CQI committee 3) Follow up with councils on results of action items.	1) # of times product vendor attended Resident council and Family forum meeting 2) # of action items as a result of feedback received. 3) # of actions completed monthly 4) # of meetings with councils/forums where progress on action items reviewed	1) Product vendor will attend resident council and family forum by July 30, 2025 2) Action plan will be in place for feedback items by August 30, 2025 3) Follow up on action plan will be communicated to resident council and family forum by September 30, 2025	

Change Idea #2 Review sizing and selection of products for residents

Methods	Process measures	Target for process measure	Comments
1) Complete audit of residents using incontinent products for correct sizing and selection of product. 2) Product Vendor to assist with audit and on the spot education of staff for proper placement on all shifts	1) # of residents using incontinence products per shift 2) # of audits completed by shift 3) # of on-the-spot education sessions completed by shift	1) 100% of residents who use incontinent products will be audited for correct sizing and selection of product by July 31, 2025 2) Product vendor will be contacted to assist with audit and on the spot education provided by April 30, 2025.	

Measure - Dimension: Patient-centred

Indicator #4	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 / 2024	56.80	62.50	To continue to improve from previous years performance as we strive to be closer to corporate target 80%.	

Change Ideas**Change Idea #1** Implement monthly Program Planning Meetings to inform and engage residents in program decision making

Methods	Process measures	Target for process measure	Comments
1) Add Program Planning Meetings on the calendar, every other month for each applicable unit 2) Document on meeting minute template 3) Share and post minutes in common area	1) # of meetings throughout the year 2) # of change ideas provided in meeting that were implemented 3) # of residents participating on each applicable home area	1) Program will be introduced and implemented as by April 30, 2025. 2) Residents will meet every other month on applicable home area providing feedback on programs and selecting upcoming events	

Change Idea #2 Use real-time feedback tools such as evaluations of programs, seeking resident feedback on enjoyment and satisfaction of program in real time

Methods	Process measures	Target for process measure	Comments
1) Select 4 programs per month to audit. 2) Use evaluation templates or ActivityPro to complete 3) Review and action after each evaluation	1) # of audits completed throughout the year 2) Rate of satisfaction of program 3) # of change actions	1) 8 audits will be completed monthly directly after programs to evaluate level of enjoyment/satisfaction 2) There will be a 10 % improvement with satisfaction of program by December 31, 2025	

Measure - Dimension: Patient-centred

Indicator #5	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	% / Clients	In-house survey / 2024	50.00	65.00	To continue to improve from previous years performance as we strive to be closer to corporate target 80%.	

Change Ideas**Change Idea #1** Review process for labelling clothing

Methods	Process measures	Target for process measure	Comments
1)Review process for labelling with staff 2) Attend Family forum and Resident councils to discuss labelling process 3) Put communication about labelling process in monthly newsletter to families and residents	1) # of staff attending session about process for labelling 2) # of resident council and family forum meetings attended by Environmental Services Manager 3) # of newsletters where labelling process was communicated	1) Staff session about labelling process will be held by April 30, 2025, and ongoing 2) Support Services manager will attend resident council and family forum meeting by April 30, 2025 3) Communication will be sent out about labelling process in newsletter by April 30, 2025	

Change Idea #2 Hold a lost and found day 2x/year

Methods	Process measures	Target for process measure	Comments
1) Advertise a lost and found day 2) Arrange items in a specified location for residents/families to come and look for missing items 3) Obtain feedback from resident councils and family forums on lost and found days	1) # of lost and found days advertised per year 2) % of missing items returned to resident/family member 3) # of resident council and family forum meetings where lost and found days discussed and feedback obtained 4) # of improvements made based on feedback	1) By December 31st, 2 lost and found days will have occurred 2) 25% of missing items will have been returned to residents and families by September 30, 2025 3) Feedback from resident councils and family forums will be obtained on the lost and found days by October 30, 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 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 1 to December 31, 2024	3.90	2.00	Extendicare Benchmark	Solventum/3M, Wounds Canada

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 meeting

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 April 30,2025 3) Standardized agenda will be developed and in place by April 30, 2025	

Change Idea #2 Implement per unit tracking for all pressure ulcers to measure status and trends of pressure ulcers in the home.

Methods	Process measures	Target for process measure	Comments
1) Provide education for staff on tracking tool on each unit. 2) Implement tracking tool on each unit and shift 3) Wound care lead to collect tools and do analysis for trends	1) # of education sessions held for Registered staff on tracking tools 2) # of tracking tools completed monthly 3) # of tracking tools that were reviewed on a monthly basis for trends	1) 100% of Registered staff will have attended education sessions on tracking tool by July 30, 2025 2) Tracking tools will be correctly completed on a monthly basis by August 30, 2025 3) Process for review, analysis and follow up of trends from tools will be 100% in place by August 30, 2025	

Measure - Dimension: Effective

Indicator #2	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	In-house survey / October 1 to December 31, 2024	0.00	0.00	Maintain 0 restraints and continue to perform better than Extendicare Benchmark 2%	Achieva

Change Ideas

Change Idea #1 Trial alternatives to each restraint in use (change in environments, sensory rooms)

Methods	Process measures	Target for process measure	Comments
1). Discuss alternatives and options with interdisciplinary team and frontline care staff. 2). Review alternatives trialed during each monthly restraint use review.	1.) # of Alternatives trialed per month 2.) # of reviews completed	1.) 100% of the restraints in the home have had alternatives trialed and documented by December 31, 2025	

Measure - Dimension: Safe

Indicator #6	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	15.61	15.00	Extendicare Benchmark	Achieva

Change Ideas**Change Idea #1 Implement 4 P's (Pain, Position, Personal Possessions, Potty) 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) 100% of front-line staff will be educated on 4P process by June 30, 2025, and ongoing for new hires. 2) 4P cards will be distributed to staff by June 30, 2025, and ongoing for new hires. 3) Resident council and Family council will be informed of process by July 30, 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 30, 2025 and ongoing 2) Care plans for high risk residents will be reviewed and updated by April 30, 2025, and ongoing. 3) Changes in plans of care will be communicated to staff by April 30, 2025, and ongoing.	

Measure - Dimension: Safe

Indicator #7	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	25.81	17.30	Extendicare Benchmark	Medisystem, Behavioural Supports, GPA

Change Ideas

Change Idea #1 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 July 30, 2025, and ongoing. 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by July 30, 2025, and ongoing.	

Change Idea #2 Enhance collaboration with Behavioral Supports Ontario (BSO) Lead and interdisciplinary team.

Methods	Process measures	Target for process measure	Comments
1. Recruit and Retain BSO Lead 2. Invite BSO lead to PAC meeting, or other interdisciplinary meetings for increased visibility 3. Remind staff to refer to BSO for supports	1. Aim to fill BSO position by April 30, 2025. 2. # of interdisciplinary meetings BSO invited to attend. 3. # of monthly referrals to BSO	1.) BSO will have increased collaboration and visibility in home by July 30, 2025	