

Experience

Measure - Dimension: Patient-centred

| Indicator #1 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|------------------------|------------------------|---------------------|--------|--------------------------------------|------------------------|
| Resident:I am satisfied with the variety of food and beverage options. | C | % / LTC home residents | In-house survey / 2024 | 74.50 | 85.00 | To achieve Extendicare target of 85% | |

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 enter # alternate items available at each meal 2) Alternate items available will be reassessed enter # times per year | |

Measure - Dimension: Patient-centred

| Indicator #2 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|------------------------|---------------------|--------|-----------------------------------|------------------------|
| Resident: I am satisfied with the variety of food and beverage served to me | C | % / LTC home residents | In-house survey / 2024 | 78.40 | 85.00 | To achieve Extendicare target 85% | |

Change Ideas

Change Idea #1 Increase Cook and/or Nutrition/ Manager presence within the dining room during mealtime to obtain real-time feedback.

| Methods | Process measures | Target for process measure | Comments |
|--|---|--|----------|
| 1) Plan schedule for when cook and/or Dietary/Nutrition Manager will be present in Dining room for meals (ensure that all meals are covered in schedule). 2) Determine specific questions that will be asked to gather feedback. Ask additional questions as needed and confirm understanding with Resident. 3) Where appropriate make required changes. 4) Follow-up with the Resident | 1) Improvement in overall Resident satisfaction scores for this question. 2) Increase in positive responses to questions asked within the dining room. 3) # of concerns that were rectified | 1) Cook/Manager will attend meal service enter 10 times per week to obtain feedback beginning March 30, 2025 | |

Measure - Dimension: Patient-centred

| Indicator #3 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|------------------------|---------------------|--------|-----------------------------------|------------------------|
| Resident: I am satisfied with the quality of care from physiotherapist. | C | % / LTC home residents | In-house survey / 2024 | 82.80 | 85.00 | To achieve Extendicare target 85% | |

Change Ideas**Change Idea #1** Improve visibility of Physiotherapist in home with residents

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|----------|
| 1) PT to meet at minimum annually with Resident councils 2) Feedback on services and areas for improvement will be discussed 3) update at CQI meeting on action plan | 1) Review and feedback from Resident Council | 1) PT will attend Resident Council by April 30, 2025 2) Action items and plan will be discussed at CQI committee with PT by June 30, 2025 | |

Measure - Dimension: Patient-centred

| Indicator #4 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|-------------------|------------------------|---------------------|--------|--|------------------------|
| Family: I am satisfied with the quality of cleaning within the resident’s room. | C | % / Family | In-house survey / 2024 | 86.20 | 90.00 | Continue to improve to exceed Extendicare target 85% | |

Change Ideas

Change Idea #1 Review deep clean schedules for resident rooms

| Methods | Process measures | Target for process measure | Comments |
|---|--|--|----------|
| 1) Environment Service manager to review deep clean schedules to ensure all resident rooms are included 2) Track resident rooms completed 3) Spot check audits of resident rooms to ensure deep cleaning completed. | 1) # of times deep clean schedule reviewed 2) # of resident rooms who have had deep cleaning completed 3) # of audits completed of resident rooms to ensure deep cleaned. 4) # of deficiencies | 1) Environment Services manager will review deep clean schedule by March 30,2025 2) 50% of resident rooms will have been deep cleaned by June 30,2025, with 100% being completed by December 30,2025 3)There will be a 100% improvement in completion of deep clean audits by December 30,2025 | |

Measure - Dimension: Patient-centred

| Indicator #5 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|-------------------|------------------------|---------------------|--------|--|------------------------|
| Family: I am satisfied with the variety of food and beverage options for residents. | C | % / Family | In-house survey / 2024 | 85.90 | 88.00 | Continue to perform better than Extendicare target 85% | |

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 alternate items available at each meal 2) Alternate items available will be reassessed 4 times per year | |

Measure - Dimension: Patient-centred

| Indicator #6 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|-------------------|------------------------|---------------------|--------|---|------------------------|
| Family: I am satisfied with the quality of care from physiotherapists. | C | % / Family | In-house survey / 2024 | 86.40 | 88.00 | Continue to improve to perform better than Extendicare target 85% | |

Change Ideas

Change Idea #1 Improve visibility of Physiotherapist in home with families

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|----------|
| 1) PT to meet at minimum annually with Family councils 2) Feedback on services and areas for improvement will be discussed 3) update at CQI meeting on action plan | 1) Review and feedback from Family Council | 1) PT will attend Family Council by May 30,2025 2) Action items and plan will be discussed at CQI committee with PT by June 30,2025 | |

Safety

Measure - Dimension: Safe

| Indicator #7 | 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 | 14.42 | 13.00 | Continue to strive for excellence and perform better than Extendicare target of 15% | Achieva, Behavioural Supports |

Change Ideas

Change Idea #1 Ensure each resident at risk for falls has an 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 2) Care plans for high-risk residents will be reviewed and updated by April 30, 2025 3) Changes in care plans will be communicated to staff ongoing. | |

Change Idea #2 Re implement Post fall huddles

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|----------|
| 1) Review policy on post fall huddles with staff 2) Falls lead in home to attend and /or review post fall huddles documentation and provide further education as needed | 1) of staff who reviewed policy for post fall huddles 2) # of post fall huddles that were completed as per policy on a monthly basis | 1) Staff education on post fall huddles will be completed with 75 % participation by April 30,2025 2) By July 30,2025, 100% of post fall huddle documentation will be completed as per policy | |

Measure - Dimension: Safe

| Indicator #8 | 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 | 17.79 | 17.30 | Extendicare target | Medisystem, Behavioural Supports |

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 April 30, 2025 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by July 30, 2025 | |

Change Idea #2 GPA 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% staff by July 30, 2025. 2) Feedback from participants in the session will be reviewed and actioned on by September 30, 2025. | |

Measure - Dimension: Safe

| Indicator #9 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|--|---------------------|--------|----------------------|-----------------------------|
| Percentage of residents who had a pressure ulcer that recently got worsened | C | % / LTC home residents | In house data, interRAI survey / October - December 2024 | 2.08 | 2.00 | Extendicare target | 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 offload pressure 2) Night staff to audit those residents that require turning and repositioning 3) Review this during the Skin and Wound committee meetings for trends | 1) # 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 January 30, 2025. 2) Check in with staff and will be correctly completed on a monthly basis by March 30, 2025 3) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by March 30, 2025 | |

Change Idea #2 Mandatory education for all Registered staff on correct staging of Pressure ulcers

| Methods | Process measures | Target for process measure | Comments |
|---|--|--|----------|
| 1) Communicate to Registered staff requirement to complete education. 2) Registered staff to complete online modules on wound staging by end of third quarter of year. 3) DOC/designate to monitor completion rates | 1) # of communications to Registered staff mandatory requirement to complete education. 2) # of Registered staff who have completed online modules on wound staging on a monthly basis. 3) # of audits of completion rates completed by DOC/designate and follow up as required. | 1) Communication on mandatory requirement will be completed by April 30, 2025 2) 100% of Registered staff will have completed education on correct wound staging by July 30, 2025 3) Audits of completion rates will be completed monthly with required follow up will occur by 1st week of each month and process is to be in place by September 30, 2025 | |