

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the schedule of religious and spiritual care programs.	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	58.10	72.10	Continued improvement as we strive to move closer to Extendicare target 85%	

### Change Ideas

#### Change Idea #1 Hire a Spiritual Care Provider as a member of the interdisciplinary team

Methods	Process measures	Target for process measure	Comments
1) Review # of residents in home and needs 2) Determine hours and develop weekly routine	1) # of referrals 2) # of spiritual care assessments 3) # of programs run by provider (increase)	1) Offer spiritual care programs [1/week] from SCP 2) Increase satisfaction by [10 %] in 2025	

#### Change Idea #2 Integrate other approaches such as holistic, nature based, and reflective practices

Methods	Process measures	Target for process measure	Comments
1) Educate family and residents on spiritual care and delivery 2) Facilitate various programs to support spiritual connection and growth	1) # of education session offered 2) # of new programs implemented 3) Increased number of Spiritual Program Plans in ActivityPro 4) # of Spiritual Care Programs/Month	1) Provide education on Spiritual Care to family and residents by May 31, 2025 2) Provide spiritual care programs in Program Planning Meetings to seek interest in Q1 3) Implement 2 of programs in calendars for Q2-4	

## Change Idea #3 Create inclusive and respectful offerings with structured programs run by Program team members

Methods	Process measures	Target for process measure	Comments
1) Review existing offerings and resident faith/cultures 2) Use CLRI EDI Calendar 3) Include programs such as interfaith discussions, Christian prayer circles, mediation for Buddhists, etc. that meet said needs 4) Implement regular and structured practices such as group prayer, rosary, hymn sings, etc. to meet said needs	1) # of religions and cultures represented in home 2) % of programs that support all 3) # of new programs implemented to target gaps	1) Review and assess spiritual care needs of residents by April 30, 2025 2) Identify 2 of programs to increase spiritual care offerings	

## Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of family who answered positively the question "I am satisfied with the quality of cleaning within the resident's room."	C	% / Family	In-house survey / Sept 2024- Oct 2025	51.70	73.30	Continued improvement as we strive to move closer to Extendicare target of 85%	

## Change Ideas

## Change Idea #1 Training for staff on proper use of microfiber cleaning systems

Methods	Process measures	Target for process measure	Comments
1) Education sessions held for housekeeping staff on use of microfiber cleaning systems. 2) keep track of those who attended 3) Audit post education to see if improvement monthly	1) # of education sessions held for housekeeping on use of microfiber cleaning systems 2) # of housekeeping staff that attended the education 3) # of follow up audits completed per month	1) Education session for housekeeping staff will be held by April 3, 2025 2) 100% of housekeeping staff will have completed education by April 30% 3) There will be a 50% improvement in follow up audits for cleaning.	

## Change Idea #2 2) Review deep clean schedules for resident rooms

Methods	Process measures	Target for process measure	Comments
1) Support 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 noted based on audit results.	1) Support Services manager will review deep clean schedule by April 30, 2025 2) [ 50 % ] of resident rooms will have been deep cleaned by July 31, 2025 , with 100% being completed by December 31, 2025 3) There will be a 50% improvement in completion of deep clean audits by September 30, 2025.	

## Change Idea #3 3 Review of high touch areas and cleaning schedule

Methods	Process measures	Target for process measure	Comments
1) Support services manager to review high touch and dusting schedule and update as needed . 2) Track resident rooms as per schedule to ensure all residents have areas cleaned. 3) Follow up audits to be completed to ensure completion.	1) # of times support services manager reviewed cleaning schedule 2) # of resident rooms who had high touch areas and dusting completed 3) # of follow up audits completed and # of identified deficiencies.	1) Support services manager will review and update high touch cleaning and dusting schedule by April 30, 2025 2) 50 % of resident rooms will be completed as per schedule by July 31, 2025 3) There will be a 50 % improvement in completion of high touch areas and dusting audits by July 31, 2025	

## Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the schedule of recreation programs.	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	75.00	76.20	continued improvement as we strive to move toward Extendicare target 85%	

## Change Ideas

Change Idea #1 1) Increase staffing in the evening.

Methods	Process measures	Target for process measure	Comments
1) Review existing schedules 2) Identify gaps in days, evenings, and weekend programming 3) Develop scheduled that compliment and address noted gaps	1) Increased # of programs/week/month/quarter/year 2) Increased # of staff	1) Post and hire qualified staff by May 31, 2025 2) Increase number of programs by [10 %] within 6 months.	

Change Idea #2 Add time and day feedback to Monthly Program Planning Meetings to ensure feedback is being collected r/t TOD & DOW in addition to interests

Methods	Process measures	Target for process measure	Comments
1.) Add Program Planning Meetings on the calendar, 1x/month for each unit 2) Document findings 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 home area	1) Program will be introduced and implemented as of June 30, 2025 2) Residents will meet monthly on each unit, providing feedback on program schedule during resident council meetings starting June 2025. 3) By December 2025 we will introduce at least 3 change ideas for implementation based on feedback.	

Change Idea #3 Provide daily routines to team members to ensure programming is occurring 3-4 x/day for each member

Methods	Process measures	Target for process measure	Comments
1) Review existing schedules 2) Provide daily routines for days and evenings 3) Ensure 3-4 programs are added to each routine 4) Avoid last minute changes 5) Maintain a regular, predictable schedule with feedback from residents and families	1) # of new routines reviewed and signed 2) # of increased programs as a result of following standard on days and evenings 3) % of positive feedback received from residents and families	1) Daily routines will be reviewed, modified, and signed by June 30, 2025 2) Program offerings will increase by 10% as a result of new routines 3) Residents will provide feedback on program times 1x/year in RC or Program Planning Meetings	

## 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	12.47	11.00	Continued improvement to theoretical best.	Achieva, Behavioral Supports Ontario

### Change Ideas

Change Idea #1 Implement new Fall Prediction and Prevention Report developed by Extendicare

Methods	Process measures	Target for process measure	Comments
1) attend education session by HO on use of FPPR report 2) Review residents on list and ensure that strategies are in place to prevent falls 3) monitor progress based on data from report	1) # of education sessions 2) # of residents at high risk 3) # of plans of care reviewed to ensure strategies in place 4) # of residents on list who did not experience a fall in the previous 30 days	1) Education session will be completed by 100% of assigned participants by June 1, 2025 2) 100% of residents who are on list will have a completed review by July 30, 2025 with strategies put into place to prevent falls. 3) on a monthly basis report will be reviewed and residents assessed beginning Jun 1, 2025 .	

## Change Idea #2 Implement /Reassess Falling Star program and reeducate staff on program

Methods	Process measures	Target for process measure	Comments
1) ADOC will provide education sessions on Falling Star Program to all PSW/HCA and Registered Staff on all units on all shifts. 2) Managers will audit and monitor progress to ensure implementation.	1) # of education sessions provided to PSW/HCA and Registered staff 2) # of audits completed on Falling star program monthly 3) # of audits on Falling star program with no deficiencies	1) Education sessions for all PSW/HCA and Registered staff will be completed by April 30, 2025 2) Audits on Falling star program will begin by May 1, 2025 with 100% of falling stars logos in place and in care plan by June 30, 2025.	

## Change Idea #3 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) 100% of front line staff will be educated on 4P process by August 31, 2025 2) 4P cards will be distributed to staff by August 31, 2025 3) Resident council and Family council will be informed of process August 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	16.89	15.00	Continued improvement and to maintain better performance than Extendicare target of 17.3%	Medisystem , Behavioural Supports Ontario, GPA

## Change Ideas

Change Idea #1 Implement Extendicare's Antipsychotic Reduction Program which includes using the Antipsychotic Decision Support Tool (AP-DST).

Methods	Process measures	Target for process measure	Comments
1). Establish AP Home Team 2.) Education and training provided by Central QI team 3.) Action plan for residents inputted into decision support tool.	1.) home team established 2). Schedule regular meetings for antipsychotic review 3). Attendance to the Quality Labs 4.) Percentage of residents with an action plan inputted.	1). Home team will be established by May 31, 2025 2). Education and training completed by December 31, 2025 3). Antipsychotic review meetings are occurring every 1 weeks of the month beginning June 2025 4). All Residents triggering the Antipsychotic QI have an action plan inputted into the decision support tool within 3 to 6 months of admission	

Change Idea #2 Education for Registered Staff on antipsychotics

Methods	Process measures	Target for process measure	Comments
1) Nurse Practitioner or Pharmacy consultant to provide education session for registered staff on antipsychotic medications including usage, side effects, alternatives etc..	1) # of registered staff who attended training session on antipsychotic medications.	1) 75% of registered staff will have attended training on antipsychotic medications by June 30, 2025.	

### Change Idea #3 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 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 50% staff by September 30, 2025. 2.) Feedback from participants in the session will be reviewed and actioned on by every end of session.	

### Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Resident with daily Physical Restraints.	C	% / LTC home residents	Other / Oct - Dec 2024	0.90	0.50	Continued improvement to theoretical best	Achieva, Behavioural Supports Ontario

### Change Ideas

#### Change Idea #1 Provide information to families and residents on Least Restraint.

Methods	Process measures	Target for process measure	Comments
1.) Provide Restraint brochure in admission packages for new admissions. 2). Meet with Resident and family councils to provide education on Least Restraint and risks associated with restraint use.	1.) # of admission packages with Restraint brochure included. 2.) # of meetings with Resident and Family council to discuss Least Restraint and Risks.	1). 100% of admission packages will have Restraint brochure included for new admissions by August 31, 2025 2). Meetings with Resident and Family councils will be attended to discuss Restraints by August 31, 2025 3	



Change Idea #2 Consult with Behaviour team to help address behaviours of residents with restraint usage.

Methods	Process measures	Target for process measure	Comments
1). Provide staff brochure/FAQ on Least Restraint and review how a restraint usage can escalate resident responsive behaviours. 2). Consult with Behaviour team to identify potential alternatives to restraint usage that would support resident.	1.) # of residents who had restraint in place 2) # of Behaviour team consults to review alternatives completed.	1.) 100% of residents using restraints in the home have been consulted with Behaviour team to identify alternatives by September 30, 2025	

Change Idea #3 Trial alternatives to each restraint in use (change in environments, sensory rooms, etc.)

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 #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents with worsened ulcers stages 2-4	C	% / LTC home residents	Other / Oct - Dec 2024	1.60	1.50	Continued improvement and to remain better than Extendicare target of 2%	Solventum/3M, Wounds Canada

## Change Ideas

## Change Idea #1 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 of pressure injuries	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 July 31, 2025 2) 100% of Registered staff will have completed education on correct wound staging by July 31, 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 May 31, 2025	

## Change Idea #2 Education on Product selection wound care.

Methods	Process measures	Target for process measure	Comments
1) Education sessions set up for all registered staff on products on wound care protocol 2) Sessions to be arranged for all shifts 3) audits to be completed by wound care lead of home for correct usage of products	# of education sessions /shift # of audits completed monthly # of audits that identified areas for improvement monthly	1) Education sessions on products and selection of products will be completed for all Registered staff by June 30, 2025 2) Audits will show a 50% improvement in compliance by August 31, 2025	

## Change Idea #3 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 complete their resident review by April 30, 2025 2) Review of correct sizing and type of incontinence products will be completed by April 30, 2025 3) Education sessions for product selection will be completed by May 31, 2025 4) Annual review of continence program will be completed by December 31, 2025	