

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responding positively to "Communication from home leadership (Administrator, Executive Director, and Managers) is clear and timely.	C	% / LTC home residents	In-house survey / October 2024 to September 2025	62.90	70.00	continue to improve toward corporate target of 85%	

Change Ideas

Change Idea #1 Have "Tea and Chats" or social sit-down programs with residents, families, and new members leadership team to meet and greet new leadership members.

Methods	Process measures	Target for process measure	Comments
1) Add program monthly to programs calendar when new managers hired 2) Add reminders to monthly newsletters when applicable 3) Advertise via poster throughout the home	1) # of times programs was implement 2) # of people participated in program	1) Program will be introduced and implemented as of June 2025 if new managers hired.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to "I am satisfied with the food and beverages served to me."	C	% / LTC home residents	In-house survey / October 2024 to September 2025	63.90	68.20	Working toward corporate average for this question.	

Change Ideas

Change Idea #1 Continue to hold food tastings with the Food committee 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) Plan for event, ensure that home adheres to Residents nutritional plan of care when providing samples to Residents. 3) 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) At least 4 Food tasting sessions will occur each year by Dec 2025. 2) At least 5 of new menu choices will be included as a result of tasting sessions held by July 2025	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who respond positively to "I am satisfied with the variety of recreation programs"	C	% / LTC home residents	In-house survey / October 2024 to September 2025	87.90	90.00	Some of the cognitive residents in the home are requesting more programs for residents with a CPS of 0.	

Change Ideas

Change Idea #1 Engage the cognitively intact residents and families in quarterly co-design sessions, workshops, or focus groups to improve availability of specialized programming for them.

Methods	Process measures	Target for process measure	Comments
1) Plan quarterly sessions in advance (i.e. Q2 planning occurs in Q1) 2) Share annual dates in newsletters, posters, RC, etc. 3) Post reminders on communication board and add program to monthly calendar	1) # of sessions/year 2) # of people participating 3) # of different ideas being presented 4) # of ideas implemented	1) Program will be introduced and implemented as of July 2025 once a new program manager is hired. 2) Residents and family will participate in providing feedback on new programs for the cognitively intact residents. 3) Reminders will be provided on communication board and added to monthly calendar by 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	10.20	10.00	Continue to improve residents' quality of life and perform better than corporate benchmark of 15%	Achieva

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) Training on Fall Predication and Prevention report will be completed by April 2025 2) 100% of residents listed on report as being at risk of fall will have strategies reviewed by April 30, 2025 3) Ongoing monitoring to ensure strategies are effective will be in place 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	10.80	10.00	Continue to improve our indicator as already meeting corporate target.	Medisystem, Behavioural Supports Ontario, GPA

Change Ideas**Change Idea #1** Hire new BSO RPN

Methods	Process measures	Target for process measure	Comments
1) Post on Workday 2) Screen applicants 3) interview qualified candidates 4) Hire new BSO RPN lead	1) # of applicants 2) # of qualified applicants 3) # of interviews	new BSO lead will be hired by the end of April 2025	

Change Idea #2 GPA education for training for new staff 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 all staff by September 2025	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who have a worsening Stage 2-4 pressure injury	C	% / LTC home residents	CIHI CCRS / October - December 2024	3.90	2.50	Working towards Corporate target	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 3) #M to provide education to registered staff. 4) 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 and attend 3M education. 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 2025 2) 100% of Registered staff will have completed education on correct wound staging by July 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 July 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 April 30, 2025 2) Tracking tools will be correctly completed on a monthly basis by June 15, 2025 3) Process for review,analysis and follow up of trends from tools will be 100% in place by June 30, 2025	