

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	19.33	17.39	To continue to improve this indicator toward theoretical best.	

Change Ideas

Change Idea #1 Implement NLOT program into the home

Methods	Process measures	Target for process measure	Comments
NP to integrate into the home and work with physicians, registered staff to provide treatment and care in the home.	NP to review with DOC number of monthly transfers to hospital and the number of instances where NP provided treatment in house to avoid transfers to hospital.	10% reduction in avoidable ED transfers by December 2025.	Education and training to be provided to staff on avoidable transfers to ED based on tracking and trending of quarterly results.

Change Idea #2 Implementation of community paramedicine into the home to work in partnership with physicians, and registered staff to reduce avoidable ED transfers.

Methods	Process measures	Target for process measure	Comments
1) Arrange increased access to diagnostics in the home, specifically point of care bloodwork, point of care ultrasound, urinalysis, and subsequent appropriate treatments to residents and reduce avoidable ED transfers. 2) track usage of community paramedics 3) Track type of diagnostics utilized to determine baseline	Home will track number of interventions from community paramedics that resulted in the resident not having discharged/transferred to ED. We will also track the type of diagnostics utilized	There will be increased usage of community paramedicine and 10% reduction in avoidable ED transfers by December 2025.	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
There is someone I can talk to about my medications	C	% / LTC home residents	In-house survey / 2024	42.90	55.90	To continue to improve toward corporate target of 80% and increase resident satisfaction.	

Change Ideas

Change Idea #1 Communicate role of Medical Director, Physicians and Nurses to residents and give residents an opportunity for feedback.

Methods	Process measures	Target for process measure	Comments
Education will be provided at a resident council meeting, and information sessions will be held in each home area by June 2025.	Feedback at resident council meetings and resident satisfaction survey.	There will be a 15 % improvement in this indicator by November 2025.	Survey results will also be shared with physicians.

Change Idea #2 Residents feel that they are informed of their medications and know who to speak with if they any questions.

Methods	Process measures	Target for process measure	Comments
Education will be provided at a resident council meeting, and information sessions will be held in each home area by June 2025.	Feedback at resident council meetings and resident satisfaction survey.	There will be a 15 % improvement in this indicator by November 2025.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Bladder care products keep me dry and comfortable.	C	% / LTC home residents	In-house survey / 2024	43.60	58.60	To continue to improve this indicator toward Extendicare target of 80%	

Change Ideas

Change Idea #1 The nursing team will review with individual residents their overall satisfaction with their current incontinence products on a case-by-case basis to ensure their needs are being met.

Methods	Process measures	Target for process measure	Comments
1) Meet with all residents' that are using incontinence products and review satisfaction sizing and fit. 2) Review with vendor options for alternative products where residents have indicated dissatisfaction with their current product.	1) Number of Monthly incontinence product satisfaction audits of audits completed monthly 2) Number of reviews completed with vendor for alternative products	1)Monthly audits will commence in May 2025 and will continue until October 2025. 2)Home will aim to see a 15% increase in overall satisfaction in relation to bladder care products keep me dry and comfortable by October 2025 3) Vendor review will take place by July 2025.	

Change Idea #2 Review restorative toileting program.

Methods	Process measures	Target for process measure	Comments
1) Review and discuss program with residents who are eligible for restorative toileting. 2) Education for staff on requirements of program. 3) Update plan of care to reflect Restorative toileting program.	1) # of residents who participated in a restorative program for toileting. 2) # of staff educated on program requirements.	1) Residents who are eligible for restorative toileting program will have discussions completed by June 1st, 2025. 2) Staff who have residents in restorative toileting program will have education completed by June 1 2025	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from doctors.	C	% / LTC home residents	In-house survey / 2024	50.00	60.00	To continue to improve resident satisfaction with quality of care from doctors and strive for corporate target of 80%.	

Change Ideas

Change Idea #1 Improve residents' perception of physicians of quality of care from doctors.

Methods	Process measures	Target for process measure	Comments
1) Hold brainstorming sessions with residents on how they the physicians can improve their care and services. 2) Meet with physicians and share survey results and outcomes from brainstorming sessions. 3) Standing agenda item for resident's council moving forward for 2025.4) Monthly recreation manager will provide feedback to ED/DOC on any information or updates from resident's council regarding quality of care from doctors.	1) Number of brainstorming sessions held with residents on physician care and services 2) Number of meetings held with physicians to share results and outcomes of brainstorming sessions 3) Number of times feedback shared from resident council to ED/DOC about doctors	Brainstorming sessions with residents will occur by May 30, 2025. Meeting with physicians to share survey results and outcomes from brainstorming sessions will be held by June 30, 2025. Process for providing feedback from resident council to ED/DOC will be 100% in place by June 1, 2025	

Change Idea #2 Tracking of in person resident visits to ensure everyone has a visit

Methods	Process measures	Target for process measure	Comments
1) Create list of each physicians/NP residents to track in person visits to ensure each resident meets with physician/NP at least once per quarter.	1) Home will track number of residents who had in person visit during quarter.	List will be created to track in person visits by April 30, 2025. Physician will visit each resident at least once per quarter beginning by April 30, 2025	

Safety

Measure - Dimension: Safe

Indicator #5	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	15.24	15.00	Extendicare benchmark.	Achieva

Change Ideas

Change Idea #1 Rebuild falls committee due to new management team and new Physiotherapists.

Methods	Process measures	Target for process measure	Comments
1)ADOC will review membership of team. 2)ADOC to organize a meeting with the multidisciplinary team by April. 3) Set up weekly meetings 4) Review new strategies implemented and root causes at Quality labs on monthly basis starting in April 2025	1) # of reviews of team membership completed 2) # of meetings organized with multidisciplinary team 3) # of new strategies implemented and root causes identified 4) # of Quality labs attended to discuss results	1) Weekly meeting with multidisciplinary team will be fully in place by April 2025 2) Process for review of new strategies implemented and root causes will be 100% in place by April 2025 3) Attendance at Quality Labs will occur on a monthly basis beginning April 2025	

Change Idea #2 Re implement Post fall huddles.

Methods	Process measures	Target for process measure	Comments
1) Falls lead in the home to attend and /or review post fall huddles documentation 2) Falls lead to provide further education as needed to front line staff 3) Care plans will be reviewed and updated after post fall huddles	# of post fall huddles attended or reviewed by falls lead # of education provided monthly to front line staff as follow up # of care plans reviewed and updated after post fall huddles	Falls lead will attend or review 100% of post fall huddles documentation starting April 30, 2025. 100% of care plans will be reviewed and updated after post fall huddles by May 30, 2025	

Measure - Dimension: Safe

Indicator #6	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	14.54	14.00	Continue to improve to theoretical best.	Medisystem, Behavioural Supports

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
Monthly (AP-DST) tool will be used to review residents that qualify for deprescribing. Nursing team will review with attending physicians' possible residents for deprescribing. Monthly review of antipsychotic tool to be used in the home and review interventions, and possible next steps to be discussed at regional quality labs.	# of residents based on AP-DST tool reviewed monthly # of reviews completed by nursing team with attending physicians monthly # of regional quality labs attended where antipsychotics were discussed monthly	Process for monthly review of residents that qualify for deprescribing will be 100% in place by April 2025. 100% attendance at Regional Quality labs to discuss antipsychotic results will be on a monthly basis starting April 2025.	

Change Idea #2 Antipsychotic committee to be implemented to review residents who are triggering QI

Methods	Process measures	Target for process measure	Comments
1) Antipsychotic committee to be started on a monthly basis 2) ADOC will lead monthly meetings to review residents triggering QI, current interventions, plan of care, and discuss next steps.	# of antipsychotic meetings held monthly # of reviews of antipsychotic rates of residents triggering in the home completed monthly including current interventions, plan of care and next steps.	Antipsychotic committee monthly review of antipsychotic rates of residents triggering in the home will be 100% in place by April 30, 2025	

Measure - Dimension: Safe

Indicator #7	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	CIHI CCRS / Q2	5.10	1.60	Strive to exceed Corporate benchmark of 2%.	Achieva

Change Ideas

Change Idea #1 Through quality lab process team will review restraints in the home in order to provide more thorough analysis and recommendations for reduction of restraints.

Methods	Process measures	Target for process measure	Comments
1) Team to review and analyze all restraints in home per unit on a monthly basis. 2) Make recommendations for removal of restraints.	1) Monthly review of current state, trialed interventions, possible next steps to be discussed at regional quality labs.	Monthly reviews of current state, trialed interventions, possible next steps to be discussed at regional quality labs April 2026.	

Change Idea #2 Education and introduction of alternative interventions for residents currently using restraints

Methods	Process measures	Target for process measure	Comments
Discuss alternatives and options with interdisciplinary team, provide education to residents and families on any potential alternative to be trialed as well as the risks associated with restraint usage.	Number of Monthly reviews completed of residents triggering indicator, Number of trialed interventions, Number of times education provided to residents and families on any potential alternative possible next steps.	Monthly review of resident triggering indicator, trialed interventions, provide education to residents and families on any potential alternative possible next steps will be completed by June 2025	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who had a pressure ulcer that worsened to a stage 2, 3 or 4	C	% / LTC home residents	Other / October - December 2024	1.90	1.80	Continue to improve to theoretical best.	Solventum/3M

Change Ideas

Change Idea #1 Skin and wound committee continue to meet on a weekly basis with the interdisciplinary team to ensure that all wounds and skin issues are reviewed, and assessments are completed, and care plan is up to date.

Methods	Process measures	Target for process measure	Comments
1) Standardized agenda and follow up by team on skin issues in home. 2) Update care plans as needed.	Standardized agenda and minutes kept being implemented which includes review of all pressure ulcers by stage on each unit on a weekly basis Number of care plans updated weekly	Standardized agenda and minutes kept being implemented which includes process for review of all pressure ulcers by stage on each unit on a weekly basis beginning May 2025	

Change Idea #2 Dietitian referral communication process with the home for worsened and healed skin issues.

Methods	Process measures	Target for process measure	Comments
1)Wound care leads to provide an updated list of skin issues to the dietitian internally. 2) Dietitian will follow up on skin issues when referral) Provide refresher to Registered staff on Dietitian referral process 4) Wound champion to audit monthly referral process	1)# of referrals sent to dietitian monthly 2) # of skin issues followed up by the dietitian. 3) # of registered staff who attended refresher education 4) # of Audits completed monthly by wound care champion nurse.	1)Wound care leads to provide refresher education on improving Dietitian referral communication by end of June 2025. 2)Standardized communication process for Dietitian referrals will be in place by June 2025. 3) Wound care champion will audit referrals for 1 month post refresher education and then randomly until December 2025.	