

Experience | Patient-centred | Custom Indicator

Indicator #7	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Resident Satisfaction – Would Recommend (Dover Cliffs)	96.20	75	100.00	--	NA

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

Engage in regular discussion with residents on their satisfaction with recreation services.

Process measure

- Number of complaints related to recreation satisfaction received from residents.

Target for process measure

- We will aim to maintain percentages on survey "Would recommend" by engaging in regular discussion at Residents council by December 2024 and minutes will reflect focus on satisfaction with recreation.

Lessons Learned

no complaints were received with residents on recreation services in 2024. this was very successful .

Change Idea #2 ☐ **Implemented** ☒ **Not Implemented**

Staff to become sensitive to resident perception to their requests through education.

Process measure

- Maintain percentages on survey of staff listen to me by December 2024

Target for process measure

- We will aim to maintain positive ongoing feedback from residents on satisfaction with service being provided by staff by December 2024 by providing further education to staff on person centred care and listening skills.

Lessons Learned

This question was not asked in the 2024 survey so unable to compare results.

Indicator #10	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Would recommend-Family (Dover Cliffs)	96.80	85	96.00	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

Engage families in regular discussions about services provided

Process measure

- Number of positive education sessions

Target for process measure

- We are aiming to maintain families would recommended percentage by December 2024 by provide education twice per calendar year

Lessons Learned

Low turn out for education sessions that were provided at family meetings. Alternative times for education sessions were trialed with low success. We continue to have high scores in this area despite low turnout for meetings.

Indicator #9	Last Year		This Year		
	70.60	75	70.00	--	NA
Spiritual care is improving (Dover Cliffs)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Families will be aware of all spiritual care services provided within the home

Process measure

- Number of families satisfied with spiritual care provided by chaplain.

Target for process measure

- We are aiming to increase percentage of spiritual care is improving on survey by 20% by December 2024 by recruiting a casual chaplain.

Lessons Learned

Part time Chaplain was hired in the first half of 2024 however relocated. Unable to find replacement. We continue to try to recruit a chaplain.

Indicator #3	Last Year		This Year		
	73.10	75	78.90	--	NA
I am satisfied with the food and beverage services (Dover Cliffs)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Engage in regular discussion with residents on their satisfaction with food served.

Process measure

- number of complaints residents satisfied with food served.

Target for process measure

- We are aiming to increase scores on survey for the question, I am satisfied with the food and beverage services' by 20% by December 2024, and discussion will occur 3 times a week on at least one meal with a manager.

Lessons Learned

New menu was trialed for a longer period of time before suggestions were made. No complaints on satisfaction with food. Regular discussions were helpful to gather feedback.

Indicator #8	Last Year		This Year		
	73.10	75	78.60	--	NA
Satisfied with continence care products (Dover Cliffs)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Family to be aware of continence care products

Process measure

- Number of education sessions provided by current continence care provider

Target for process measure

- We will aim to increase percentages on survey of satisfied with continence products by 20% by December 2024 and families will receive education.

Lessons Learned

one session was held with families by continence provider with many questions answered and they were happy with the education provided.

Indicator #4	Last Year		This Year		
	79.30	85	84.00	--	NA
I have input with food and beverage services (Dover Cliffs)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Family will provide input to food and beverage services

Process measure

- Number of concerns from families on food and beverage services

Target for process measure

- We are aiming to increase percentages on survey for the questions, 'I have input with food and beverage services' by 20% by December 2024 and families will provide input into menu.

Lessons Learned

No concerns from families in 2024 with regards to satisfaction with food services. Families provided with opportunity to review menus if requested. This was a successful strategy.

Indicator #1	Last Year		This Year		
	5.60	2.50	0.00	--	NA
% of LTC residents with restraints (Dover Cliffs)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Review current restraints and determine plan for trialing alternatives to restraints

Process measure

- # residents reviewed monthly # of meetings held with families/residents to discuss alternatives monthly

Target for process measure

- We are aiming to have 100% of restraints to be reviewed and plans implemented for trialing alternatives by Sept 2024

Lessons Learned

The Assistant Director of Care held discussions with all family members/residents with regards to alternatives to restraints. Current restraint usage is 0.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Re-educate families on restraint policy and use of alternatives to restraints

Process measure

- # of education sessions held

Target for process measure

- We are aiming to have 100% of families with residents who require a restraint educated on restraints and alternatives by Oct 2024

Lessons Learned

Families and residents were invited to discuss at council meetings alternatives to restraints

Change Idea #3 ☒ **Implemented** ☐ **Not Implemented**

Offer alternative interventions such as recreation medication review and staff engagement to keep residents engaged.

Process measure

- Number of residents with a restraint will remain at current percentage

Target for process measure

- We are aiming to reduce the current percentages to meet Extendicare target from now until December 31, 2024 by providing recreational activities, staff engagement for keeping residents engaged, medication reviews.

Lessons Learned

Behaviour lead PSW was implemented to assist with resident engagement

Change Idea #4 ☒ **Implemented** ☐ **Not Implemented**

Education to staff on risks associated with restraints

Process measure

- Decrease current percentage of residents with restraints

Target for process measure

- We are aiming to decrease current percentages to meet Extendicare target from now until December 31, 2024 by providing education to staff on risks associated with restraints.

Lessons Learned

Restraints were reviewed at mandatory education training with all staff

Comment

Strategies were implemented and successful. We are currently 0% restraints in our home.

Indicator #2	Last Year		This Year		
	0.00	2	2.00	#Error	NA
% of LTC residents with worsened ulcers stages 2-4 (Dover Cliffs)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

SALT training focus on resident transfers to reduce potential skin tears

Process measure

- Number of worsened pressure ulcers reviewed monthly Number of RMM trends for care and treatment reviewed monthly
- Number of cushion audits for proper inflation reviewed monthly Number of CI's surrounding improper SALT transfers reviewed monthly

Target for process measure

- We are aiming to maintain the number of residents with worsened pressure ulcers from now until December 31, 2024 by focusing on SALT training for staff to reduce the risk of potential skin tears.

Lessons Learned

No skin tears as a result of transfers noted in 2024. 1 critical incident submitted in relation to transfer resulting in bruising noted.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Review residents at risk at morning report

Process measure

- Number of residents identified at risk at morning report on weekdays reviewed

Target for process measure

- We are aiming to reduce the number of residents with worsened pressure ulcers from now until December 31, 2024 by reviewing residents at risk at morning report

Lessons Learned

new process for managers to identify risk at morning report on 24-hour shift report which has been a successful strategy and increased awareness of skin issues.

Change Idea #3 ☒ **Implemented** ☐ **Not Implemented**

3M to provide wound care education to staff

Process measure

- Number of staff educated on wound care by 3M will increase

Target for process measure

- We are aiming to maintain the number of worsening pressure ulcers from now until December 31, 2024 by increasing the number of staff who have received education by 3M

Lessons Learned

3M educated front line staff which helped to increase knowledge of staff.

Change Idea #4 ☒ **Implemented** ☐ **Not Implemented**

Education on wound staging to frontline staff

Process measure

- Number of staff who have received wound staging to frontline staff will have increased

Target for process measure

- We are aiming to maintain the number of residents with worsening pressure ulcers from now until December 31, 2024 by increasing education for frontline staff on wound staging.

Lessons Learned

Education was provided by 3M/Solventum in 2024 which was very beneficial.

Comment

We will continue to focus on this in 2025.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #5	12.68	12.68	17.10	-34.86%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Dover Cliffs)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Share falls data with front line staff

Process measure

- Number of falls data shared and reviewed with all shifts daily at huddle

Target for process measure

- We are aiming to decrease number of falls during peak times by 20% by December 2024 during identified trends by reviewing RMM for trends and engaging staff.

Lessons Learned

Added the residents who are on falls monitoring to daily huddle. this was helpful and we will continue to utilize going forward.

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

Recreation providing programs during break times.

Process measure

- Numbers of residents who have fallen during break times for staff will decrease.

Target for process measure

- We are aiming to reduce the number of residents who fall during break times by 20% from now to December 31, 2024 by increasing the provision of recreational activities during staff breaktimes.

Lessons Learned

Recreation programming changed to allow more programs during staff breaks which was successful and will continue in 2025.

Change Idea #3 ☒ **Implemented** ☐ **Not Implemented**

Education for staff surrounding restorative care to help improve resident independence.

Process measure

- Number of staff who have completed restorative care will increase

Target for process measure

- We are aiming to increase the number of staff who have received restorative care education from now to December 31, 2024 by arranging more education opportunities with Achieva for all staff within the home.

Lessons Learned

2 staff completed restorative care. Restorative care implemented 7 days a week. this was an effective strategy.

Change Idea #4 ☒ **Implemented** ☐ **Not Implemented**

Interdisciplinary fall rounds meetings will occur weekly with staff on the floor

Process measure

- Number of falls meetings occurring monthly will be four to five per month

Target for process measure

- We are aiming to increase staff involvement in falls meetings by 20%, from now to December 31, 2024 by ensuring weekly meetings are occurring and staff from alternate departments are represented.

Lessons Learned

Falls interdisciplinary meetings held weekly and this continues as a practice as it was successful and helped to increase awareness and discussion about fall strategies.

Comment

We did not meet our target in this indicator, but we will continue to focus on this in 2025 workplan.

	Last Year		This Year		
Indicator #6	16.99	16.99	17.48	-2.88%	17.30
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Dover Cliffs)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

Ensure that for any responsive behaviours the first interventions are nonpharmacological.

Process measure

- Number of residents with responsive behaviours that have non pharmacological interventions

Target for process measure

- We are aiming to maintain 100% of residents ordered antipsychotics will have education/information provided to families or resident on Nonpharmacological interventions by Dec 31, 2024.

Lessons Learned

16 hours/day of behaviour PSW staffing implemented for non- pharmacological interventions strategies which was an effective strategy and will continue.

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

Utilizing external resources to assist in strategies for nonpharmacological interventions.

Process measure

- Monitor antipsychotic indicator monthly Monitor DST tool monthly

Target for process measure

- We are aiming to maintain the number of residents receiving antipsychotics from now to December 31, 2024 through regular routine involvement of external resources.

Lessons Learned

Behaviour lead monitors all the antipsychotic indicator monthly and completes the DST tool. this will continue.

Change Idea #3 ☒ **Implemented** ☐ **Not Implemented**

Staff to receive education on responsive behaviours and education geared towards individual resident responsive behaviours

Process measure

- Increased number of staff receiving external education Increased number of in house education opportunities

Target for process measure

- We are aiming to maintain the number of residents receiving antipsychotics from now until December 31, 2024 through providing additional education opportunities for staff

Lessons Learned

Education was provided by external resources to staff (ie. PRC, BSO) which was beneficial for staff and increased knowledge of responsive behaviours.

Change Idea #4 ☒ **Implemented** ☐ **Not Implemented**

New antipsychotic reduction program implemented within the home

Process measure

- Number of residents receiving antipsychotics without a diagnosis as part of DST tool Number of residents receiving antipsychotics with a diagnosis as part of DST tool CIHI QI percent of residents receiving an antipsychotic without a diagnosis

Target for process measure

- We are aiming to maintain the percent of residents receiving antipsychotics without a diagnosis from now until December 31, 2024 through monthly updates and review of antipsychotic reduction program DST tool.

Lessons Learned

Implemented the first half of 2024 and slowly started seeing reduction. We will continue with this in 2025.

Comment

We saw a slight increase in our results in 2024. We will continue to focus on this indicator in our 2025 workplan.

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from doctors	C	% / Family	In-house survey / 2024	76.00	80.00	Continue to improve satisfaction in medical services as result of 2024 family survey	

Change Ideas

Change Idea #1 1) Communicate role of Medical Director and Physicians and give opportunity for feedback

Methods	Process measures	Target for process measure	Comments
1) Medical Director to meet at minimum annually with Family and Resident councils 2) Feedback on services and areas for improvement will be discussed	1) # of meetings with Councils where Medical Director attended 2) # of suggestions provided by councils	1) Medical Director will attend Family Council by Sept 2025 2) Medical Director will attend Resident Council by Sept 2025	

Change Idea #2 2) Improve visibility of physicians in home with residents and families.

Methods	Process measures	Target for process measure	Comments
1) Order Extendicare name tags for physicians	1) # of name tags ordered	1) Name tags will be ordered for all physicians in home by April 2025	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of spiritual care services	C	% / Family	In-house survey / 2025	66.70	70.00	Improve satisfaction in spiritual services as a result of 2024 survey	

Change Ideas

Change Idea #1 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 3) Hire a Spiritual care provider	1) # of referrals 2) # of programs run by provider (increase) 3) # of Spiritual care providers hired	1) Hire 1 SCP by April 2025 2) Offer spiritual care programs [1/week] from SCP upon hire starting by April 30, 2025 3) Review of resident spiritual needs in home will be 100% completed by June 30, 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 religious and spiritual care programs	C	% / LTC home residents	In-house survey / 2024	70.00	75.00	Continue to improve satisfaction with the schedule of religious programs as a result of 2024 resident survey	

Change Ideas

Change Idea #1 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 3) Hire a Spiritual care provider	1) # of referrals 2) # of programs run by provider (increase) 3) # of Spiritual care providers hired	1) Hire 1 SCP by April 2025 2) Offer spiritual care programs [1/week] from SCP upon hire starting by April 30, 2025 3) Review of resident spiritual needs in home will be 100% completed by June 30, 2025	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of recreation programs	C	% / LTC home residents	In-house survey / 2025	63.20	70.00	Increase the variety of recreation programs as a result of 2024 resident survey	

Change Ideas

Change Idea #1 1) Integrate specific activities, programs and strategies to include a new variety of programs

Methods	Process measures	Target for process measure	Comments
1. Home will ask resident and family council for new program ideas 2. Home will survey resident on a variety of new program ideas for feedback 3.	1. Number of new program ideas from family and resident council feedback 2. Number of surveys received on the new variety of program ideas 3. Number of new programs implemented based on feedback	1. Family and Resident council will be asked for new program ideas by April 2025 2. Program manager will provide residents with surveys for feedback by April 2025. 3. Before September 30, 2025, there will be 6 new program ideas implemented	

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	17.10	15.00	Extendicare benchmark	Achieva, Behavioral Supports Ontario

Change Ideas

Change Idea #1 Increased communication during shift report for newly admitted residents and during outbreaks

Methods	Process measures	Target for process measure	Comments
1) Remind staff about increased risk of falls when in outbreaks and during admission period. 2) Managers to communicate list of residents on isolation and/or new admissions during daily huddle to all staff	1) # of staff receiving reminders for resident fall risk 2) # of huddles where staff were communicated list of high risk residents on isolation and/or new admissions	1) Reminders for staff will be communicated by March 31, 2025 2. Shift report process for communicating high risk residents will be in place by March 31, 2024	

Change Idea #2 2.Review Safe Lift and Handling Policy and Procedures Program with all Staff

Methods	Process measures	Target for process measure	Comments
1) Re-Education sessions for all staff on safe lift and handling procedures. 2) Safe lift and handling procedures for all non clinical staff	1) # of education sessions held for all staff on safe lift and handling procedures 2) # of non clinical staff will be educated for safe lift and handling procedures 3) # of clinical staff re educated on safe lifts and handling procedures	1) Staff education sessions will be 100% completed by Sept 30, 2025 2) All non clinical staff will receive safe lift and handling procedures training by Sept 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	17.48	17.30	Extendicare benchmark	Medisystem

Change Ideas

Change Idea #1 1) Family education resources provided for appropriate use of Antipsychotics

Methods	Process measures	Target for process measure	Comments
1. Provide 'Centre for Effective Practice (CEP)' resource for appropriate use of anti-psychotics when families have questions about appropriate antipsychotic prescribing 2). Make resource available if family have questions	1.) # of CEP resources provided to families monthly 2.) # of antipsychotics d/c as a result of increased family awareness.	1) CEP resources will be printed and available by May 2025	

Change Idea #2 2) 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) # of diagnosis that were appropriate for antipsychotic medication use 3) # of alternatives implemented	1) 75% of all residents on antipsychotics will have medication and diagnosis review completed to validate usage by June 2025 2. Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by June 2025	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Pressure ulcers: Percentage of residents who had a stage 2-4 pressure ulcer that recently got worse	C	% / LTC home residents	Other / October - December 2024	5.13	2.00	Extendicare benchmark	Solventum/3M, Wounds Canada

Change Ideas

Change Idea #1 1) Review team membership to ensure interdisciplinary. and that team ensures that all wounds and skin issues in previous month are reviewed during their meetings

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 June 2025 2) Recruitment of new members will be completed by June 2025 3) Standardized agenda will be developed and in place by June 2025	

Change Idea #2 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	1. # of education sessions /shift 2. # of audits completed monthly 3. # 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 Sept 2025 2) Audits will show a 10% improvement in compliance by Sept 2025	