

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	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 drinks served to me"	C	% / LTC home residents	In house data collection / Resident Satisfaction Survey result 2025	59.10	85.00	Extencicare Corporate Target 85%	

### Change Ideas

Change Idea #1 Include standing agenda item during resident council meeting to discuss food complaints and recommendation.

Methods	Process measures	Target for process measure	Comments
Set allotted time on the agenda to review feedback on food. Food Committee will be provided time during every resident council meeting, for feedback, recommendation and corresponding action will be documented and monitored ongoing.	# of recommendations actioned within 10 days.	Recommendations will be documented and actioned on within 10 days and feedback on that action obtained with 30 days post implementation. This is to be completely implemented by May 31, 2026.	

Change Idea #2 Increase Cook, FSS and Dietary 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, FSS or Dietary Manager will be present in dining rooms for meals. 2. Determine specific questions that will be asked to gather feedback. Asked additional questions as needed and confirm understanding with resident. 3. Where appropriate make required changes.	Improvement in overall resident satisfaction score for this question. Increase in positive responses to question asked within the dining room.	Cook/Mangers will attend meal service 7x per week to obtain feedback beginning March 15, 2026.	

## 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: "Communication from the Home leaders (Executive Director, Director of Care and Managers) is clear and timely.	C	% / LTC home residents	In house data collection / Resident Satisfaction Survey result 2025	66.70	85.00	Extencicare Corporate Target 85%	

## Change Ideas

**Change Idea #1** Implement Extencicare Hamilton Newsletter to inform and engage residents and family members on a regular basis i.e. when changes in the home are happening, changes to leadership team, declaration of outbreaks.

Methods	Process measures	Target for process measure	Comments
1. Send out newsletter on a monthly basis to inform residents and families about important updates in the Home. 2. Post newsletter on bulletin board in the home and a copy of the newsletter printed to share with residents.	1. # of times newsletter was sent to residents and families. 2. # of months newsletter was posted on bulletin board.	Newsletter will be sent out to all residents and families as of January 1, 2026.	

**Change Idea #2** Executive Director to host "Coffee, Tea and Chats with Pilar" a program to inform and engage with residents on a regular basis.

Methods	Process measures	Target for process measure	Comments
1. Add program monthly to programs calendar. 2. Add reminders to monthly newsletter. 3. Advertise via poster throughout the home.	1. # of time program was implemented. 2. # of residents participated in program.	The program will be introduced and implemented on January 31, 2026.	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am encouraged to provide my input about the food and drink options.	C	% / LTC home residents	In house data collection / Resident Satisfaction Survey result 2025	69.00	85.00	Extencicare Corporate Target 85%	

**Change Ideas**

Change Idea #1 Residents will have a survey tool for real time feedback in an accessible area to comment on food and drink options.

Methods	Process measures	Target for process measure	Comments
Create and implement survey.	# of surveys completed.	Percentage of survey responses will have positive feedback by December 31, 2026.	

Change Idea #2 Dietary Manager will obtain feedback from Resident and Family Councils.

Methods	Process measures	Target for process measure	Comments
1. Schedule times that Nutrition Manager will attend councils. 2. Attend and solicit feedback.	# of council meetings attended and actioned on feedback.	Residents will have feedback into food and drinks options as a standard practice by September 30, 2026.	

## 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 September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	12.16	15.00	Home's performance as of December 31, 2025, is 16.5%. Extendicare target benchmark is 15%.	

### Change Ideas

Change Idea #1 Enhance lighting at bedside and in bathroom for residents who fall in the evening/night.

Methods	Process measures	Target for process measure	Comments
1. Falls committee lead team to review and analyze falls data for residents who would benefit from enhance lighting at bedside/bathroom. 2. Order and install lighting. 3. Monitor pre and post data for improvement.	1. # of resident identified as benefitting from enhance lighting. 2. # of light installed at bedside and in bathroom.	Residents' data will be reviewed and lighting installed by June 30, 2026.	The Home did not meet Extendicare target benchmark, will continue to monitor this indicator to ensure we meet and perform better than Extendicare target of 15%.

Change Idea #2 Review activities programming during times (day,time,shift) when most falls occur.

Methods	Process measures	Target for process measure	Comments
1. Review times when most falls are occurring. 2. Review activities and program preferences for residents who are at risk for falls. 3. Implement program/activity at times/day/shift when falls are occurring.	1. # of resident reviewed who are high risk for falls. 2. % of program review completed. 3. # of new programs implemented during peak times for falls. 4. # of high-risk residents who did not fall during month when activity was occurring.	Activities and Programming reviewed and implemented by December 31, 2026.	

### 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 September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	0.93	17.30	Home's performance as of December 31, 2025, is 0. Extencicare target benchmark is 17.3%	

### Change Ideas

## Change Idea #1 Family education resources provided for appropriate use of anti-psychotics.

Methods	Process measures	Target for process measure	Comments
Provide family resource: Center for Effective Practice CEP- Guide for residents, families and caregivers.	1. # of CEP resources provided to families monthly. 2. # of anti-psychotics deprescribed as a result of increase family awareness.	Copies of CEP Resources will be printed and available at nurses' station by June 30, 2026.	We have met and exceeded Extendicare benchmark target of 17.3%. The Home will continue to closely monitor this indicator to ensure we sustain throughout 2026.

## Change Idea #2 Specialized education on anti-psychotics provided to registered staff.

Methods	Process measures	Target for process measure	Comments
Pharmacist or other team members with specialized education on anti-psychotics to provide education sessions to registered staff on anti-psychotic's medications (indications, side effects non-pharmacological approaches to care).	# of registered staff who attended specialized education sessions on anti-psychotic medications.	All registered staff will have attended specialized education on anti-psychotic medications by December 31, 2026.	

**Measure - Dimension: Safe**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average	1.08	2.00	Home's performance as of December 2025 is 3.3%. Extendicare benchmark target is 2.0%	

## Change Ideas

Change Idea #1 Reinforced the point-of-care (POC) alert to notify nursing staff of by exception skin issue for early identification and prevention of pressure injuries.

Methods	Process measures	Target for process measure	Comments
1. Educate staff on new alert process on all shifts. 2. Registered staff to check on end of shift for outstanding alerts. 3. DOC/designate audit compliance monthly and follow-up with additional education requirements.	1. # of staff that have been educated. 2. # of alerts that have been completed on a monthly basis. 3. # of audits completed.	Staff are educated on the new process and new process implemented by April 30, 2026	

Change Idea #2 Review team membership to ensure its interdisciplinary.

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.	1. # of review completed on current membership. 2. # of new members recruited by discipline.	Membership review and recruitment will be completed by June 30, 2026.	

**Measure - Dimension: Safe**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents in daily physical restraints	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	0.00	2.50	Home's performance as of December 31, 2025, is 0. Extencicare target benchmark 2.5%	

**Change Ideas**

Change Idea #1 Trial alternatives to each restraint in use.

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 month restraint use.	1. # of alternative trailed per month. 2. # of reviews completed.	Restraints in the Home have had alternatives trailed and documented by January 2026.	The Home have 0 restraint. To continue to exceed the Extencicare benchmark target for residents utilizing restraint throughout 2026.

Change Idea #2 Provide information to families and residents on least restraint approach.

Methods	Process measures	Target for process measure	Comments
Provide restraint information sheet in move-in packages for all new residents.	# of move-in packages with restraint information sheet included.	All move-in packages will have restraint information sheet included for new move-in by February 28, 2026.	