

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of recreation and leisure activities offered in the home.	C	% / Residents	In house data collection / 2025	69.00	78.90	LTC division average %	

Change Ideas

Change Idea #1 1) Integrate specific activities, programs and strategies to include all 5 domains.

Methods	Process measures	Target for process measure	Comments
1) Review statistics from last year, ActivityPro, and identify domain gaps. 2) Include all 5 domains in discussion when Program Planning (with residents and dept. meetings). 3) Audit calendars with staff to ensure balance of all domains.	1) Previous variances in domains (%). 2) Improvement in overall Resident satisfaction scores for this question. 3) Monthly balances in domains on calendars.	-Increase current performance score of 69% to 78.9% target percentage for this question. -Balance domains to social [25%], emotional [20%], spiritual [15%], physical [20%], intellectual [20%] by Q2 given resident feedback."	

Change Idea #2 2) Introduce more seasonal and thematic variations to program calendars.

Methods	Process measures	Target for process measure	Comments
1) Review CLRI Equity Diversity Inclusion calendar, Awareness calendar- themed days, special holidays, etc. to plan seasonal dates and theme weeks. 2) Present ideas in dept. and program planning meetings to gather interest. 3) Arrange for guest speakers, community collaborators, and experts to provide variety to content.	1) [#] of new events that vary by theme. 2) [#] of reoccurring programs and reduce programs that can become redundant.	1) Increase total number of cultural, seasonal, and thematic programs by 25% in 2026. 2) Implement at least 6 themed weeks per year. 3) Introduce at least 4 new entertainer/speaker in 2026.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To improve resident satisfaction with physician care.	C	% / Residents	In-house survey / 2025	58.60	69.10	LTC division average %	

Change Ideas

Change Idea #1 1) Communicate role of Medical Director and Physicians/NP 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. 3) update at CQI meeting on action plan.	1) [#] of meetings with Councils where Medical Director attended. 2) [#] of suggestions provided by councils. 3) [#] of CQI meetings where action items were discussed with Medical Director.	1) Medical Director will attend Resident Council by June 2026. 2) Medical Director will attend Family Council by June 2026. 3) Action items and plan will be discussed at CQI committee with Medical Director by April 2026.	

Change Idea #2 1) Communicate accessibility and internal process to have regular communication with Physicians, Nurse Practitioners and Medical Directors

Methods	Process measures	Target for process measure	Comments
1) Resident Newsletter will have information provided quarterly and as necessary to our residents regarding Physician visits and any new updates 2) Feedback on information provided and services will be discussed at Resident Council 3) Update action plan at CQI meeting if necessary.	1) # times a year information will be provided in the newsletter sent to residents. 2) # of CQI meetings annually discussing updates and information on physicians in the home 3) # of resident council meetings where feedback was received.	1) Information on Physicians accessibility will be provided in the newsletter at least four times this year and regularly communicated with residents 2) Positive feedback received during resident council meetings. 3) Addressing any constructive feedback during CQI meetings and updating action plan as necessary.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To improve resident's dining experience, from the family's perspective.	C	% / Family	In-house survey / 2025	66.40	68.50	LTC division average %	

Change Ideas

Change Idea #1 1) Provide staff education on improving the resident experience during meal-time.

Methods	Process measures	Target for process measure	Comments
1) Provide Mealservice plating presentation to staff upon hiring and all current staff	1) [#] of staff who attended in-services 3) [#] of times redirection provided by management team during meal service as required.	1) 2 in-services will be held per year at dietary meetings 2) 90% dietary staff will attend in-services per year. 3) 6 meals per week will be observed by a member of the management team with the purpose of providing on the spot redirection.	

Change Idea #2 2) Enhance the environment.

Methods	Process measures	Target for process measure	Comments
1) Assess current state of dining room to determine external noises and other environmental factors that can impact satisfaction . 2) Speak to residents on change ideas to enhance space including use of music, flower arranging, different programs for table settings, etc. 3) Determine 1 change item to focus on, implement and evaluate after 3 months.	1) Reduction of noise. 2) Observe 1 meal per week for the purpose of improving atmosphere.	1) By the end of Q1, determine one change idea that will be implemented to increase atmosphere. 2) Complete 1 resident satisfaction survey biweekly to gather info on atmosphere 3) Improve satisfaction score to target of 68.5% on 2026 survey.	

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	19.08	15.00	Extencicare LTC Target	

Change Ideas

Change Idea #1 Review safe lift and handling policy/procedure with staff

Methods	Process measures	Target for process measure	Comments
1) Education sessions for staff on safe lift and handing procedures. 2) Auditing of safe procedures and transfers 3) Review of audit results by ADOC Falls Lead. 4) Action place for improvement of gaps identified.	1) # of education sessions/huddles for safe lift and handling procedures 2) # of audits completed weekly 3) # of gap identified 4) # of improvements required monthly	All new hired staff will be trained in Safe resident handling policy and procedures during orientation. 100% of staff to be audited/educated on safe resident handling policies and procedures by the end of December 2026.	SALT PSW/Nurse, Falls lead and champions, restorative care coordinator and restorative care lead to review progress on a monthly basis.

Change Idea #2 Ensure that resident with care planned bed alarms are in place and being used as per the care plan. Bed alarm and environment reliability audit

Methods	Process measures	Target for process measure	Comments
Initial bed alarm audits for all residents with care planned bed alarm. Repeat random bed alarm audits (5 per home area/per month) Immediate correction of: Delay settings, incorrect placement, incorrect volume, call bell not within reach. Tracking trends by unit Unit accountability/education huddles per home area	percentage of issues identified with audited bed alarms being tracked on a monthly basis. # of bed alarms audited/month	% of alarms with delay OFF (unless clinically indicated) - 100% % of residents with call bell within reach - 100% Reduction of falls after 3pm - 10% decrease in 60 days	Falls lead, falls champions and RCC/RCL

Change Idea #3 Enhance lighting in residents rooms for residents high risk for falls and who have history of falls between 1900hr and 0700hr

Methods	Process measures	Target for process measure	Comments
1) Fall team to review falls data for residents who would benefit from enhanced lighting 2) Environmental assessment of room completed by falls team for placement of light 3) Install lighting 4) Monitor pre and post data for improvement	1) # of residents identified from enhanced lighting 2) # of lights installed in the resident room	1) Residents will be reviewed for enhanced lighting Feb 01, 2026 2) Lights will be installed by Feb 01, 2026 4) Review baseline vs. post installation in 1 month, 3 month, and 6 month increments during RCCC meetings	Rec Aide, RCL/RCC, Falls lead ADOC and falls champion

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	8.74	17.30	Extencicare LTC Division Target	

Change Ideas**Change Idea #1 GPA education training for responsive behaviors related to Dementia**

Methods	Process measures	Target for process measure	Comments
1) engage with Certified GPA Coaches to continue home- level education 2) Registered participants for education sessions	1) # of GPA sessions provided 2) # of staff participating in GPA education 3) Feedback from participants in the usefulness of action items developed to support resident care	1) GPA sessions will be held quarterly in 2026 2)Feedback from participants in sessions will be reviewed and actioned quarterly as appropriate 3) 50% staff will have participated in GAP sessions by December 2026	

Change Idea #2 Follow Extencicare's Antipsychotic Reduction Program using the Antipsychotic Decision Support Tool (AP-DST)

Methods	Process measures	Target for process measure	Comments
1) Establish AP home team 2) action plan for residents inputted into decision support tool	1) home team established 2) Schedule monthly meetings for antipsychotic review 3) attendance to Quality Lab meetings 4) percentage of residents with an action plan inputted	1) Home team will be established by April 2026 2) Education and training will be completed by April 2026 3) Antipsychotic review meetings will be held monthly 4) Residents triggering the Antipsychotic CI will have action plan inputted into the decision support tool within 3-6 months of admission	

Change Idea #3 To strengthen the interdisciplinary collaboration to ensure antipsychotic medications have a documented medical diagnosis and clear clinical rationale.

Methods	Process measures	Target for process measure	Comments
1.To complete thorough admission assessment by registered staff to identify if residents prescribed antipsychotic medications and to verify the process of a documented medical diagnosis and clinical justification. 2.To educate registered staff about antipsychotic medications usage, side effects, non-pharmacological approaches and behavioral symptoms of dementia.	To address gaps through physician, follow ups and documentation updates. 1.Number of Residents with discontinued antipsychotics without diagnosis and rationale upon admission. 2.Number of Registered staff completed antipsychotic education by August 2026.	To achieve 95% accuracy in documented diagnosis and rationale for residents receiving antipsychotic medication by Q4 2026.	

Change Idea #4 Family education about antipsychotics.

Methods	Process measures	Target for process measure	Comments
1. Distribute educational materials from the center for effective practice (CEP) to families regarding the appropriate use of antipsychotics when questions or concerns arise. 2. Ensure Printed resources are readily available at nursing stations for family reference. 3. Reinforce medication education during care conference as needed.	1. Number of Individual resources provided to families each month. 2. %age of residents receiving antipsychotics after providing education to family members.	Education materials will be available at all nursing stations by the end of March, 2026. By the end of Q4 2026, at least 90% of families of residents receiving antipsychotics will have been offered education.	

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	1.28	2.00	Extendicare LTC target	

Change Ideas

Change Idea #1 #1) Strengthen pressure injury prevention and management with staff participation with recognized programs SWAN through the WOC Institute.

Methods	Process measures	Target for process measure	Comments
#1) Enroll skin and wound lead/ backup in SWAN. #2) Enroll PSW to the PSW Skin Health Program through the WOC Institute.	#1)Currently have one PSW Certified.	#1) 100% of staff enrolled will have their SWAN Certification by August 20, 2026. #2) 100% of staff enrolled will have PSW certification by June 30, 2026	

Change Idea #2 #2) Education on product selection wound care.

Methods	Process measures	Target for process measure	Comments
#1) Education sessions for all registered staff on products on wound care protocol. #2) Audits to be completed by Wound Care Lead of home for correct usage of products.	#1) 5 full audits per month are completed, there has been no concerns with product use or wound identification or healing.	#1) Education sessions on product and selection will be completed by June 30, 2026.	

Change Idea #3 #3) Focus on moisturizing skin as prevention strategy to skin breakdown.

Methods	Process measures	Target for process measure	Comments
#1) Education sessions for PSW's all shifts about skin health and importance of daily moisturizing.	#1) # of education sessions # of PSW's thaff that attend sessions.	#1) Education will be provided to all PSW's by April 31, 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	1.50	2.50	Extendicare LTC division target	

Change Ideas**Change Idea #1 Provide information to families and residents on Least Restraints**

Methods	Process measures	Target for process measure	Comments
Provide Restraint brochure in admission packages for new admissions and when providing any tours in the home	1) 10 admission packages with Restraint brochure included. 2) #of meetings with resident and family council to discuss least restraints and risks	1) 100% of admission packages will have restraint brochure included for new admissions by December 2026 2) Meetings with residents and family council will be attended to discuss Restraints by December 31, 2026.	

Change Idea #2 Provide Education and resources for staff to use when discussing restraints with residents and families

Methods	Process measures	Target for process measure	Comments
1) provide annual education on least restraint policy and during orientation 2) communicate with staff availability and accessibility for least restraint policy	1)# staff educated on least restraint policy 2) # of sessions held to communicate the accessibility of the policy to use as a resource.	1) all staff will be receiving their annual education on least restraint policy by August 2026 2) All staff will be aware of how to locate least restraint policy when discussing with residents and families by September 2026.	

Change Idea #3 Audit documentation of trail alternatives to each restraint in use

Methods	Process measures	Target for process measure	Comments
Discuss alternatives and options with interdisciplinary team and frontline care staff. Audit to determine if alternatives have been documented	1) # of alternatives trialed per month 2) # of reviews completed	100% of the restraints in the home have had alternatives trailed and documented by June, 2026.	