

Experience | Patient-centred | Custom Indicator

Indicator #3	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
I am satisfied with the schedule of religious and spiritual care programs. (Bay Ridges)	58.10	72.10	NA	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Hire a Spiritual Care Provider as a member of the interdisciplinary team

Process measure

- 1) # of referrals 2) # of spiritual care assessments 3) # of programs run by provider (increase)

Target for process measure

- 1) Offer spiritual care programs [1/week] from SCP 2) Increase satisfaction by [10 %] in 2025

Lessons Learned

Increased visibility of the chaplain, supporting residents' spiritual needs.

Challenge: Consistent presence may be limited, particularly during outbreaks when visitation or staff access is restricted.

Change Idea #2 Implemented Not Implemented In Progress

Integrate other approaches such as holistic, nature based, and reflective practices

Process measure

- 1) # of education session offered 2) # of new programs implemented 3) Increased number of Spiritual Program Plans in ActivityPro 4) # of Spiritual Care Programs/Month

Target for process measure

- 1) Provide education on Spiritual Care to family and residents by May 31, 2025 2) Provide spiritual care programs in Program Planning Meetings to seek interest in Q1 3) Implement 2 of programs in calendars for Q2-4

Lessons Learned

Success: Reiki and comfort care services are offered as optional supports to residents, promoting relaxation, well-being, and quality of life.

Change Idea #3 Implemented Not Implemented In Progress

Create inclusive and respectful offerings with structured programs run by Program team members

Process measure

- 1) # of religions and cultures represented in home 2) % of programs that support all 3) # of new programs implemented to target gaps

Target for process measure

- 1) Review and assess spiritual care needs of residents by April 30, 2025 2) Identify 2 of programs to increase spiritual care offerings

Lessons Learned

Virtual masses are scheduled and facilitated by staff on weekends, ensuring residents have access to religious services even when in-person attendance is limited.

Comment

Survey question changed and now we do not have the data for the year 2025

Indicator #4	Last Year		This Year		NA
	51.70	73.30	58.80	--	
Percentage of family who answered positively the question "I am satisfied with the quality of cleaning within the resident's room." (Bay Ridges)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Training for staff on proper use of microfiber cleaning systems

Process measure

- 1) # of education sessions held for housekeeping on use of microfiber cleaning systems 2) # of housekeeping staff that attended the education 3) # of follow up audits completed per month

Target for process measure

- 1) Education session for housekeeping staff will be held by April 3, 2025 2)100% of housekeeping staff will have completed education by April 30% 3) There will be a 50% improvement in follow up audits for cleaning.

Lessons Learned

Success: Routine IPAC audits monitor adherence and safety.

Challenges: Maintaining compliance among occasional or new contractors.

Change Idea #2 Implemented Not Implemented In Progress

2) Review deep clean schedules for resident rooms

Process measure

- 1) # of times deep clean schedule reviewed 2) # of resident rooms who have had deep cleaning completed 3) # of audits completed of resident rooms to ensure deep cleaned. 4) # of deficiencies noted based on audit results.

Target for process measure

- 1) Support Services manager will review deep clean schedule by April 30, 2025 2) [50 %] of resident rooms will have been deep cleaned by July 31, 2025 , with 100% being completed by December 31, 2025 3) There will be a 50% improvement in completion of deep clean audits by September 30, 2025.

Lessons Learned

Success: Deep clean schedules are in place for all resident rooms; signage clearly indicates when rooms are being cleaned.

Change Idea #3 Implemented Not Implemented In Progress

3 Review of high touch areas and cleaning schedule

Process measure

- 1) # of times support services manager reviewed cleaning schedule 2) # of resident rooms who had high touch areas and dusting completed 3) # of follow up audits completed and # of identified deficiencies.

Target for process measure

- 1) Support services manager will review and update high touch cleaning and dusting schedule by April 30, 2025 2) 50 % of resident rooms will be completed as per schedule by July 31, 2025 3) There will be a 50 % improvement in completion of high touch areas and dusting audits by July 31, 2025

Lessons Learned

Success: A consistent third-party contractor is utilized, ensuring familiarity with site-specific cleaning protocols and standards.

Challenge: Continuity may be impacted if contractor staff change or are unavailable.

Indicator #2	Last Year		This Year		NA
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	
I am satisfied with the schedule of recreation programs. (Bay Ridges)	75.00	76.20	93.20	--	NA

Change Idea #1 Implemented Not Implemented In Progress

1) Increase staffing in the evening.

Process measure

- 1) Increased # of programs/week/month/quarter/year 2) Increased # of staff

Target for process measure

- 1) Post and hire qualified staff by May 31, 2025 2) Increase number of programs by [10 %] within 6 months.

Lessons Learned

Enhancing casual staff support for evening activities and coverage.

Challenge: Inconsistent availability of casual staff.

Change Idea #2 Implemented Not Implemented In Progress

Add time and day feedback to Monthly Program Planning Meetings to ensure feedback is being collected r/t TOD & DOW in addition to interests

Process measure

- 1) # of meetings throughout the year 2) # of change ideas provided in meeting that were implemented 3) # of residents participating on each home area

Target for process measure

- 1) Program will be introduced and implemented as of June 30, 2025 2) Residents will meet monthly on each unit, providing feedback on program schedule during resident council meetings starting June 2025. 3) By December 2025 we will introduce at least 3 change ideas for implementation based on feedback.

Lessons Learned

Challenges: Monthly Program Planning Meetings were not consistently sustained. Feedback remains informal, and time of day (TOD) and day of week (DOW) preferences are not systematically collected.

Change Idea #3 Implemented Not Implemented In Progress

Provide daily routines to team members to ensure programming is occurring 3-4 x/day for each member

Process measure

- 1) # of new routines reviewed and signed 2) # of increased programs as a result of following standard on days and evenings 3) % of positive feedback received from residents and families

Target for process measure

- 1) Daily routines will be reviewed, modified, and signed by June 30, 2025 2) Program offerings will increase by 10% as a result of new routines 3) Residents will provide feedback on program times 1x/year in RC or Program Planning Meetings

Lessons Learned

Each home area is having resident focus and person-centered routine. Challenge is maintaining consistent adherence to the schedule in each unit due to staffing variations and competing care priorities.

Indicator #7	Last Year		This Year		NA
	0.90	0.50	0.00	--	
Percentage of Resident with daily Physical Restraints. (Bay Ridges)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Provide information to families and residents on Least Restraint.

Process measure

- 1.) # of admission packages with Restraint brochure included. 2.) # of meetings with Resident and Family council to discuss Least Restraint and Risks.

Target for process measure

- 1). 100% of admission packages will have Restraint brochure included for new admissions by August 31, 2025 2). Meetings with Resident and Family councils will be attended to discuss Restraints by August 31, 2025 3

Lessons Learned

Success: Care conference reviews if resident have on going restraint and if family requests, this is an opportunity to provide education and resources and alternatives for trial.

Challenges: Resistive family.

Change Idea #2 Implemented Not Implemented In Progress

Consult with Behaviour team to help address behaviours of residents with restraint usage.

Process measure

- 1.) # of residents who had restraint in place 2) # of Behaviour team consults to review alternatives completed.

Target for process measure

- 1.) 100% of residents using restraints in the home have been consulted with Behaviour team to identify alternatives by September 30, 2025

Lessons Learned

Success: BSO referrals help manage behaviors associated with restraint, providing specialized support and strategies.

Change Idea #3 Implemented Not Implemented In Progress

Trial alternatives to each restraint in use (change in environments, sensory rooms, etc.)

Process measure

- 1.) # of Alternatives trialed per month 2.) # of reviews completed

Target for process measure

- 1.) 100% of the restraints in the home have had alternatives trialed and documented by December 31, 2025.

Lessons Learned

Success: Conversations and quarterly reviews/re-evaluation to ensure follow-up and trial alternatives are discussed with families.

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
% of LTC residents with worsened ulcers stages 2-4 (Bay Ridges)	1.60	1.50	1.71	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Mandatory education for all Registered staff on correct staging of Pressure ulcers

Process measure

- 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. 3) # of audits of completion rates completed by DOC/designate and follow up as required.

Target for process measure

- 1) Communication on mandatory requirement will be completed by July 31, 2025 2) 100% of Registered staff will have completed education on correct wound staging by July 31, 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 May 31, 2025

Lessons Learned

Incorporating in skin and wound education through workday during the process of integration. Recruitment/availability of a Wound Care Champion is delayed. The position or dedicated support was not filled until late October 2025.

Change Idea #2 Implemented Not Implemented In Progress

Education on Product selection wound care.

Process measure

- # of education sessions /shift # of audits completed monthly # of audits that identified areas for improvement monthly

Target for process measure

- 1) Education sessions on products and selection of products will be completed for all Registered staff by June 30, 2025 2) Audits will show a 50% improvement in compliance by August 31, 2025

Lessons Learned

Ongoing wound care support continues to be provided by Registered Staff and Clinical Leads.

Change Idea #3 Implemented Not Implemented In Progress

Focus on continence to keep skin clean and dry- toileting, appropriate brief selection

Process measure

- # of residents with skin issues # of residents with a toileting plan in place # of brief audit checks completed # of education sessions provided # of residents on restorative toileting program

Target for process measure

- 1) The leads for Skin/Wound and Continence will complete their resident review by April 30, 2025 2) Review of correct sizing and type of incontinence products will be completed by April 30, 2025 3) Education sessions for product selection will be completed by May 31, 2025 4) Annual review of continence program will be completed by December 31, 2025

Lessons Learned

Education on continence care is now incorporated into the Workday process review, ensuring all staff complete mandatory learning.

Challenges: Distribution of continence supplies is standardized and integrated into daily PSW routines, maintaining consistent and appropriate brief care delivery remains an ongoing challenge.

Staff adherence to correct assessment, selection, and timely changing of briefs requires reinforcement.

Comment

Enroll skin & wound lead/back-up to SWAN™ and/or AWCCP.

Enroll PSW/Caregivers to the PSW Skin Health Programs (WOC insitute or Wounds Canada).

Safety | Safe | Optional Indicator

Indicator #5	Last Year		This Year		
	Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Bay Ridges)	12.47 Performance (2025/26)	11 Target (2025/26)	14.25 Performance (2026/27)	-14.27% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Implement new Fall Prediction and Prevention Report developed by Extendicare

Process measure

- 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

Target for process measure

- 1) Education session will be completed by 100% of assigned participants by June 1, 2025 2) 100% of residents who are on list will have a completed review by July 30, 2025 with strategies put into place to prevent falls. 3) on a monthly basis report will be reviewed and residents assessed beginning Jun 1, 2025 .

Lessons Learned

Success: Integrated- fall risk.

Challenge: Staff adaptation to using the new report consistently and integrating it into daily workflows.

Change Idea #2 Implemented Not Implemented In Progress

Implement /Reassess Falling Star program and reeducate staff on program

Process measure

- 1) # of education sessions provided to PSW/HCA and Registered staff 2) # of audits completed on Falling star program monthly 3) # of audits on Falling star program with no deficiencies

Target for process measure

- 1) Education sessions for all PSW/HCA and Registered staff will be completed by April 30, 2025 2) Audits on Falling star program will begin by May 1, 2025 with 100% of falling stars logos in place and in care plan by June 30, 2025.

Lessons Learned

Success: New Falling Star logo implemented to identify residents at risk of falls.

Challenge: Logo is not part of the intervention and is not incorporated into the care plan, so updates may be missed.

Change Idea #3 Implemented Not Implemented In Progress

Implement 4 P's rounding

Process measure

- 1) # of staff educated on the 4P's process 2) # of 4P cards provided 3) Resident council and family council informed of process

Target for process measure

- 1) 100% of front line staff will be educated on 4P process by August 31, 2025 2) 4P cards will be distributed to staff by August 31, 2025 3) Resident council and Family council will be informed of process August 31, 2025

Lessons Learned

Success: 4 P's rounding (Pain, Positioning, Personal needs, Placement of items) proactively reduce falls and improve resident comfort.

Challenge: Ensuring consistent execution across all shifts and documenting outcomes.

Comment

Implement a new Integrated Risk Management approach for falls to improve processes and strengthen care planning, with a focus on engaging frontline staff in regular care plan reviews.

Indicator #6	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Bay Ridges)	16.89 Performance (2025/26)	15 Target (2025/26)	13.86 Performance (2026/27)	17.94% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Implement Extendicare's Antipsychotic Reduction Program which includes using the Antipsychotic Decision Support Tool (AP-DST).

Process measure

- 1.) home team established 2). Schedule regular meetings for antipsychotic review 3). Attendance to the Quality Labs 4.) Percentage of residents with an action plan inputted.

Target for process measure

- 1). Home team will be established by May 31, 2025 2). Education and training completed by December 31, 2025 3). Antipsychotic review meetings are occurring every 1 weeks of the month beginning June 2025 4). All Residents triggering the Antipsychotic QI have an action plan inputted into the decision support tool within 3 to 6 months of admission

Lessons Learned

Success: The tracking tool provides structured follow-up and makes progress clearer.

Challenge: Ensuring consistent use and accurate data entry by all staff.

Change Idea #2 Implemented Not Implemented In Progress

Education for Registered Staff on antipsychotics

Process measure

- 1) # of registered staff who attended training session on antipsychotic medications.

Target for process measure

- 1) 75% of registered staff will have attended training on antipsychotic medications by June 30, 2025.

Lessons Learned

Success: Registered staff education is included in weekly huddles and MDS follow-ups.

Challenge: Maintaining consistent staff engagement during busy workflows.

Change Idea #3 Implemented Not Implemented In Progress

GPA education for training for responsive behaviours related to dementia.

Process measure

- 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.

Target for process measure

- 1.) GPA sessions will be provided for 50% staff by September 30, 2025. 2.) Feedback from participants in the session will be reviewed and actioned on by every end of session.

Lessons Learned

Success: Quarterly education provides staff with learning opportunities to refresh skills and recharge.

Challenge: Education sessions can be costly due to training expenses and staffing coverage.