

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Improve resident satisfaction with spiritual and religious services offered by staff.	C	% / LTC home residents	In-house survey / 2026	71.00	80.00	Despite high overall satisfaction, Resident Council feedback and resident survey results highlight opportunities to improve the diversity and consistency of spiritual supports provided by staff.	

Change Ideas

Change Idea #1 Strengthen staff awareness of residents' spiritual preferences.

Methods	Process measures	Target for process measure	Comments
1) Ensure spiritual and religious preferences are assessed and documented on admission and care conferences. 2) Schedule regular staff-supported spiritual activities based on resident preferences.	1) Percentage of residents with documented spiritual preferences. 2) [#] of new programs implemented to target gaps.	1) =95% of residents with documented spiritual preferences. 2) Identify [#] of programs to increase spiritual care offerings	

Change Idea #2 Increase availability of staff-led spiritual supports.

Methods	Process measures	Target for process measure	Comments
1) Review existing offerings and resident faith/cultures. 2) Educate residents on spiritual care and delivery.	1) [#] of religions and cultures represented in home. 2) [%] of programs that support all.	1) [#] of programs run by Staff (increase). 2) [#] of new programs implemented. 3) Increased number of Spiritual Program Plans in ActivityPro. 4) [#] of Spiritual Care Programs/Month.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Improve resident satisfaction with spiritual and religious services provided by community members.	C	% / LTC home residents	In-house survey / 2026	75.00	80.00	Agreed at Resident Council. Maintaining satisfaction while increasing choice is important for residents, and this can be achieved by working more closely with community faith groups.	

Change Ideas

Change Idea #1 Residents will have external religious service providers that meet their needs.

Methods	Process measures	Target for process measure	Comments
1) Determine faith of residents on admission. 2) Determine which services are available in the community. 3) Schedule visits or services with compatible residents.	1) [#] of services available in community. 2) [#] of scheduled visits that were compatible for resident needs.	1) Residents will have appropriate external religious and spiritual services by March 31, 2026.	

Change Idea #2 Improve awareness and access to community-led services.

Methods	Process measures	Target for process measure	Comments
1) Communicate service schedules through calendars, unit postings, and announcements.	1) Number of community-led services offered monthly.	1) =3 community-led services per month. 2) Minimum of 5 active community faith partners.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Improve Resident satisfaction with the quality of cleaning within the resident's room.	C	% / LTC home residents	In-house survey / 2026	97.80	98.00	Resident Experience Survey results indicate result above benchmark; Resident council preferred the consistent monitoring for cleaning standards and expectations.	

Change Ideas

Change Idea #1 Review deep clean schedules for resident rooms

Methods	Process measures	Target for process measure	Comments
1) Environmental Service Manager to review deep clean schedules to ensure all resident rooms are included. 2) Track resident rooms completed. 3) Audits of resident rooms to ensure deep cleaning completed.	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.	1) Environmental Services manager will review deep clean schedule by March 31, 2026. 2) 50% of resident rooms will be deep cleaned by August 31, 2026 , with 100% being completed by December 31, 2026. 3) There will be a 50% improvement in completion of deep clean audits by August 31, 2026.	

Change Idea #2 Strengthen responsiveness to Resident-reported cleanliness concerns.

Methods	Process measures	Target for process measure	Comments
1) Establish clear follow-up timelines and feedback to families when concerns are raised.	1) % of resident cleanliness concerns addressed within defined timelines.	1) =95% of family concerns addressed within 48 hours.	

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	14.25	14.00	Extencicare Benchmarking: Maintaining or decreasing Current Performance Metrics While Targeting a Continued Reduction in Fall-Related Injuries.	

Change Ideas

Change Idea #1 Re-educate staff on Fall Prevention and Injury Reduction program

Methods	Process measures	Target for process measure	Comments
1) ADOC/designate will provide education sessions on Fall Prevention and Injury Reduction program to care staff 2) Managers and/or program lead will audit and monitor program to confirm compliance and identify gaps - minimum of 15 resident's audited quarterly	1) # of education sessions provided to PSW/HCA and Registered staff 2) # of audits completed	1) Education sessions for PSW/HCA and Registered staff will be completed by December 31, 2026 2) Audits on Fall Prevention and Injury Prevention program will begin by January 31, 2026	

Change Idea #2 Utilize and maintain Fall Prediction and Prevention Report (FPPR) Tool.

Methods	Process measures	Target for process measure	Comments
1) Review residents on list and ensure that strategies are in place to prevent falls 2) Monitor progress based on data from report	1) # of residents at high risk for falls 2) # of plans of care reviewed to ensure strategies in place 3) # of residents on list who did not experience a fall in the previous 30 days	1) Residents listed on report as being at high risk for fall will have strategies reviewed by May 1, 2026 2) Ongoing monitoring to ensure strategies are effective will be in place 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	13.86	13.50	Extendicare Benchmarking: Sustaining/decreasing Current Performance Metrics While Focusing on Antipsychotic Reduction with New Admissions.	

Change Ideas

Change Idea #1 Gentle Persuasive Approaches (GPA) Basics and GPA Bathing education for responsive behaviors related to dementia (in support of reduction of anti-psychotic use).

Methods	Process measures	Target for process measure	Comments
1) Engage with Certified GPA Coaches to roll-out home-level education and/or certify home staff as GPA Coaches to deliver education. 2) Contact Regional Managers for support to identify Certified GPA Coaches available for the home, if needed (i.e., local Psychogeriatric Resource Consultant (PRC)). 3) Deliver GPA Basics education to staff sessions. 4) Deliver GPA Bathing education.	1) # of staff certified as GPA Coaches. 2) # of staff participated in GPA Basics education and GPA Bathing education. 3) # of staff participated in GPA Bathing education. 4) Feedback from staff participants on the experience and usefulness of GPA Basics and GPA Bathing education to support resident care.	1) GPA Basics education will be provided for 50 % staff by Decmebr 31, 2026 2) GPA Bathing education will be obtained by GPA Coach to begin roll out of GPA bathing education to frontline staff. 3) Feedback from staff on GPA education will be reviewed and actioned post every GPA Training completed	To be monitored, audited per policy and report in Quality & Professional Advisory Committee Meeting.

Change Idea #2 Anti-psychotics Program includes use of the Anti-psychotic Decision Support Tool (AP-DST).

Methods	Process measures	Target for process measure	Comments
1) Establish AP Home Team. 2) Education and support provided by Regional Manager(s). 3) Resident-centred action plans are inputted into the home's Anti-psychotic Decision Support Tool (AP-DST). 4) Escalation to CMO supports (i.e., Anti-psychotics Lead).	1) AP Home Team established. 2) Scheduled regular meetings for antipsychotic review. 3) % of residents on anti-psychotics with an individualized action plan inputted into the home's Anti-psychotic Decision Support Tool (AP-DST). 4) Attendance to Quality Labs by Regional Manager(s) and/or Home Leadership team to share success stories and/or challenges for continuous improvement recommendations.	1) AP Home Team will be established by March 31, 2026. 2) Education and training completed by October 31, 2026. 3) Resident-centred interdisciplinary reviews of anti-psychotic use are occurring every 4 weeks (once a month). 4) Residents triggering the anti-psychotic QI indicator have an action plan inputted into their home's Anti-psychotic Decision Support Tool (AP-DST) within 3 to 6 months of admission and every month thereafter until no longer triggering QI indicator.	

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	1.67	1.50	Extendicare Benchmarking: Maintaining or decreasing Current Performance Metrics While Targeting a Continued Reduction in worsening wound.	

Change Ideas

Change Idea #1 Mandatory education for all Registered staff on correct staging of Pressure ulcers

Methods	Process measures	Target for process measure	Comments
1) Communicate to Registered staff about the requirement to complete education. 2) Registered staff to complete online modules on wound staging by end of third quarter of year. 3) DOC/designate to monitor completion rates	1) # of communications to Registered for the 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.	1) Communication on mandatory requirement will be completed by December 31, 2026 2) 100% of Registered staff will have completed education on correct wound staging by December 31, 2026 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 December 31, 2026	

Change Idea #2 Strengthen pressure injury prevention and management through staff participation in recognized Skin & Wound education and certification programs Wound, Ostomy and Continence Institute (WOC institute): Skin Wellness Associate Nurse (SWAN™) Program PSW & Caregiver Skin Health Course Wounds Canada Institute: Accredited Wound Care Champion Program (AWCCP) Skin Health Program (SHP) for Personal Care Providers

Methods	Process measures	Target for process measure	Comments
1) Enroll skin & wound lead/back-up to SWAN™ and/or AWCCP, 2) Additional registered staff enrolled to AWCCP 3) Enroll PSW/Caregivers to the PSW Skin Health Programs (WOC institute or Wounds Canada)	1) # of SWAN certified staff (including S&W lead) 2) # of AWCCP certified staff 3) # PSW/care giver certified	1) 100% of staff enrolled will have SWAN certification by December 31, 2026 2) 100% of staff enrolled will have AWCCP certification by December 31, 2026 3) 100% of staff enrolled will have PSW course certification by December 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	0.46	0.00	Extencicare benchmarking: Maintain Current Restraint Performance.	

Change Ideas

Change Idea #1 Admission coordinator/designate will review each application received for restraints prior to move-in

Methods	Process measures	Target for process measure	Comments
1) Admission coordinator reviews and flags each application received for restraints 2) Information is sent to LHIN, etc. to indicate that home is least restraint and that alternatives will be trialed upon move-in	1) # of applications received that have a restraint 2) # of communications sent back to applicant and family to explain least restraint approach 3) # of acceptances received to trial alternatives upon move-in	1) Process for review of new resident applications with restraints will be in place within new admission observation period.	

Change Idea #2 Consult with behaviour lead/team to help address behaviours of residents with restraint usage.

Methods	Process measures	Target for process measure	Comments
1) Provide staff information sheet on restraints and review how a restraint usage can escalate resident responsive behaviours 2) Consult with behaviour lead/team to identify potential alternatives to restraint usage that would support resident	1) # of residents who had restraint in place 2) # of behaviour lead/team consults to review alternatives completed	1) 100% of residents using restraints in the home have been consulted with behaviour lead/team to identify alternatives by Decemeber 31, 2026	