Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #1 I am satisfied with the food and beverages served to me. (Extendicare Bayview)	**57.90** Performance (2025/26)	**70** Target (2025/26)	**70.90** Performance (2026/27)	**--** Percentage Improvement (2026/27)	**NA** Target (2026/27)

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Change Idea #1 ☑ **Implemented**   ☐ Not Implemented   ☐ In Progress

Ensure dedicated time during bi-monthly Food Committee meetings to collect and discuss food and beverage feedback from residents.

> **Process measure**
>
> - 1. # of suggestions for improvement regarding food and beverage service from residents collected at Food Committee meetings on a bi-monthly basis. 2. # of suggestions from Food Committee meetings that are implemented.
>
> **Target for process measure**
>
> - There will be improvement in the results for satisfaction on food and beverage options and new processes will be in place by September 2025.

Lessons Learned

Challenges: 1) Diverse population in the home. 2)Residents from different cultural groups favouring different food and beverage choices. 3) Outbreaks, isolation limits the quality of food and services.

Change Idea #2 ☑ **Implemented**   ☐ Not Implemented   ☐ In Progress

Hold menu tasting events prior to each menu launch to obtain feedback on types of food to be incorporated into next menu cycle. Could potentially be in collaboration with Recreation Department.

> **Process measure**
>
> - 1. # of participants at the menu event. 2. # of changes made to the menu implemented.
>
> **Target for process measure**
>
> - There will be improvement in results for food and beverage options and menu tasting events will be in place by September 2025.

Lessons Learned

Different preferences from various cultural groups.

	Last Year		This Year		
Indicator #3 I enjoy eating meals in the dining room. (Extendicare Bayview)	**60.00** Performance (2025/26)	**75** Target (2025/26)	**75.50** Performance (2026/27)	**--** Percentage Improvement (2026/27)	**NA** Target (2026/27)

Change Idea #1 ☑ **Implemented** ☐ Not Implemented ☐ In Progress

Provide staff education on improving resident dining experience during mealtime.

Process measure

- # of staff education sessions held to review policies, procedures, strategies, and expectations during mealtime towards improving resident dining experience. Can include in-services, orientations, and coverage during general staff meetings.

Target for process measure

- At least 2 education sessions with 75% of staff being trained will be held by September 2025.

Lessons Learned

Challenges: Extensive assistance is needed during meal time. Also, due to the resident behaviours.

Change Idea #2 ☑ **Implemented** ☐ Not Implemented ☐ In Progress

Ensure dedicated time during bi-monthly Food Committee meetings to collect and discuss dining experience feedback from residents.

Process measure

- 1. # of suggestions for improvement regarding dining experience from residents collected at Food Committee meetings on a bi-monthly basis. 2. # of suggestions from Food Committee meetings that are implemented.

Target for process measure

- There will be improvement in the results for satisfaction on dining experience and process for collecting feedback will be in place by September 2025.

Lessons Learned

1) Diverse population in the home. 2)Residents from different cultural groups favouring different food and beverage choices.

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	Last Year		This Year		
Indicator #2	**60.80**	**70**	**72.90**	**--**	**NA**
I am satisfied with the variety of recreation programs. (Extendicare Bayview)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ **Implemented**   ☐ **Not Implemented**   ☐ **In Progress**

Increase variety of recreation programs offered across units based on resident input via diverse suggestion/feedback channels.

Process measure

- 1. # of recreation program suggestions/feedback provided by residents. 2. # of new recreation programs added to calendars based on resident feedback. 3. # of communications sent to residents with information about recreation programming (i.e., program calendars, newsletters, announcements during meetings).

Target for process measure

- At least 3 new programs will be implemented quarterly based on feedback by September 2025.

Lessons Learned

Varying responses from residents.

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	Last Year		This Year		
Indicator #4	**74.50**	**80**	**74.50**	**--**	**NA**
If I need help right away, I can get it. (Extendicare Bayview)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ **Implemented** ☐ Not Implemented ☐ In Progress

Reduce call bell response times.

> **Process measure**
>
> - 1. # of call bell response time audits completed. 2. Average call bell response time for the past month.
>
> **Target for process measure**
>
> - 1. A minimum of 20 call bell response time audits will be completed per month by June 2025. 2. Average call bell response times will improve across units by 15% by September 2025, which is expected to enhance residents' satisfaction with care experience.

Lessons Learned

The average response time was within a minute, however, the resident satisfaction survey result did not reflect on the improvement.

Safety | Safe | Optional Indicator

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	Last Year		This Year		
Indicator #6 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Bayview)	**9.67** Performance (2025/26)	**7.50** Target (2025/26)	**9.19** Performance (2026/27)	**4.96%** Percentage Improvement (2026/27)	**9** Target (2026/27)

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Change Idea #1 ☑ **Implemented**   ☐ Not Implemented   ☐ In Progress

Increased monitoring during shift change/report times.

> **Process measure**
>
> • 1. # of care plans of residents at higher risk for falls reviewed and updated. 2. # of falls during shift change/report times. 3. # of times two PSWs were present during shift report times to monitor residents.
>
> **Target for process measure**
>
> • 1. 100% of care plans of residents at higher risk for falls will be reviewed and updated by September 2025. 2. # of falls during shift report time will continue to decrease, ideally averaging out at 0 by September 2025.

Lessons Learned

Less falls were happening during shift change/report times.

Change Idea #2 ☑ **Implemented**   ☐ Not Implemented   ☐ In Progress

Activity during shift report effective to reduce # of falls

> **Process measure**
>
> • No process measure entered
>
> **Target for process measure**
>
> • No target entered

Lessons Learned

Activity implemented during the afternoon shift change/report times.

Comment

the plan we used worked well, so we continue with the same ideas

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	Last Year		This Year		
Indicator #8	**8.81**	**8.50**	**10.34**	**-17.37%**	**10.25**
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Bayview)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ **Implemented**   ☐ **Not Implemented**   ☐ **In Progress**

Decrease in the number of residents prescribed antipsychotics without a diagnosis through implementation of a regular reviewing and tracking process.

Process measure

- 1. % of residents who are on antipsychotics without diagnosis of psychosis reviewed at the end of each month, according to the RAI-MDS schedule. 2. % of residents newly admitted to the home on antipsychotics reviewed according to the RAI-MDS schedule. 3. # of residents deprescribed monthly.

Target for process measure

- 1. 100% of care plans of residents who are on antipsychotics without diagnosis of psychosis will be reviewed and updated according to the RAI-MDS schedule by December 2025. 2. 100% of residents newly admitted to the home on antipsychotics will be reviewed according to the RAI-MDS schedule by December 2025.

Lessons Learned

Continue to track new admission residents prescribed antipsychotics to see if the have the Diagnosis or they are the candidate for deprescribing.

Comment

N/A

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Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #7	**0.56**	**0.50**	**1.25**	**--**	**NA**
Percentage of LTC home residents with pressure ulcer worsened to a stage 2, 3, or 4. (Extendicare Bayview)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ **Implemented**   ☐ **Not Implemented**   ☐ **In Progress**

Staff education with focus on prevention of pressure injuries.

> **Process measure**
>
> • 1. % of residents reviewed with PURS score of 3 or greater with interventions in place according to the RAI-MDS schedule. 2. # of education sessions provided to staff on prevention of pressure injuries.
>
> **Target for process measure**
>
> • Review of residents with PURS score of 3 or greater will continue on an ongoing basis with all identified residents (100%) being completed by November 2025. Staff will regularly receive education on prevention of pressure injuries and all staff will have received education by December 2025.

Lessons Learned

Continuous education on the importance of early prevention and proper treatment.

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	Last Year		This Year		
Indicator #5	**0.55**	**0.50**	**0.00**	**--**	**NA**
Percentage of long-term care home residents in daily physical restraints over the last 7 days (Extendicare Bayview)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ **Implemented**   ☐ Not Implemented   ☐ In Progress

Maintain current QI score for resident(s) with restraints by continuing with the process of reviewing restraint use on a quarterly basis and providing education on the home's least restraint policy.

> **Process measure**
>
> • 1. % of quarterly reviews completed according to the RAI-MDS schedule. 2. # of staff education (i.e., monthly committee meetings, orientation) on least restraint policy.
>
> **Target for process measure**
>
> • 100% of quarterly reviews will be completed according to the RAI-MDS schedule by December 2025. 100% of front-line staff will have education on least restraint policy by November 2025

Lessons Learned

Challenges: POA preference despite education of risk and balancing safety, resident preference with least restraint use.

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