

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To improve on satisfaction with the food and drinks served to me.	C	% / LTC home residents	In-house survey / 2026	70.90	72.00	In 2024-2025, our home reached the goal of 70%. Our new goal is to continuously improve to 72%.	

Change Ideas

Change Idea #1 Education for Nursing and dietary staff regarding pleasurable dining.

Methods	Process measures	Target for process measure	Comments
Schedule unit huddles and/or Inservice sessions for the nursing and the dietary staff.	# of education/in-service sessions.	6 education/in-service sessions provided for the Nursing and the dietary staff to improve overall satisfaction with the food and beverages provided to residents.	

Change Idea #2 Improve satisfaction by ensuring that there is adequate supply of more popular menu options.

Methods	Process measures	Target for process measure	Comments
Weekly - review and adjust forecasting for menu options.	# of forecasting adjustments for menu.	Improve overall satisfaction with the food and beverages provided to residents.	

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Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To improve on sharing my ideas about the recreation and leisure activities offered on the calendar	C	% / LTC home residents	In-house survey / 2026	67.30	70.00	To allow residents to have the choice to suggest programs and to provide optimal experience for residents well-being and leisure.	

Change Ideas

Change Idea #1 Add resident's feedback on program ideas offered on the calendar.

Methods	Process measures	Target for process measure	Comments
Gather information from meetings (including but not limited to Resident Council, Townhall) and/or individual feedback.	# of ideas being implemented on a monthly basis	10 programs implemented in an annual basis.	

Change Idea #2 Staff discusses with residents regarding their preferences with program ideas.

Methods	Process measures	Target for process measure	Comments
Gather resident feedback and input into IDRCC assessment according to the IDRCC schedule.	% of IDRCC Recreation assessments completed.	100% of IDRCC Recreation assessments completed according to the IDRCC schedule.	

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Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To improve on providing my input about the food and drink options	C	Number / LTC home residents	In-house survey / 2026	69.20	71.00	Our goal is to continuously improve on receiving resident's input.	

Change Ideas**Change Idea #1** Increase communication opportunities for residents to provide input of food and drink options

Methods	Process measures	Target for process measure	Comments
Meetings where food and drinks are discussed (including but not limited to Food Committee Meetings, Resident Council and Townhall)	# of meetings where food/drink preferences are discussed with residents.	12 meetings where food and drink options are discussed with residents.	

Change Idea #2 Collect resident's feedback on special recipes on a monthly basis.

Methods	Process measures	Target for process measure	Comments
Compile resident's feedback every month discussing special recipes (including but not limited to Food Committee Meetings, Resident Council and Townhall)	# of resident's feedback on special recipes.	10 special recipes on an annual basis.	

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	9.19	9.00	Continue to reduce the incidents of falls.	

Change Ideas

Change Idea #1 Implement monitoring during shift change/report time with frequent rounding.

Methods	Process measures	Target for process measure	Comments
1) Review residents on high risk for falls and complete the intentional rounds and ensure interventions address current needs.	-% of care plans at high risk for falls reviewed to ensure strategies in place are current. - # of audits completed at the shift change/report time.	-100% of care plan for high risk residents reviewed are current -Staff are completing the rounds during shift change.	

Change Idea #2 Implement management auditing to ensure staff are performing safety checks

Methods	Process measures	Target for process measure	Comments
2) Manager complete audits on staff performing safety checks	# of audits in the last 30 days	20 audits in the last 30 days	

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	10.34	10.25	Continue to decrease residents prescribed with Antipsychotics without diagnosis.	

Change Ideas

Change Idea #1 Decrease number of residents prescribed AP without diagnosis of psychosis through monthly review and tracking process

Methods	Process measures	Target for process measure	Comments
Review and track all residents on AP without psychosis diagnosis	% of residents who are on AP without a diagnosis of psychosis reviewed monthly	GPA education provided to staff bi-monthly to build capacity of staff to manage behaviours non-pharmacologically. -Monthly reviews of the AP in the home.	

Change Idea #2 Interdisciplinary behavior rounding for assessment and monitoring of residents on AP

Methods	Process measures	Target for process measure	Comments
Review new move-in residents with prescribed AP and identify candidates on AP to complete the interdisciplinary behavior rounding.	# of Behavior rounds completed.	To ensure the Monthly interdisciplinary behaviour rounds are completed to review and monitor residents on AP	

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	1.25	1.20	Continue to reduce incidence of worsened pressure injuries.	

Change Ideas

Change Idea #1 Mandatory education for all Registered staff and PSWs on pressure ulcers.

Methods	Process measures	Target for process measure	Comments
1) Communicate to Registered staff requirement to complete education. 2) Registered staff to complete online modules on skin and wound by August 31, 2026 3) DOC/Designate to monitor completion rates.	1) #of communications to Registered staff mandatory requirement to complete education-ongoing. 2) # of Registered staff who have completed online modules on skin and wound by August 31, 2026. 3) # of PSW staff who have completed online modules on skin and wound. 4)# of audits of completion rates completed by DOC/designate and follow up as required.	1) 100% communication on mandatory requirement will be completed by August 31, 2026. 2) 100% of Registered staff will have completed education on correct wound staging by August 31, 2026. 3) 100% of PSW staff will have completed education on prevention on skin and wound by August 31, 2026. 4)Audits of completion rates will be completed by August 31, 2026 with required follow up will occur by 1st week of the following month.	

Change Idea #2 Focus on continence care to keep skin clean and dry.

Methods	Process measures	Target for process measure	Comments
"1) Wound Care and continence lead will work internally to ensure that the correct incontinence product is being used for each resident ant that continence care is being provided properly as per the individual resident requirements. 2) Provide education sessions as required for staff to select and apply appropriate brief following guidelines.	1) # of brief audit checks completed. 2) # of education sessions provided.	1) Review of 30 Residents for correct sizing and type of incontinence products will be completed monthly. 2) Education sessions for Prevail 101 will be completed by November 2026. 3) Annual review of continence program will be completed by July 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	0.54	0.00	To meet Extendicare's target of 0 restraints.	

Change Ideas

Change Idea #1 Educate staff on least restraint policy to minimize use of restraints.

Methods	Process measures	Target for process measure	Comments
1) Review care plans of residents with restraint use on a quarterly basis.	1) % of quarterly reviews completed.	1) 100% of restraint use will be reviewed quarterly.	

Change Idea #2 Provide information to new move-in resident's POA/SDM on least restraint policy to minimize use of restraints

Methods	Process measures	Target for process measure	Comments
Provide information to new move-in resident's POA/SDM on least restraint policy	% of new move-in resident's POA/SDM communications on least restraint policy.	100% of new move-in resident's POA/SDM communication on least restraint policy	