

Experience | Patient-centred | **Custom Indicator**

	Last Year		This Year		
Indicator #6	35.70	55.20	78.80	--	NA
The resident has input into the recreation programs available. (Extendicare Brampton)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Residents to have more autonomy on their home area calendar programs.

Process measure

- # of ideas generated # of attendees # of ideas implemented on the calendar

Target for process measure

- 20% of residents in each home area to attend monthly meeting April 2025 to initiate resident program suggestions

Lessons Learned

Each RHA has their own calendar with specific activities in addition to the existing congregate one that is unique to their home area. These programs driven by their voice. Calendars are posted in each RHA and in each resident room.

Change Idea #2 Implemented Not Implemented In Progress

To increase family awareness of programs offered to residents, including highlighting the residents' input to the calendar.

Process measure

- # of newsletters that include this featured section # times appearing on agenda and discussed at Family Council # times included and discussed at quarterly townhalls

Target for process measure

- Monthly newsletter to include a section of resident choice programs starting May 2025. Resident choice programs will be mentioned at quarterly townhalls beginning June 2025

Lessons Learned

The resident choice corner was implemented into the monthly calendar distributed to residents and their families.

Indicator #1	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 quality of care from doctors. (Extendicare Brampton)	50.00	63.90	65.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Increase awareness of role of doctor in LTC and funding model. Increase awareness of role of NP Determine if NP on staff would be beneficial

Process measure

- # of education info sessions by September 2025. # of time DOC (or ADOC) attends Family and Resident Council in 2025. To be added to the agenda 4 x at PAC for the year 2025.

Target for process measure

- Education will be provided by September 2025 DOC/ADOC will attend Family and Resident council by September 2025 Quality of Care will be added to PAC agenda by June 2025

Lessons Learned

Medical Director attended Resident Council meeting and educated them on role of doctor, role of nurse.

Indicator #2 I am satisfied with the variety of food and beverage. (Extendicare Brampton)	Last Year		This Year		
	52.90 Performance (2025/26)	67.90 Target (2025/26)	42.60 Performance (2026/27)	-- Percentage Improvement (2026/27)	NA Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

To introduce Resident Choice meal monthly

Process measure

- # of resident choice suggestions # of suggestions implemented

Target for process measure

- Menu choice ideas will be added to monthly food committee meeting agenda by June 2025. 10 sets of menu choice ideas will be presented by Dec 2025 1 Resident menu choice idea will appear on resident monthly menu starting in April 2025

Lessons Learned

Resident's enjoyed this featured meal and now want it to be expanded.

Change Idea #2 Implemented Not Implemented In Progress

To introduce Resident choice meal bimonthly. To have each resident home area choose 4 x per year

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

We will be expanding the # of resident choice meals featured on a monthly based.

Comment

While residents have expressed their satisfaction in the resident selected monthly meal as it relates to increasing variety, they have voiced via our focus groups that they want to have even more variety this year. We plan to expand the # of times we feature the resident choice meal and we have expanded the # of residents able to participate in the meal suggestion by resident home area and not just resident food committee.

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
Indicator #4	3.10	2	1.60	--	NA
Percentage of LTC home residents with Worsened Ulcers stages 2- 4. (Extendicare Brampton)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Review current bed systems/surfaces for residents with a PURS score of 3 or greater.

Process measure

- # of residents with PURS score of 3 or greater. # of bed surfaces/mattresses replaced # of reviews completed of bed Quarterly.

Target for process measure

- A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by August 2025

Lessons Learned

Success: New bed systems/surfaces given to all residents. For residents at high risk for or continues to have skin break down a pump air mattress is given.

Change Idea #2 Implemented Not Implemented In Progress

Improve Registered staff knowledge on identification and staging of pressure injuries.

Process measure

- # of education sessions provided for Registered staff on identifying correct staging of pressure injuries.

Target for process measure

- 100% of registered staff will have received education on the identification and staging of pressure injuries by September 2025

Lessons Learned

Success: Registered staff were educated on how to accurately identify different types of pressure ulcers, understand the stages of pressure injuries and distinguish between various types of wound.

Challenges: Registered staff retention of information and documentation accuracy specifically for part time and casual staff.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #3	12.20	12	15.09	-23.69%	13
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Brampton)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Reassess the falling leaf program and educate staff on the program.

Process measure

- 1.# of education sessions provided to PSW/registered staff. 2.# of audits completed on the Falling Leaf program

Target for process measure

- Education sessions for PSW and Registered staff will be completed by June 2025. 8 monthly Audits on Falling Leaf program will be completed by Dec 2025.

Lessons Learned

Success: Fall leaf program was reviewed with the falls committee. The program was renamed falling star program. Staff was educated on program and new signage.

Change Idea #2 Implemented Not Implemented In Progress

Conduct environmental assessments of resident spaces to identify potential fall risk areas and address areas for improvement.

Process measure

- 1.# of environmental assessment completed monthly 2.# of identified deficiencies from assessments that were corrected monthly

Target for process measure

- 1.11 Environmental risk assessments of resident spaces to identify fall risk will be completed by December 2025. 2. Percentage of deficiency corrected monthly February- December 2025.

Lessons Learned

Success: An environmental assessment is completed for all resident who fall frequently and/or who are at risk for falling.

Challenges: Despite frequent follow ups and environmental reassessments. Some resident's continues to have frequent falls.

Comment

We will continue to work on this indicator. Partnership between extended early evening hours of physio and programs departments along with increase in # of post fall huddles remain part of our plan to reduce # of falls. Lead Falls RN is has been changed for 2026.

	Last Year		This Year		
Indicator #5	11.57	11	2.70	76.66%	2.65
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Brampton)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

GPA training for responsive behaviors related to dementia.

Process measure

- 1). # of GPA sessions provided 2). # of staff participating in education. 3) # of feedbacks received by staff

Target for process measure

- 2 GPA sessions will be completed by December 2025 Feedback from participants in the session will be reviewed after each session and actioned on by December 2025

Lessons Learned

Success: GPA training sessions were lead by the facility GPA coaches in conjunction with the psychogeriatric resource consultant (PRC).

Challenges: Scheduling GPA training day due to operational and role changes within the facility and with our care partners.

Change Idea #2 Implemented Not Implemented In Progress

Quarterly mini-educational sessions to be completed on emerging topics of concern i.e. communication strategies, de-escalation techniques, sexuality, and mental health disorders.

Process measure

- 1.#of education sessions provided to the staff

Target for process measure

- Mini education sessions will be completed on emerging topics of concern 100 % of staff by December 2025.

Lessons Learned

Success: Seven mini-education sessions were completed in 2025.

