

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of the food and drink served to me	C	% / LTC home residents	In house data, InterRAI survey, NHCAPHS survey / Annual 2025 Resident Experience survey	56.50	75.00	To be in align with Extencicare benchmark	

### Change Ideas

Change Idea #1 Implement monthly themed meal. Request from resident food committee input on menu planning and themed/event meals as to what they would like to see.

Methods	Process measures	Target for process measure	Comments
1)Post upcoming dates and agenda prior to food committee meeting 2)Request input from resident committee on themed meals	Information to be shared with resident council by April 2026	1) Resident choice themed meals implemented by May 1 2026 2) Taste testing to start at food committee meetings by April 15th 2026	

Change Idea #2 Incorporate seasonal foods to include residents in food prep and programs.

Methods	Process measures	Target for process measure	Comments
Contact vendors to find out seasonal offerings to present to resident council	Information to be shared with resident council by April 2026	Fresh/seasonal foods to be offered in meal service by May 2026	

## Safety

### Measure - Dimension: Safe

Indicator #2	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	23.87	15.00	Extencicare Benchmark	

### Change Ideas

Change Idea #1 Implement purposeful rounding with special attention focus to includes; personal needs, pain, position, possessions

Methods	Process measures	Target for process measure	Comments
1) Educate all staff on purposeful rounding 2) Inform Resident and Family council on process of purposeful rounding 3) Other disciplines outside nursing will receive education on purposeful rounding to provide extra oversight on floor	1) # of staff educated on purposeful rounding 2) Resident and family council education on process captured in meeting minutes	1) 100% of staff will be educated on purposeful rounding process by June 15 2026 2) Resident and Family council will be informed of process by July 1 2026	

## Change Idea #2 Enhance lighting at bedside and in bathroom for residents who fall in the evening/ night

Methods	Process measures	Target for process measure	Comments
Fall lead/team to review/analyze falls data for residents who would benefit from enhanced lighting at bedside/bathroom 2) Order and install lighting 3) Monitor pre and post data for improvement	1) # of residents identified as benefiting from enhanced lighting 2) # of lights installed at bedside, and in bathroom	1) Residents will be reviewed for enhanced lighting by April 1, 2026 2) Environmental assessments of each of the identified resident rooms will be completed by April 15, 2026 3) Lights will be ordered and installed by May 15 2026	

## Measure - Dimension: Safe

Indicator #3	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	8.33	17.00	The keep in line with Extencicare Benchmark	

## Change Ideas

Change Idea #1 Family education resources provided for appropriate use of anti-psychotics.

Methods	Process measures	Target for process measure	Comments
Provide family resource: Centre for Effective Practice (CEP) - How Anti-psychotic Medications are Used to Help People with Dementia: A Guide for Residents, Families and Caregivers.	1. # of CEP resources provided to families monthly. 2. # of antipsychotics de-prescribed as a result of increased family awareness.	Copies of CEP resource will be printed and available at nurses station by April 1 2026	

Change Idea #2 Enhance home team collaborative opportunities with Behavioural Support Lead (BSO) and home's interdisciplinary team.

Methods	Process measures	Target for process measure	Comments
Invite Behavioural Supports Lead (BSO) to PAC meetings or other interdisciplinary meetings for increased opportunity for collaboration with interdisciplinary home team.	1. # of interdisciplinary meetings the Behavioural Support Team were invited to attend. 2. # of monthly referrals to the Behavioural Support Team.	1. The Behavioural Support Team and Home Leadership will be able to endorse increased collaboration and visibility in home by April 15, 2026.	

**Measure - Dimension: Safe**

Indicator #4	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	2.38	2.00	Extendicare corporate target	

## Change Ideas

Change Idea #1 Education to all registered staff on Dietician referral communication process with the home for worsened and healed skin issues.

Methods	Process measures	Target for process measure	Comments
Education to improve communication between the dietician and the skin and wound lead to look at the skin and wound tracker. 2) Wound Care lead to provide an updated list of skin issues to the dietician. 3) DOC to audit this process as part of the evaluation process of the program	# of skin issues followed up by the dietician. # of audits that identified areas for improvement monthly # of audits completed monthly	Wound care lead to provide refresh education on improving Dietician referral communication by April 1, 2026 2) Standardized communication process will be in place by April 15, 2026	

Change Idea #2 Turning and repositioning education provided to staff.

Methods	Process measures	Target for process measure	Comments
1) Educate staff on the importance of turning and repositioning residents to off load pressure 2) Night staff to audit those residents that require turning and repositioning 3) Review this during the Sink and Wound committee for trends	# of staff educated # of audits completed # of reviews completed by Skin and Wound Committee	1) 100% of PSWs will have attended education sessions on turning and repositioning by June 15, 2026 2) Process for review, analysis and follow up of monthly trends from tools will be in place by April 15 2026	

**Measure - Dimension: Safe**

Indicator #5	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	0.45	0.00	to exceed current performance.	

**Change Ideas**

Change Idea #1 Upon move in, education to be provided to all families regarding restraint policies. Brochure to be provided during move in.

Methods	Process measures	Target for process measure	Comments
Number of families provided with education. Number of residents provided with education.	Education to be provided to residents and families.	100% of residents and families will receive education by August 2026	

Change Idea #2 Admission coordinator / delegate will review each application received for restraints prior to move in

Methods	Process measures	Target for process measure	Comments
Admission coordinator reviews and flags each application received for restraints	1) # of application received that have a restraint 2) # of communications sent back to applicant and family/to explain least restraint approach 3) # of acceptances received to trail alternatives upon move in	1) Process for review of new residents applications with restraints will be in place by April 15, 2026	