Experience | Patient-centred | Custom Indicator

Indicator #5	Last Year Performance (2025/26)	Last Year Target (2025/26)	This Year Performance (2026/27)	This Year Percentage Improvement (2026/27)	This Year Target (2026/27)
Percentage of residents responding positively to: In my care conference, we discuss what's going well, what could be better and how we can improve things. (Carlingview Manor)	54.00	65	51.40	--	NA

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

Obtain feedback on annual care conference process from residents and families

Process measure

- 1) # of survey questions 2) # of feedback responses received monthly 3) # of improvement actions implemented 4) # of Resident and scheduled Family forum meetings attended where results discussed

Target for process measure

- 1) Survey questions will be developed by April 1st, 2025. 2) Process for post care conference feedback will be in place by June 1st, 2025. 3) Feedback/survey results will be shared with resident and scheduled family forum meetings with action for improvement by June 1st, 2025.

Lessons Learned

Social work developed an evergreen IDRCC schedule to accurately track care conference bookings. There has continued to be an emphasis on staff accountability for attending and participating in IDRCCs. Some families have expressed that they can find it difficult to come and attend in-person, so the IDRCCs are offered via. phone call, MS Teams invite, or in-person. Transitioning into 2026, we want to emphasize the value of residents attending their IDRCCs during POA conversations to enhance resident attendance. Furthermore, we strive to create and distribute a survey to obtain further feedback.

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

Review annual care conference process

Process measure

- 1) # of reviews of care conference process completed 2) % of positive feedback resident responses post care conference

Target for process measure

- 1) Review of care conference process, completed by July 1st, 2025. 2) There will be a 65% improvement in overall positive responses post care conference by September 30th, 2025.

Lessons Learned

In August 2025, Extendicare updated their policies and procedures to enhance the care conference process. The process, now known as Interdisciplinary Resident Care Conferences (IDRCC), has improved stakeholder communication, evolved the information obtained within the assessment, and in tandem with our Social Worker has enhanced the effectiveness of scheduling these meetings.

Comment

Plans for future improvement regarding our Care Conferences within the home can be found in our 2026 action plan: 1) Encourage residents to attend their annual care conference.

Indicator #4

Percentage of residents responding positively to: I have input into the Recreation programs available. (Carlingview Manor)

Last Year		This Year		
62.00	**75**	**85.70**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Monthly planning meeting on every floor with the residents

Process measure

- 1) # of meetings throughout the year 2) # of change ideas provided in meeting that were implemented 3) # of residents participating on each home area

Target for process measure

- 1) Program will be introduced and implemented as of June 1st, 2025.

Lessons Learned

To enhance resident input into the Recreation programs available within our home, we implemented monthly calendar meetings on each floor with encouraged resident involvement. At these meetings we discuss the residents' ideas and suggestions while working towards the implementation of new activities and outings into the program calendars. We further discuss calendar planning and engagement at resident council, family forum, and monthly townhalls. Throughout 2025, it was challenging to continually engage families due to a lack of family council. Although we host a family forum, there is not always sufficient attendance to elicit strong calendar planning feedback.

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

Schedule bi-yearly meetings with all residents to discuss larger group programs such as entertainment, exercises and outings.

Process measure

- 1)# of meetings throughout the year 2) # of ideas provided in meeting that were implemented 3) # of residents participating in meeting

Target for process measure

- 1) Program will be introduced and implemented as of June 1st, 2025. 2) Residents will meet bi-yearly in larger group programs, providing feedback and selecting upcoming event such as entertainment, exercices, outings.

Lessons Learned

We discuss larger group programs at resident council, family forum, and monthly townhalls. Although discussions occurred through these mediums, we still aim to schedule separate bi-yearly meetings to discuss larger group programs.

Indicator #3

Percentage of residents responding positively to: Communication from home leadership is clear and timely (Carlingview Manor)

Last Year		This Year		
56.30	**65**	**75.00**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Management team to have "Tea and Chats" or social sit-down programs with residents, families, and leadership teams to inform and engage on a regular basis.

Process measure

- 1) # of times programs was implement 2) # of people participated in program

Target for process measure

- 1) Program will be introduced and implemented as of April 1st, 2025.

Lessons Learned

To improve our leadership communication, we implemented a communication board by the front entrance to communicate ongoing progress towards our new home redevelopment, a monthly townhall and newsletter to more effectively communicate home operations to residents, families, and staff, a family forum to further enhance home communication with families, a Staff Shout Out board to highlight team recognition and we added a TV to the ground floor.

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

mplement communication board in main lobby for family and residents and add a TV.

Process measure

- 1) # of times communication board was updated 2) Resources and information provided to residents and families

Target for process measure

- 1) Communication board will be purchased and put up by April 1st, 2025. 2) Communication board will be updated at least 2x/month.

Lessons Learned

As stated previously, to improve our leadership communication, we implemented a communication board by the front entrance to communicate ongoing progress towards our new home redevelopment, a monthly townhall and newsletter to more effectively communicate home operations to residents, families, and staff, a family forum to further enhance home communication with families, a Staff Shout Out board to highlight team recognition and we added a TV to the ground floor.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Carlingview Manor)	**15.93** Performance (2025/26)	**15** Target (2025/26)	**17.51** Performance (2026/27)	**-9.92%** Percentage Improvement (2026/27)	**15** Target (2026/27)

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

Provide staff education on conducting shift report to increase communication on high risk residents and their inventions

Process measure

- 1. # of education sessions provided to PSW and Registered staff 2. All 7 units will have the new shift report document 3. # of shift report audit completed by managers

Target for process measure

- 1. Education sessions for PSW and Registered staff will be completed by June 1st, 2025 2. New shift report document will be implemented by April 1st, 2025 3. Audits on shift report will begin by April 1st, 2025

Lessons Learned

In 2025, education was provided and a shift report sheet was created, however, the adherence and implementation of it was unsuccessful. Transitioning into 2026, we are further enhancing our shift report process and are focusing on more effective re-enforcement. We continue to evaluate the process through walkabouts and audits.

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

Ongoing surveillance of environment in resident areas for fall risk

Process measure

- 1. # of staff education sessions completed on environmental risk assessment 2. # of identified deficiencies corrected monthly

Target for process measure

- 1. Staff education on completing an environmental risk assessment will be completed for 100% of staff by June 1st, 2025 2. Continuous process for identification of deficiencies will be implemented by June 1st, 2025

Lessons Learned

Throughout 2025, we continued to observe variance between home areas. Effective surveillance continues to occur on resident home areas where charting occurs in the hallways but falters where there is a lack of adherence. Further follow-up with staff is required with the aim to more effectively empower the frontline registered staff to elicit greater accountability.

Comment

Plans for future improvement regarding our Falls program within the home can be found in our 2026 action plan: 1) re-educate staff on Fall Prevention and Injury Reduction program, 2) implement purposeful rounding, and 3) increased communication during shift report for residents who have recently moved-in and during outbreaks.

	Last Year		This Year		
Indicator #2 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Carlingview Manor)	**8.82** Performance (2025/26)	**7.50** Target (2025/26)	**6.00** Performance (2026/27)	**31.97%** Percentage Improvement (2026/27)	**17.30** Target (2026/27)

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

Gentle Persuasive Approach (GPA) education for training for responsive behaviours related to dementia.

Process measure

- 1). # of GPA sessions provided 2). of referrals to Regional Managers, LTC Consultants or Manager of Behaviour Services & Dementia Care. 3). # of staff participating in education 4.) Feedback from participants in the usefulness of action items developed to support resident care.

Target for process measure

- 1.) GPA sessions will be provided for 50 % staff by September 1st, 2025. 2.) Feedback from participants in the session will be reviewed and actioned on by October 1st, 2025.

Lessons Learned

In 2025, ROH facilitated GPA training with some of the PSW staff. In 2026, we continue to train additional PSW staff as well as empower BSO team involvement.

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

Collaborate with the physician to ensure all residents using anti-psychotic medications have a medical diagnosis and rationale identified.

Process measure

- 1) # of medication reviews completed monthly 2) # of diagnosis that were appropriate for antipsychotic medication use 3) # of alternatives implemented

Target for process measure

- 1) Ongoing reviews of medication and diagnosis will be completed monthly 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by July 1st, 2025.

Lessons Learned

We had strong adherence throughout 2025 and continue to uphold this collaboration into 2026. For more future improvement, please refer to the additional comments section.

Comment

Plans for future improvement regarding our Antipsychotic Reduction program within the home can be found in our 2026 action plan: 1) Collaborate with Registered Staff, Physician, and Nurse Practitioner to ensure all residents using antipsychotic medications have a documented indication by diagnosis and/or rationale for symptom-management identified in the resident's diagnosis list and care plan, 2) family education resources provided for appropriate use of antipsychotics, and 3) enhance home team collaborative opportunities with Behavioural Support Lead (BSL), BSO, and home's interdisciplinary team.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #7 Percentage of residents who were physically restrained (daily) (Carlingview Manor)	**1.10** Performance (2025/26)	**1** Target (2025/26)	**1.12** Performance (2026/27)	**--** Percentage Improvement (2026/27)	**NA** Target (2026/27)

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

Provide information to families and residents on Least Restraint.

Process measure

- 1) # of admission packages with Restraint policy included. 2) # of meetings with Resident and scheduled Family forum meetings to discuss Least Restraint and Risks.

Target for process measure

- 1) 100% of admission packages will have Restraint policy included for new admissions by June 1st, 2025. 2)Meetings with Resident and scheduled Family forum meeting will be attended to discuss Restraints by June 1st, 2025

Lessons Learned

Our admission package includes an informative brochure about restraints. In 2026, we will reevaluate the brochure to incorporate more effective education on bed rails. We have observed that many families are frequently requesting bed rails and thus we want to enhance our least restraint communication associated with bed rails.

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

Provide resource for staff to use when discussing restraints with residents and families.

Process measure

- # of education sessions provided to Registered staff

Target for process measure

- 1)Education sessions will be completed for all Registered staff by July 1st, 2025.

Lessons Learned

As stated above, our admission package includes an informative brochure about restraints. In 2026, we will reevaluate the brochure to incorporate more effective education on bed rails. We have observed that many families are frequently requesting bed rails and thus we want to enhance our least restraint communication associated with bed rails.

Comment

Plans for future improvement regarding our Least Restraints program within the home can be found in our 2026 action plan: 1) provide information to families and residents on least restraint approach.

	Last Year		This Year		
Indicator #6 Percentage of residents who had a pressure ulcer that recently worsened (Carlingview Manor)	**1.50** Performance (2025/26)	**1** Target (2025/26)	**1.15** Performance (2026/27)	**--** Percentage Improvement (2026/27)	**NA** Target (2026/27)

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

Education on Product selection wound care

Process measure

- # of education provided to all registered staff on wound care products and protocols # of education sessions per shift # of audits completed monthly # of audits that identified areas for improvement monthly

Target for process measure

- 1)Education sessions on products and selection of products will be completed for all Registered staff by July 1st, 2025. 2) Audits will show a improvement in compliance by 50 % on September 1st, 2025.

Lessons Learned

In 2025, three nurses received SWAN education. Our wound care champion and wound care program lead continue to facilitate product selection wound training.

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

Focus on continence to keep skin clean and dry- toileting, appropriate brief selection

Process measure

- # of residents with skin issues # of residents with a toileting plan in place # of brief audit checks completed # of education sessions provided

Target for process measure

- 1) The leads for Skin/Wound and Continence will complete their resident review by June 1st, 2025. 2) Review of correct sizing and type of incontience products will be completed by June 1st, 2025. 3) Education sessions for product selection will be completed by June 1st, 2025. 4) Annual review of continence program will be completed by July 15, 2025.

Lessons Learned

Our continence program lead and ward clerk work synergistically with the frontline staff to ensure adherence to brief allocation. We conduct a three-day continence diary and subsequent assessment to optimally meet resident needs. In August 2025, Extendicare implemented PCC integration which consequentially enhanced our referral process to the Continence lead.

Comment

Plans for future improvement regarding our Skin and Wound program within the home can be found in our 2026 action plan: 1) mandatory education for all Registered Staff on correct staging of Pressure Ulcers, and 2) education on product selection wound care.