

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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.	C	% / LTC home residents	In-house survey / 2025	51.40	71.40	LTC Division Overall 2025	

Change Ideas

Change Idea #1 Encourage residents to attend their annual care conference.

Methods	Process measures	Target for process measure	Comments
1) Communicate to residents when their annual care conference is scheduled in advance of meeting. 2) Remind resident morning of meeting and assist as needed to meeting. 3) Allow time for discussion and obtain feedback on what could be improve.	1) # of annual care conferences where residents attended. 2) # of care conferences where the resident was reminded in advance of the meeting. 3) # of meetings when feedback was requested and obtained from resident	1) Residents will be encouraged to attend their annual care conference beginning June. 30th, 2026.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: I am satisfied with the quality of laundry services for my clothing and linens.	C	% / LTC home residents	In-house survey / 2025	54.50	78.80	LTC Division Overall 2025	

Change Ideas

Change Idea #1 Review process for labelling clothing.

Methods	Process measures	Target for process measure	Comments
1) Review process for labelling with staff. 2) Attend Family and Resident councils to discuss labelling process. 3) Put communication about labelling process in monthly newsletter to families and residents. 4) Review process for labelling on move in.	1) # of staff attending session about process for labelling. 2) # of Resident and Family Council meetings attended by Environmental Services Manager/ designate. 3) # of newsletters where labelling process was communicated. 4) # of new residents that had process reviewed	1) Staff session about labelling process will be held by December. 31st, 2026 2) Support Services manager/ designate will attend Resident and Family Council meeting by December. 31st, 2026. 3) Communication will be sent out about labelling process in newsletter by December. 31st, 2026. 4) Update move in guide with labelling process.	

Change Idea #2 Hold a lost and found day 2x/ year.

Methods	Process measures	Target for process measure	Comments
1) Advertise a lost and found day. 2) Arrange items in a specified location for residents/ families to come and look for missing items. 3) Obtain feedback from Resident and Family Councils on lost and found days.	1) # of lost and found days advertised per year. 2) % of missing items returned to resident/ family member. 3) # of Resident and Family Council meetings where lost and found days discussed and feedback obtained 4) # of improvements made based on feedback	1) By December 31st, 2026, two (2) lost and found days will have occurred. 2) % of missing items will have been returned to residents and families by December. 31st, 2026 3) Feedback from Resident and Family Councils will be obtained on the lost and found days by June. 30th, 2026.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: If I need help right away, I can get it.	C	% / LTC home residents	In-house survey / 2025	55.40	70.70	LTC Division Overall 2025	

Change Ideas**Change Idea #1 Implement purposeful rounding**

Methods	Process measures	Target for process measure	Comments
1) Provide education session for staff on purposeful rounding process. 2) Provide 4 P's education to staff for reminder of 4 areas to ask resident about. 3) Audit call bell frequency and response times post education.	1) Number of education sessions for staff. 2) number of staff who received 4P's education. 3) number of audits completed.	1) Education for purposeful rounding (4P's) will be completed by December. 31st for 75% of staff. 2) 4 P's education will be provided to staff at education session by December. 31st, 2026. 3) Call bell frequency and response times will improve by 5% by December. 31st, 2026.	

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	17.51	15.00	Extencicare Benchmark	Achieva, MediSystems Pharmacy

Change Ideas

Change Idea #1 Re-educate staff on Fall Prevention and Injury Reduction program

Methods	Process measures	Target for process measure	Comments
1) ADOC/designate will provide education sessions on Fall Prevention and Injury Reduction program to care staff 2) Managers and/or program lead will audit and monitor program to identify compliance and/or gaps - minimum of 15 resident's audited quarterly"	1) # of education sessions provided to PSW/HCA and Registered staff 2) # of audits completed"	1) Education sessions for PSW/HCA and Registered staff will be completed by December. 31st, 2026 2) Audits on Fall Prevention and Injury Prevention program will begin Q2, 2026 and occur quarterly thereafter	

Change Idea #2 Implement purposeful rounding (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	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 December. 31st, 2026 2) Resident and Family council will be informed of process by September. 30th, 2026	

Change Idea #3 Increased communication during shift report for residents who have recently moved-in and during outbreaks

Methods	Process measures	Target for process measure	Comments
1) Remind staff about increased risk of falls when in outbreaks and during move-in period 2) Registered staff to communicate list of residents on isolation and/or new move-in's during each shift report to oncoming staff 3) Residents identified as being at increased risk of falls due to isolation or new move-in's will have enhanced monitoring by all staff for two-week period	1) # of staff receiving reminders for resident fall risk 2) # of shift reports where registered staff communicated list of high-risk residents 3) # of residents on enhanced monitoring per shift	1) Reminders for staff will be communicated by September. 30th, 2026 2) Shift report process for communicating high risk residents will be in place by September. 30th, 2026 3) Process for enhanced monitoring for those on isolation or newly admitted will be in place by September. 30th, 2026.	

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	6.00	17.30	Extendicare Benchmark	Achieva, MediSystems Pharmacy, Royal Ottawa Hospital, BSO

Change Ideas

Change Idea #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 (i.e., monthly care plan review)

Methods	Process measures	Target for process measure	Comments
1. Complete medication reviews for residents prescribed antipsychotic medications 2. Consider non-pharmacological approaches as appropriate to reduce antipsychotic use, and document assessment findings and management planning	1. # of resident antipsychotic reviews completed monthly 2. # of resident care plans updated monthly to support appropriate antipsychotic use and matching # of updates to the homes Antipsychotic Decision support Tool (AP DST) 3. # of residents deprescribed antipsychotics and replaced with nonpharmacological approaches to care implemented (reflective in the AP DST)	1. 90% of all residents with antipsychotics use prescribed will have assessment, management planning and updated documentation completed by December. 31st, 2026. 2. Non-pharmacological approaches to care will be documented within resident's care plans and reassessed if not effective within 1 month of implementation by December. 31st, 2026	

Change Idea #2 Family education resources provided for appropriate use of antipsychotics.

Methods	Process measures	Target for process measure	Comments
1. Provide family resource: Centre for Effective Practice (CEP) - How Antipsychotic Medications are Used to Help People with dementia: A Guide for Resident, Families and Caregivers. 2. Make resource available at nursing station for families.	1. # of CEP resources provided to families monthly. 2. # of antipsychotics deprescribed as a result of increased family awareness.	1. Copies of CEP resource will be printed and available at nursing station by December. 31st, 2026.	

Change Idea #3 Enhance home team collaborative opportunities with Behavioural Support Lead (BSL), BSO, and home's interdisciplinary team

Methods	Process measures	Target for process measure	Comments
1. Invite Behavioural Supports Lead (BSL), BSO, to PAC meetings or other interdisciplinary meetings for increased opportunity for collaboration with interdisciplinary home team. 2. Remind Registered Staff to refer to Behavioural Support Team when needed, using PCC Referral - Behavioural Support 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 the home by December. 31st, 2026.	

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	1.15	1.00	Continued improvement with a realistic target.	3M Canada, Medline, Prevail

Change Ideas

Change Idea #1 Mandatory education for all Registered Staff on correct staging of 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 wound staging by end of third quarter of year 3) DOC/ designate to monitor completion rates	1) # of communications to Registered Staff mandatory requirement to complete education 2) # of Registered Staff who have completed online modules on wound staging on a monthly basis 3) # audits of completion rates completed by DOC/ designate and follow up as required	1) Communication on mandatory requirement will be completed by December. 31st, 2026 2) 100% of Registered Staff will have completed education on correct wound staging by December. 31st, 2026 3) Audits of completion rates will be completed monthly with required follow up will occur by 1st week of each month and process is to be in place by December. 31st, 2026.	

Change Idea #2 Education on Product selection wound care.

Methods	Process measures	Target for process measure	Comments
1) Education sessions set up for all registered staff on products on wound care protocol 2) Sessions to be arranged for all shifts 3) Audits to be completed by wound care lead of home for correct usage of products	# of education sessions/ shift # of audits that identified areas for improvement monthly	1) Education sessions on products and selection of products will be completed for all Registered Staff by December. 31st, 2026. 2) Audits will show a minimum 5% improvement in compliance by December. 31st, 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	1.12	1.00	Continued improvement with realistic target.	Achieva

Change Ideas**Change Idea #1** Provide information to families and residents on least restraint approach

Methods	Process measures	Target for process measure	Comments
1) Provide Restraint information sheet in move-in packages for new move-in's 2) Meet with Resident and Family Councils to provide education on least restraint approach and risks associated with restraint use	1) # of move-in packages with Restraint information sheet included 2) # of meetings with Resident and Family council to discuss least restraint approach and risks of restraint use	1) 100% of move-in packages will have Restraint information sheet included for new move-ins by June. 30th, 2026. Meetings with Resident and Family councils will be attended to discuss the least restraint approach by September. 30th, 2026	