

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

	Last Year		This Year		
<b>Indicator #1</b>	<b>41.10</b>	<b>68</b>	<b>60.00</b>	<b>--</b>	<b>NA</b>
I am satisfied with the food and beverages served to me (Extencicare Countryside)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Ensure dedicated time (standing agenda item) during Resident Council meeting to discuss food complaints and recommendations

**Process measure**

- 1) # of Food Committee meetings allotted specified time during every Resident's Council meeting. 2) # of Feedback, recommendations and corresponding actions documented and actioned

**Target for process measure**

- 1) Food committee meetings will be held 12 times per year for 2025. 2) All recommendations will be documented and actioned on within 7 days of receiving and feedback on those actions provided at the next meeting starting April 2025.

**Lessons Learned**

Resident satisfaction with food services continues to be a standing agenda item at Resident Council meetings. This approach has proven effective, and we remain committed to ongoing improvement through continued collaboration and engagement with residents in the coming years.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Work in collaboration with Recreational Department to hold food tastings prior to each Menu launch to obtain feedback on types of food to be incorporated into next menu cycle.

**Process measure**

- 1) # of food tasting sessions held annually 2) # of items accepted by Residents (and included on the menu) and # of items rejected by Residents 3) Improvement of overall Resident satisfaction score .

**Target for process measure**

- 1) 2 Food tasting sessions will occur each year by Dec 2025. 2) 6% of new menu choices will be included as a result of tasting held by September 30th.

**Lessons Learned**

Food tasting initiatives continue to solicit resident feedback in advance of each menu launch, ensuring preferences are incorporated into upcoming menu cycles.

**Comment**

Taste testing sessions will continue to be held, with ongoing efforts to encourage resident participation and feedback.

	Last Year		This Year		
<b>Indicator #2</b>	<b>43.80</b>	<b>68</b>	<b>62.20</b>	<b>--</b>	<b>NA</b>
I am satisfied with the variety of food and beverage options (Extendicare Countryside)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Adjust menu to include seasonal availability.

**Process measure**

- 1) # of Seasonal foods to be incorporated in each menu cycle 2) Advertisement of seasonal fruits / vegetables and seasonally appropriate menu items incorporated

**Target for process measure**

- 1) at least 2 Seasonal food changes will be made to menu each cycle beginning June 15th 2025. 2) All advertisement of these seasonal changes will be completed 3 weeks in advance of change."

**Lessons Learned**

We continue to offer seasonal items on an ad hoc basis to promote resident satisfaction, with positive feedback received to date.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Increase special food programs in collaboration with Recreation Team

**Process measure**

- 1. # of food related programming being offered 2. Attendance in said programs 3. Resident feedback in RC or Program Planning Meetings

**Target for process measure**

- 1. Incorporate at least 1 of food related programs each quarter on programs calendar 2. Implement 2 BBQ days for Residents in 2025. Implement 1 corn roast in 2025. Hold 1 fun fair with poutine day in 2025

**Lessons Learned**

The Dietary and Recreation teams continue to collaborate on in-home food programs, resulting in increased resident satisfaction and positive feedback.

**Comment**

The Dietary and Recreation teams will continue to lead and enhance the quality of food programs, in collaboration with residents.

	Last Year		This Year		
<b>Indicator #3</b>	<b>43.80</b>	<b>60</b>	<b>86.60</b>	<b>--</b>	<b>NA</b>
I have input into the recreation programs available (Extendicare Countryside)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

The home will continue with monthly Floor Calendar Clubs to assist Residents to develop their floor specific monthly programs.

**Process measure**

- 1) # of Programs throughout the year 2) # of change ideas provided in the program that were implemented 3) # of residents participating on each floor

**Target for process measure**

- 1) Program will be fully introduced and implemented as of March 31st 2025 2) Residents will meet monthly with their Activity Aide, providing feedback on programs and selecting upcoming events starting March 2025

**Lessons Learned**

This change initiative was successful in not only meeting but exceeding our target.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Use real-time feedback tools such as evaluations of programs, seeking resident feedback on enjoyment and satisfaction of program in real time

**Process measure**

- 1) # of audits completed throughout the year 2) % rate of satisfaction of program 3) # of Change actions

**Target for process measure**

- 1) 5 audits will be completed per community on a monthly basis, directly after programs to evaluate level of enjoyment/satisfaction 2) There will be a 10% improvement with satisfaction of program by September 30th 2025.

**Lessons Learned**

Real-time feedback has enabled the home to implement suggested improvements and enhance overall resident satisfaction.

**Comment**

Calendar Club will continue to support residents in developing community-specific monthly programs.

**Safety | Safe | Optional Indicator**

	Last Year		This Year		
<b>Indicator #4</b>	<b>18.41</b>	<b>15</b>	<b>18.04</b>	<b>2.01%</b>	<b>15</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Countryside)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Ensure each resident at risk for falls has a individualized plan of care for fall prevention

**Process measure**

- 1) # of residents at risk for falls 2) # of plans of care reviewed 3) # of new strategies determined 4) # of plans of care updated 5) # of sessions held to communicate changes with staff

**Target for process measure**

- 1) All Residents at risk for falls will be identified by April 30th 2025 2) Care plans for all high-risk residents will be reviewed and updated by May 30th 2025 3) Changes in plans of care will be communicated to staff by May 30th 2025

**Lessons Learned**

Falls reduction and injury prevention continue to be key priorities for clinical improvement within the home. The care team is committed to thoroughly analyzing each fall to identify contributing factors and root causes, ensuring that individualized plans of care are developed and adjusted to meet each resident’s specific needs.

**Comment**

The home participates on clinical quality labs with focus on fall prevention and injury reduction within the home.

Indicator #5	Last Year		This Year		
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Countryside)	<b>13.67</b>	<b>12</b>	<b>15.28</b>	<b>-11.78%</b>	<b>10</b>
	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 education for training for responsive behaviours related to dementia.

**Process measure**

- 1). # of GPA sessions provided 2). # of staff participating in education 3). # of referrals to Regional Managers, LTC Consultants or Manager of Behaviour Services & Dementia Care and/or PRC. 4.) Feedback from participants in the usefulness of action items developed to support resident care. 5. # of newly trained in-house GPA Coaches 2024

**Target for process measure**

- 1.) GPA sessions will be provided for 20% of the staff by October 31st 2025 2.) All Feedback from participants in the session will be reviewed and actioned on by December 31st 2025 3. One team member will be attend the GPA Training in the next year.

**Lessons Learned**

Gentle Persuasive Approaches (GPA) education on responsive behaviours related to dementia was delivered throughout the home in 2025 to enhance frontline staff capacity.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Education for Registered Staff on antipsychotics

**Process measure**

- # of registered staff who attended training session on antipsychotic medications.

**Target for process measure**

- 75% of registered staff will have attended training on antipsychotic medications by September 30th 2025

**Lessons Learned**

Education regarding antipsychotic use for registered staff was included as a standing agenda item in Nursing Practice and BSO meetings.

**Comment**

The DST tool will continue to be utilized, with BSO reviewing cases in collaboration with the MD/NP to support a reduction in antipsychotic use within the home. Efforts will also focus on reducing polypharmacy at the time of admission.

**Safety | Safe | Custom Indicator**

	Last Year		This Year		
<b>Indicator #6</b>	<b>1.30</b>	<b>1</b>	<b>0.90</b>	<b>--</b>	<b>NA</b>
Pressure ulcers: New or worsened pressure injury stage 2-4 - unadjusted	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

(Extendicare Countryside)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Mandatory education for all Registered staff on correct staging of Pressure ulcers

**Process measure**

- 1. # of Registered staff who have attended the education sessions 2. # of referrals for pressure related injuries received by wound care champion 3. # of audits completed 4. # of correctly identified and staged pressure related injuries

**Target for process measure**

- 1. Educational program will be completed and ready for roll out by May 31st 2025 2) 100% of Registered staff will have attended the education program by June 30th 2025 3) Audits of WCC referrals and correctly completed staging will be completed weekly with required follow up will occur by Friday of each week. Process will commence the 1st week of July 2025.

**Lessons Learned**

Wound rounds were implemented along with the designation of wound care champions to strengthen wound management practices. Opportunities were identified to better align RPN practice with scope of practice expectations related to wound care.

**Comment**

The Wound Care Champion is providing ongoing education and mentorship to RPNs to support practice within their scope of practice. The Wound Care Champion has completed the Wounds Canada program and is currently enrolled in the SWAN Program.

Indicator #7	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Restraints: Percentage of residents who were physically restrained (daily) unadjusted	<b>0.90</b>	<b>0.60</b>	<b>0.90</b>	<b>--</b>	<b>NA</b>

(Extendicare Countryside)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Enhance awareness of least restraint strategy with LHIN's and other stakeholders to create restraint reduction plans on admission

**Process measure**

- 1. # of discussions held with potential new admissions regarding least restraint strategy and alternatives. 2. # of discussions held with LHIN or other stakeholders to create restraint reduction plans for new admissions # of tour and admission packages with least restraint information added

**Target for process measure**

- Enhanced awareness of least restraint strategy with LHIN's and other stakeholders for restraint reduction plans on admissions by September 30th 2025.

**Lessons Learned**

We have maintained our performance and continue to work collaboratively with families to promote a least-restraint environment through ongoing education and communication.

**Comment**

Ongoing education is provided to families regarding the use of restraints, along with continued staff education to enhance awareness and support least-restraint practices.