

Experience | Patient-centred | Custom Indicator

Indicator #6	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	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" (Extendicare Elginwood)	30.00	66.90	68.80	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Ensure all residents are given the opportunity to become involved in resident care conference meeting 2)Encourage residents to attend their annual care conference

Process measure

- 1) # of annual care conferences where residents attend 2) # of care conferences where plan of care was discussed with resident

Target for process measure

- 1) Residents will be encouraged to attend their annual care conferences beginning April 1, 2025. 2) There will be a 42% improvement in this indicator by December 2025.

Lessons Learned

Successes

Improved communication and transparency: Residents felt heard and included in discussions about their care, fostering trust and collaboration with care teams.

Better individualized care planning: Resident input helped tailor care plans to meet personal preferences, goals, and needs.

Encouraged proactive participation: Regular invitations and reminders increased attendance and involvement in care conferences.

Strengthened interdisciplinary collaboration: Care conferences became a platform for effective communication between residents, families, and the care team.

Challenges

Resident attendance: Some residents were reluctant to attend.

Change Idea #2 Implemented Not Implemented In Progress

Review annual care conference process. 2) At each care conference, ask the resident and document if there are any questions or concerns.

Process measure

- 1) # of reviews of care conference process completed 2) # of modifications to agenda 3) % of positive feedback resident responses post care conference

Target for process measure

- 1) Review of current care conference process will be 100% completed by April 2025. 2) By October 2025 there will be an improvement on resident survey to 75% for positive responses for care conference process.

Lessons Learned

Successes

Improved resident engagement: Asking residents directly about questions or concerns increased their participation and sense of ownership in their care.

Enhanced documentation: Systematically recording resident questions and concerns ensured care plans reflected their input and were more individualized.

Challenges

Time management: Thorough discussions and documentation at each care conference required additional time, particularly for residents with complex needs.

Resident participation variability: Some residents were hesitant to share concerns or had difficulty articulating needs, requiring extra support from staff.

Comment

Steps to Reach the Target

Standardize the care conference process: Develop a consistent format to ensure every resident is asked about questions, concerns, and suggestions.

Schedule in advance: Provide residents and families with advance notice of care conferences to maximize attendance and participation.

Staff education and coaching: Train staff on effective communication techniques, active listening, and proper documentation during care conferences.

Document and track resident input: Record all resident questions, concerns, and feedback in the care plan, with follow-up actions clearly identified.

Indicator #4	Last Year		This Year		
	Percentage of residents responding positively to "I am satisfied with the quality of care from personal support staff, health care aides" (Extendicare Elginwood)	67.90 Performance (2025/26)	81 Target (2025/26)	94.70 Performance (2026/27)	-- Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Implementing Care Champions

Process measure

- # of education sessions for staff % of positive feedback received from residents

Target for process measure

- 100% of staff will complete Customer service training by April 30, 2025. Program will be introduced to resident council and families before May 30, 2025.

Lessons Learned

Successes

Improved resident satisfaction: Implementation of Care Champions led to an increase in residents responding positively to "I am satisfied with the quality of care from personal support staff/health care aides."

Enhanced staff engagement and accountability: Care Champions served as role models, promoting best practices, consistent care, and mentorship among peers.

Challenges

Time and workload constraints: Balancing Care Champion responsibilities with regular care duties was challenging during busy shifts.

Staff engagement variability: Not all staff immediately embraced the Care Champion model, requiring ongoing encouragement and support.

Change Idea #2 Implemented Not Implemented In Progress

Engage in regular discussion with residents on their satisfaction with the quality of care received from PSW's.

Process measure

- # of times quality of care from PSW's was discussed on agenda at resident council # of walkabouts completed where feedback received about quality of care from PSW's # of feedback received from residents and actioned on

Target for process measure

- Quality of Care from PSW's will be added to standing agenda for resident council by May 30, 2025 100% of feedback received by walkabouts about quality of care from PSW's will be reviewed and actioned by June 30, 2025.

Lessons Learned

Successes

Enhanced resident voice: Regular discussions provided residents with an opportunity to express their satisfaction, concerns, and preferences regarding care.

Improved responsiveness: Feedback from residents allowed staff to address concerns promptly and tailor care to individual needs.

Strengthened staff-resident relationships: Open communication fostered trust and rapport between residents and personal support staff.

Challenges

Resident participation variability: Some residents were hesitant or unable to provide feedback consistently due to cognitive or communication barriers.

Comment

Steps to Reach the Target

Schedule regular feedback sessions: Establish consistent, routine opportunities for residents to discuss their satisfaction with PSW's, such as during rounds, resident council meetings, or one-on-one check-ins.

Standardize discussion tools: Use structured questions, surveys, or prompts to guide conversations and ensure consistent feedback is collected.

Communicate results to staff: Share resident feedback with PSW's during team huddles, Town hall meetings to reinforce positive practices and address concerns.

Incorporate feedback into care plans: Use resident input to tailor individualized care and adjust staffing practices or interventions as needed.

Ongoing staff education and support: Provide training on effective communication, active listening, and responding to resident concerns constructively.

Indicator #5	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of residents responding positively to "I am satisfied with the variety of food and beverage options." (Extendicare Elginwood)	39.30	67.90	NA	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Improve the menu choices for the residents 2) Adjusting menu to include seasonal availability.

Process measure

- 1)# of resident suggestion incorporated into the spring/summer menu. 2)# of Seasonal foods to be incorporated in each menu cycle 3) Advertisement of seasonal fruits / vegetables and seasonally appropriate menu items incorporated 4) # of walkabouts completed by Dietary manager during meals 5) # of dietitian reviews completed of menu

Target for process measure

- 1) at least 3 Seasonal food changes will be made to menu each cycle accordingly starting May 2025 2) Advertisement of these seasonal changes will be completed at the Food committee meeting with the residents starting April 2025. 3) Meetings with Resident council and food committee to discuss menu will begin by April 2025. 4) Walkabouts by Dietary manager will commence by April 2025

Lessons Learned

Successes

Increased resident satisfaction: Adjustments to the menu and inclusion of seasonal foods led to higher percentages of residents responding positively to “I am satisfied with the variety of food and beverage options.”

Enhanced menu variety: Introducing new items and rotating seasonal options provided residents with more choices and a fresher dining experience.

Resident engagement: Residents appreciated having input on menu changes, fostering a sense of involvement and ownership in meal planning.

Challenges

Balancing preferences and dietary restrictions: Catering to diverse tastes while adhering to nutritional guidelines and therapeutic diets was sometimes challenging.

Change Idea #2 Implemented Not Implemented In Progress

Increase residents' participation in menu planning and food choices.

Process measure

- # of suggestions elicited from our residents on food choices that are incorporated into menu planning or food choices.

Target for process measure

- Home to incorporate at least 1 suggested change into the menu planning/food choice each month starting May 2025.

Lessons Learned

Successes

Enhanced resident engagement: Involving residents in menu planning gave them a sense of ownership and input into daily dining options.

Improved satisfaction with meals: Residents reported greater satisfaction when their preferences and suggestions were considered.

Better alignment with tastes and needs: Menu adjustments reflected resident preferences, cultural needs, and dietary requirements, improving overall meal acceptance.

Challenges

Participation consistency: Not all residents were able or willing to engage regularly in menu planning discussions.

Comment

Steps to Reach the Target

Regular resident meetings: Schedule consistent opportunities (monthly) for residents to share input on menus, special meals, and seasonal options.

Structured feedback tools: Using voting systems to collect resident preferences efficiently.

Incorporate resident input into menus: Adjust meal plans to reflect resident suggestions while balancing dietary needs and seasonal availability.

Collaborate with dietary staff: Ensure Dietary and Nursing teams work together to implement resident preferences effectively and safely.

Celebrate resident contributions: Highlight menu changes inspired by resident input to encourage continued participation and engagement.

Monitor satisfaction trends: Track resident satisfaction regarding food variety and menu options to measure progress.

Indicator #1	Last Year		This Year		
	Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Elginwood)	7.22 Performance (2025/26)	6.50 Target (2025/26)	10.22 Performance (2026/27)	-41.55% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Implement /Reassess Falling Star program and re-educate staff on program

Process measure

- # of education sessions provided to PSW and Registered staff 2) # of audits completed on Falling star program monthly 3) # of audits on Falling star program with no deficiencies

Target for process measure

- Education sessions for PSW and Registered staff will be completed by April 1, 2025 2) Audits on Falling star program will begin by April 2, 2025.

Lessons Learned

Successes

Improved staff awareness and engagement: Re-education increased understanding of the Falling Star program criteria, visual cues, and staff responsibilities, leading to more consistent identification of high fall-risk patients/residents.

Challenges

Documentation and follow-through: Ensuring accurate and timely documentation of fall risk status and interventions remained an area for improvement.

Change Idea #2 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) Residents at risk for falls will be identified by April 1, 2025 2) Care plans for high-risk residents will be reviewed and updated by May 1, 2025. 3) Changes in plans of care will be communicated to staff by continuously (As applicable) beginning April 1, 2025.

Lessons Learned

Successes

Ensured each resident at risk for falls has an individualized plan of care that addresses specific risk factors, incorporates appropriate interventions, and is consistently implemented by all staff.

Comment

Steps to Reach the Target

Ongoing fall risk assessments: Complete fall risk assessments on admission, with condition changes, and after any fall to ensure timely identification of at-risk residents.

Individualized care planning: Develop and update resident-specific fall prevention plans based on identified risk factors, history of falls, and current functional status.

Staff education and competency: Provide ongoing education and reinforcement on the Falling Star program, fall prevention interventions.

Interdisciplinary collaboration: Involve nursing, physiotherapy, programs, and housekeeping and dietary staff in care planning and intervention selection.

Environmental safety rounds: Conduct routine rounds to identify and correct environmental hazards that may contribute to falls.

Monitoring and follow-up: Track fall incidents and trends, evaluate effectiveness of interventions, and revise plans of care as needed.

Accountability and audits: Perform regular audits of care plans and intervention compliance, with feedback provided to staff.

Indicator #3	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Elginwood)	11.54 Performance (2025/26)	10.50 Target (2025/26)	10.47 Performance (2026/27)	9.27% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Implement Extendicare's Antipsychotic Reduction Program which includes using the Antipsychotic Decision Support Tool (AP-DST).

Process measure

- 1) home team established 2). Schedule regular meetings for antipsychotic review 3). Attendance to the Quality Labs 4.) Percentage of residents with an action plan inputted.

Target for process measure

- 1). Home team will be established by April 30, 2025. 2). Education and training completed by April 1, 2025. 3). Antipsychotiuc review meetings are occuring every 4 weeks 4). Residents triggering the Antipsychotic QI have an action plan inputted into the decision support tool within 3 to 6 months of admission.

Lessons Learned

Successes

More structured decision-making: Use of the AP-DST supported consistent, evidence-based evaluation before initiating or continuing antipsychotics.

Increased use of non-pharmacological interventions: Staff demonstrated greater utilization of individualized, non-drug approaches to manage behaviors.

Improved documentation and monitoring: More consistent documentation of behavioral triggers, interventions, and gradual dose reduction attempts.

Challenges

Staff comfort and confidence: Some staff required additional support to feel confident managing behaviors without relying on medications.

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) 75% of all residents will have medication and diagnosis review completed to validate usage by April 1, 2025 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by May 1, 2025.

Lessons Learned

Successes

Improved accuracy of medication justification: Collaboration with physicians ensured that all residents on antipsychotics had an appropriate medical diagnosis and documented rationale.

Enhanced compliance with regulatory standards: Documentation met standards for antipsychotic use and supported audit-readiness.

Stronger interdisciplinary communication: Regular discussions with physicians fostered shared understanding of resident needs, treatment goals, and risk-benefit considerations.

Comment

Steps to Reach the Target

Regular interdisciplinary reviews: Schedule routine meetings with physicians, nursing, and pharmacy to review all residents on antipsychotic medications.

Ongoing documentation audits: Monitor to ensure all antipsychotic use has a documented diagnosis and rationale, with feedback provided to staff as needed.

Staff education and reinforcement: Provide ongoing training for nursing staff on the importance of accurate documentation and how to support behavioral management interventions.

Use of the AP-DST tool: Continue utilizing the Antipsychotic Decision Support Tool to guide safe prescribing, monitor reduction opportunities, and track interventions.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #2	2.88	2	2.43	--	NA
Percentage of LTC residents with Worsened Pressure Injury stages 2-4 (Extendicare Elginwood)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

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

Process measure

- 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) # of audits of completion rates completed by DOC/designate and follow up as required.

Target for process measure

- 1) Communication on mandatory requirement will be completed by April 1, 2025. 2) 100% of Registered staff will have completed education on correct wound staging by April 1, 2025. 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 March 1, 2025.

Lessons Learned

Successes

Improved knowledge and competency: Mandatory education increased registered staff's understanding of correct pressure-ulcer staging and differentiation between stages.

More accurate assessments and documentation: Post-education audits showed improved accuracy and consistency in wound assessments and staging.

Earlier identification and intervention: Enhanced assessment skills supported earlier recognition of skin breakdown and timely implementation of preventive and treatment measures.

Challenges

Scheduling and attendance: Coordinating mandatory education across all shifts while maintaining staffing levels was challenging.

Variable baseline knowledge: Differences in prior experience required additional reinforcement and follow-up education for some staff.

Change Idea #2 Implemented Not Implemented In Progress

Education on Product selection wound care.

Process measure

- # of education sessions /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 May 1, 2025 2) Audits will show a [90 %] improvement in compliance by August 1, 2025.

Lessons Learned

Successes

Improved staff knowledge and confidence: Education enhanced staff understanding of appropriate wound-care product selection based on wound type, stage, drainage level, and condition of surrounding skin.

More appropriate product utilization: Staff demonstrated improved selection and application of wound-care products, leading to better wound healing support and fewer product-related issues.

Improved consistency in care: Standardized guidance reduced variation in product use across shifts and among staff.

Challenges

Product variety and complexity: The wide range of available wound-care products made selection challenging and required ongoing education.

Comment

Steps to Reach the Target

Ongoing staff education: Provide routine refresher training and bedside education on wound-care product selection based on wound type, stage and periwound condition.

Standardized product guidelines: Implement and maintain easy-to-use wound-care product selection guides or algorithms accessible to all staff.

Competency validation: Conduct periodic competency checks to ensure correct product selection and application.

Interdisciplinary collaboration: Involve wound care specialists, providers, and nursing leadership in education and decision-making.

Audit and feedback: Perform regular audits of wound documentation and product use, with feedback and coaching provided to staff.