

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I enjoy meals in the dining room	C	% / LTC home residents	In-house survey / Annual	56.90	75.70	meet the organizational average from the 2025 survey	

Change Ideas

Change Idea #1 Improve Dining Experience for Residents

Methods	Process measures	Target for process measure	Comments
1) FSM to attend evening meal and snack services on rotational basis to provide oversight and support to staff and residents. 2) Recreation and Food Services to partner to provide themed meals and programming.	1) Number of evening meals attended and audits completed. 2) Number of Themed events and meals completed.	1) FSM schedule rotation in place by April 30, 2026, 2) Monthly events in place by April 30, 2026	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication from the home leaders is clear and timely	C	% / LTC home residents	In-house survey / Annual	59.30	70.00	Meet the 2025 organizational score of 69.6%	

Change Ideas

Change Idea #1 Improved communication with residents and caregivers about the home operations

Methods	Process measures	Target for process measure	Comments
1) Quarterly operational newsletter provided 2) Bi-annual Town Halls for residents and caregivers. 3) Provide education to Management Team for Conflict Management. 4) Provide Nursing Team with training on having difficult conversations.	1) Number of newsletters completed 2) Town halls scheduled and attended by residents and caregivers 3) Number of Managers who complete training. 4) Number of Nurses who complete training.	1) Newsletters sent out each quarter starting in Q1 (April 2026) 2) Schedule and invitations sent out for Town Halls by April 30, 2026. 3) Education confirmed by April 30, 2026. Education confirmed by April 30, 2026.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am encouraged to provide my input about the food and drink options.	C	% / LTC home residents	In-house survey / Annual	62.30	65.30	Meet the 2025 organizational score	

Change Ideas

Change Idea #1 Increase opportunity to provide input into menu for residents and caregivers.

Methods	Process measures	Target for process measure	Comments
Scheduled quarterly menu planning meeting for residents and caregivers.	Number of attendees at meeting	Meetings to be booked by April 30, 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	9.96	17.30	Extencicare benchmark	

Change Ideas

Change Idea #1 Post Fall Assessments and Interdisciplinary Huddles

Methods	Process measures	Target for process measure	Comments
1) Review post fall huddles with team 2) Falls lead to work with team to identify root cause and implement Fall reduction processes or actions if applicable for all high Fall risk residents.	1) Number of post fall huddles completed 2) Number of resident specific interventions put in place to reduce Falls.	1) 100% of post fall huddles completed by July 31, 2026 2) Documented individual plan to address all high Falls risk residents completed by July 31, 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	9.80	17.30	Extendicare Target	

Change Ideas**Change Idea #1** Maintain Antipsychotic medication reduction program

Methods	Process measures	Target for process measure	Comments
1) Continued utilization of program to ensure we are reducing Antipsychotic's where applicable.	1) team lead by BSO RN 2) Resident's prescribed Antipsychotics are reviewed at interdisciplinary as needed.	1) Team remains active throughout 2026 2) all Residents prescribed Antipsychotics are reviewed with the interdisciplinary team at minimum annually.	

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	0.48	0.00	Corporate target is 2.00	

Change Ideas

Change Idea #1 1) Increase Education on Skin and wounds for care team 2) Ensure all wounds are assessed at minimum every 7 days until resolved.

Methods	Process measures	Target for process measure	Comments
1) Provide enhanced training and certification to select Registered and PSW staff in Skin and Wound. 2) Audit care provided to ensure assessment is completed within timeline	1) Number of staff who sig up 2) Standardization of wound assessments happening within specified time frames.	1) Number of staff who take part in additional training and are successful in attaining their certification. 2) 98% of Wounds are assessed within specified time frame.	

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	0.44	0.00	Corporate target is 2.5	

Change Ideas

Change Idea #1 Meet with residents and their caregivers to discuss alternatives to that we can trial to alleviate the concern/behaviour prompting the request for a restraint.

Methods	Process measures	Target for process measure	Comments
PASD's reviewed each month with interdisciplinary team	Number of residents reviewed monthly and number of meetings held to provide education and support to resident/caregiver.	100% of all PASD/s are reviewed and plans for alternatives supplied to residents/caregivers.	