

## Experience

## Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the days and times the recreation and leisure activities are scheduled	C	% / LTC home residents	In-house survey / 51351	77.10	79.40	Continuous Improvement to enhance resident Quality of Life	

## Change Ideas

Change Idea #1 Add time and day feedback to Monthly Program Planning meetings to ensure feedback is being collected re: time of day & DOW in addition to interests.

Methods	Process measures	Target for process measure	Comments
1) Add Program Planning Meetings on the calendar, 1x/month for each home area. 2) Document findings on meeting minute template. 3) Share and post minutes in common area."	1) [#] of meetings throughout the year 2) [#] of change ideas provided in meeting that were implemented 3) [#] of residents participating on each home area	1) Program will be introduced and implemented as of October 31, 2026. 2) Residents will meet monthly on each home area, providing feedback on program schedule by October 31, 2026.	

Change Idea #2 Provide daily routines to team members to ensure programming is occurring 3-4 x/day for each member.

Methods	Process measures	Target for process measure	Comments
1) Review existing schedules. 2) Provide daily routines for days and evenings. 3) Ensure 3-4 programs are added to each routine. 4) Avoid last minute changes. 5) Maintain a regular, predictable schedule with feedback from residents and families.	1) [#] of new routines reviewed and signed. 2) [#] of increased programs as a result of following standard on days and evenings. 3) [%] of positive feedback received from residents and families.	1) Daily routines will be reviewed, modified, and signed by October 31, 2026. 2) A total of 5 activities will be offered to residents daily. 3) Residents will provide feedback on program times 1x/year in RC or program planning meetings.	

**Measure - Dimension: Patient-centred**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I feel my goal and wishes are heard and considered in the care plan	C	% / LTC home residents	In-house survey / 51351	68.50	73.00	Continuous Improvement to enhance resident Quality of Life	

**Change Ideas**

Change Idea #1 Quarterly plan of care reviews will be completed with each resident input.

Methods	Process measures	Target for process measure	Comments
1) On a quarterly basis when plan of care is reviewed meet with resident if able to discuss goals, wishes. 2) Update plan of care based on discussions.	1) [#] of plan of care meetings held with resident present. 2) [#] of resident plans of care updated to reflect goals and wishes after discussion.	1) Plan of care meetings will be held with resident in attendance by annually. 2) 30% of plans of care will be updated by August 31, 2026 and 100% completed by December 31 2026.	

Change Idea #2 Training for staff on person centered care.

Methods	Process measures	Target for process measure	Comments
1) Provide education session for staff on importance of person centered care (such as GPA). 2) Provide education on person centered language to staff.	1) [#] of staff who attended sessions. 2) [#] of education sessions provided.	1) Education session on person centered care will be completed by December 31, 2026. 2) By December 31, 2026, 30% of staff will have completed the education.	

## Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of food and drinks served	C	% / LTC home residents	In-house survey / 51351	73.90	75.00	Continuous Improvement to enhance resident Quality of Life	

### Change Ideas

Change Idea #1 Ensure dedicated time (standing agenda item) during Resident Council meeting to discuss food complaints and recommendations.

Methods	Process measures	Target for process measure	Comments
1) Have separate sub-committee for Food Council / feedback on food. 2) Agreed upon actions that will be taken and specify timeline 3) Follow-up on improvement and reassess action if needed.	1) Food Committee will be provided allotted specified time during every Resident's Council meeting. 2) Feedback, recommendations and corresponding actions will be documented and monitored ongoing.	1) Food committee meetings will be held 12 times per year. 2) Recommendations will be documented and actioned on within 10 days and feedback on those actions obtained within 10 days post implementation.	

Change Idea #2 Hold food tastings prior to each Menu launch to obtain feedback on types of food to be incorporated into next menu cycle.

Methods	Process measures	Target for process measure	Comments
1) Schedule food tastings and determine products to be tested. 2) Advertise food tasting event and have sign-up sheet for Residents 3) Plan for event, ensure that home adheres to Residents nutritional plan of care when providing samples to Residents. 4) Order food items required for event	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.	1) 2 Food tasting sessions will occur each year. 2) 20% of new menu choices will be included as a results of tasting held by December 31 2026	

**Measure - Dimension: Patient-centred**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction - would recommend home	C	% / LTC home residents	In-house survey / 2026	86.00	89.00	Internal Target	

**Change Ideas**

Change Idea #1 Plan to improve the home by updating the home with small improvements.

Methods	Process measures	Target for process measure	Comments
1) Ensure rooms are clean and tidy and move in ready prior to tours. 2. Ensure general maintenance issues are submitted to Maintenance Care, for proper maintenance. 3. All Management conduct weekly rounds of their departments. 4. Attend Family Council and ask for suggestions, and to provide updates.	1)# of tours 2)# of family council meetings attended 3)# of maintenance issues identified 4)# of maintenance issues rectified	Improvements to the home will be in place by December 31, 2026.	

Change Idea #2 1) Plan to improve staffing to assist with the satisfaction of our residents

Methods	Process measures	Target for process measure	Comments
1. Ensure primary care assignments are in place and followed by the PSWs. 2. Actively recruit to all vacant positions. 3. Encourage resident focused discussions in the presence of residents.	1)# of vacancy 2)# of new hires 3)# of in services with staff regarding meaningful conversations	Improvement in resident satisfaction will be seen by December 31, 2026.	

## Safety

### Measure - Dimension: Safe

Indicator #5	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	12.61	12.00	Extendicare Benchmark	

### Change Ideas

#### Change Idea #1 Falls - Post Incident Assessment & Interdisciplinary team huddles

Methods	Process measures	Target for process measure	Comments
1) Review Post Fall procedure with staff 2) Falls lead in home to attend and/or (review the huddle participants, probable root cause identified)	1) # of staff who reviewed Post Fall Procedure 2) # of Fall - Post Incident Assessment that were completed accurately and thoroughly on a monthly basis	1) Staff education on Post Fall Procedure will be completed by November 30, 2026 2) By November 30, 2026, all of Falls - Post Incident Assessment will be completed at the time of fall as per policy	

## Change Idea #2 Utilize and Maintained Fall Prediction and Prevention Report (FPPR) Tool

Methods	Process measures	Target for process measure	Comments
1) Review residents on list and ensure that strategies are in place to prevent falls 2) Monitor progress based on data from report	1) # of resident at high risk for falls 2) # of plans of care reviewed to ensure strategies in place 3) # of residents on list who did not experience a fall in the previous 30 days	1) Residents listed on report as being high risk of fall will have strategies reviewed by November 30, 2026 2) Ongoing monitoring to ensure strategies are effective will be in place by November 30, 2026	

## Measure - Dimension: Safe

Indicator #6	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	7.11	7.00	Extendicare Benchmark	

## Change Ideas

**Change Idea #1 Gentle Persuasive Approaches (GPA): Basics and GPA Bathing education for responsive behaviors related to dementia (in support of reduction of anti-psychotic use)**

Methods	Process measures	Target for process measure	Comments
1) Engage with Certified GPA Coaches to roll out home level education and/or certify home staff as GPA Coaches to deliver education. 2) Contact Regional Managers for support to identify certified GPA Coaches available for the home, if needed (i.e local psychogeriatric Resource Consultant (PRC)). 3) Deliver GPA Basics education to staff sessions 4) Deliver GPA Bathing education	1) # of staff certified as GPA Coaches (as net new coaches) 2) # of staff participated in GPA Basics education and GPA Bathing education. 3) # of staff participated (who develop care plans or administer resident bathing) participated in GPA Bathing education 4) Feedback from staff participants on the experience and usefulness of GPA Basics and GPA Bathing education to support resident care	1) GPA Basics : education will be provided for 10% staff by December 31, 2026 2) Feedback from staff on GPA education will be reviewed and actioned on by December 31, 2026.	

**Change Idea #2 Documentation: Collaborate with Registered Staff, Physician/Nurse Practitioner to ensure all residents using anti-psychotic medication 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 reviews).**

Methods	Process measures	Target for process measure	Comments
1) Complete medication reviews for residents prescribed antipsychotic medication 2) Consider non-pharmacological approaches as appropriate to reduce anti-psychotic use, and document assessment findings and management planning using:	1. # of resident anti-psychotic reviews completed monthly (which can be part of interdisciplinary behavioral rounds) and matching # of updates to the home's Anti-psychotic decision Support Tool (AP-DST) 2. # of resident are plans updated monthly to support appropriate antipsychotic use and matching # of updates to the home's Anti-psychotic Decision Support Tool (AP-DST) 3. # of residents de-prescribed antipsychotics and replaced with non-pharmacological approaches to care implemented and matching # of updates to the home's Anti-psychotic Decision Support Tool (AP-DST)"	1) 90% of all residents with anti-psychotic use prescribed will have assessment, management planning and updated documentation completed by December 31, 2026 2) Nonpharmacological approaches to care will be documented within resident care plans and reassessed if not effective within 1 month of implementation by December 31, 2026.	

**Measure - Dimension: Safe**

Indicator #7	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	3.92	2.00	Extendicare Benchmark	

**Change Ideas**

## Change Idea #1 Turning and repositioning re-education

Methods	Process measures	Target for process measure	Comments
1) Educate staff on the importance of turning and repositioning to offload pressure 2) Night staff to audit those resident that require turning and repositioning 3) Review this during the skin and wound committee meeting for trends	1) #of staff that have been educated 2) # of audits completed 3) # of reviews completed by skin and wound committee	1) 100% of PSW's will attend education sessions on turning and repositioning by December 31, 2026 2) check in with staff and will be correctly completed on a monthly basis by December 31, 2026 3) Process for review, analysis, and follow up on monthly trends from tools will be 100% in place by October 31, 2026.	

Change Idea #2 Reinforce the Point of Care (POC) alert process to notify nursing staff by exception skin issues for early identification and prevention of pressure ulcers

Methods	Process measures	Target for process measure	Comments
1) Educate staff on new alert process on all shifts 2) Registered staff to check end of shift for outstanding alerts 3) DOC/designate audit compliance monthly and follow up with any additional educational requirement	1) # of staff that have been educated 2)# of alerts that were completed on a monthly basis 3) # of audits completed	1) Staff are educated on the new process by November 30, 2026 2) Registered staff will complete 5 of audits per month.	

**Measure - Dimension: Safe**

Indicator #8	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	0.00	0.00	Extendicare Guildwood aims to maintain as a restraint free home	

**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 package 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 councils to discuss least restraint approach and risk of restraint use.	1) 100% of move in packages will have restraint information sheet included for new move in's by March 31st, 2026. 2) Meetings with resident and family councils will be attended to discuss the least restraint approach by September 30th, 2026.	We currently have no restraints in our home. For 2026 we will continue to monitor our current processes to sustain result.