

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of spiritual and religious services offered by the staff in the home.	C	Rate per 100 residents / LTC home residents	In-house survey / Most recent consecutive 12 month period.	55.00	85.00	Currently working toward the corporate target of 85%.	

Change Ideas

Change Idea #1 Create inclusive and respectful offerings with structured programs run by program team members.

Methods	Process measures	Target for process measure	Comments
1) Review existing offerings and resident faith/cultures. 2) Use CLRI Equity Diversity Inclusion Calendar. 3) Include programs such as interfaith discussions, Christian prayer circles, meditation, etc. that meet said needs. 4) Implement regular and structured practices such as group prayer, rosary, hymn sings, etc. to meet said needs.	1) [#] of religions and cultures represented in home. 2) [%] of programs that support all. 3) [#] of new programs implemented to target gaps.	1) Review and assess spiritual care needs of residents by July 2026. 2) Identify [#] of programs to increase spiritual care offerings.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of recreation and leisure activities offered in the home.	C	Rate per 100 / LTC home residents	In-house survey / Most recent consecutive 12 month period	57.90	85.00	Currently working toward the corporate target of 85%.	

Change Ideas

Change Idea #1 Integrate specific activities, programs and strategies to include all 5 domains.

Methods	Process measures	Target for process measure	Comments
1) Review statistics from last year, ActivityPro, and identify domain gaps. 2) Include all 5 domains in discussion when Program Planning (with residents and dept. meetings). 3) Audit calendars prior to print to ensure balance of all domains. 4) Ask for program ideas from other departments such as HCA's and PSWs.	1) Previous variances in domains (%). 2) [#] of Resident and staff feedback on programs at quality committees. 3) Monthly balances in domains on calendars.	1) Increase spiritual offerings by 10% within the next 6 months. 2) Decrease social offering by 10% within the next 6 months. 3) Balance domains to social 20%, emotional 20%, spiritual 20%, physical 20%, intellectual 20% by Q2 given resident feedback."	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The doctor or nurse practitioner listens to my concerns carefully.	C	Rate per 100 / LTC home residents	In-house survey / Most recent consecutive 12 month period.	57.90	85.00	Currently working toward the corporate target of 85%.	

Change Ideas

Change Idea #1 Tracking of in person resident visits to ensure every resident has a visit.

Methods	Process measures	Target for process measure	Comments
Create list of each physicians/NP residents to track in person visits to ensure each resident meets with physician/NP at least once per quarter .	1) [#] residents per physician/NP. 2) [#] of residents who had in person visit during quarter.	1) List will be developed by physician for tracking by December 2026. 2) Each resident will have an in person visit with physician / NP at minimum 1 per quarter by December 2026	

Change Idea #2 1) Communicate role of Medical Director and Physicians/NP and give opportunity for feedback.

Methods	Process measures	Target for process measure	Comments
1) Medical Director to meet at minimum annually with and Resident Council. 2) Feedback on services and areas for improvement will be discussed. 3) update at CQI meeting on action plan.	1) [#] of meetings with Council where Medical Director attended. 2) [#] of suggestions provided by council. 3) [#] of CQI meetings where action items were discussed with Medical Director.	1) Medical Director will attend Resident Council by December 2026. 2) Action items and plan will be discussed at CQI committee with Medical Director by October 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	27.04	15.00	Continue to strive toward the corporate target of 15.0%	Achieva

Change Ideas

Change Idea #1 Universal Fall Prevention Strategies

Methods	Process measures	Target for process measure	Comments
1) Educate all staff on universal fall prevention strategies (i.e., S.A.F.E. poster, Actionable Steps to Prevent Falls) 2) Inform Resident and Family council about the Universal Fall Prevention Strategies (i.e., S.A.F.E. poster, Actionable Steps to Prevent Falls) 3) Any identified deficiencies are to be corrected	1) # of staff education sessions completed on the Universal Fall Prevention Strategies 2) # of sessions provided to inform Resident and Family council about the Universal Fall Prevention Strategies 3) # of identified deficiencies corrected monthly	1) 100% of staff educated on Universal Fall Prevention Strategies by October 2026 2) Resident council will be informed on Universal Fall Prevention Strategies by July 2026	

Change Idea #2 Utilize external resources for ideas to improve change Registered Nurses' Association of Ontario (RNAO) and Extencicare Corporate team for Falls Program discovery.

Methods	Process measures	Target for process measure	Comments
RNAO - Falls gap analysis Falls Program Discovery - The goal is to connect with your Falls Lead and internal team to better understand what is working well and to better understand the practices supporting the falls program and policies.	Include speaking with front-line staff to gather their perspectives and insights. Ensure all LTC act and regulations are followed	work on the action plan the team creates reduce falls in the home by 5% Complete biannually audits to ensure compliance	

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	6.94	6.50	To continue to perform better than the corporate target of 17.3%	BSO, Medisystem Pharmacy

Change Ideas

Change Idea #1 Gentle Persuasive Approaches (GPA) Basics and GPA Bathing education for responsive behaviours 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 100% nursing staff by December 2026. 2. GPA Bathing education will be provided for 100% staff, who develop care plans or administer resident bathing, by December 2026. 3. Feedback from staff on GPA education will be reviewed and actioned on by December 2026.	

Change Idea #2 Enhance home team collaborative opportunities with Behavioral Support Lead (BSL) (often BSO team members in Ontario) and home's interdisciplinary team.

Methods	Process measures	Target for process measure	Comments
Invite Behavioral Supports Lead (BSL) to PAC meetings or other interdisciplinary meetings for increased opportunity for collaboration with interdisciplinary home team. Remind Registered Staff to refer to Behavioral Support Team, when needed, using PCC Referral - Behavioral Support Team. "	# of interdisciplinary meetings the Behavioral Support Team were invited to attend. 2. # of monthly referrals to the Behavioral Support Team.	The Behavioral Support Team and Home Leadership will be able to endorse increased collaboration and visibility in home by October 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	3.33	3.00	To work toward the corporate target of 2.0%	Achieva, Medical Mart, 3M

Change Ideas

Change Idea #1 Focus on moisturizing skin as a prevention strategy to prevent breakdown.

Methods	Process measures	Target for process measure	Comments
1. Review current products used in home for prevention to ensure compliance with established protocols. 2. Education sessions for all PSW shifts about skin health and importance of daily moisturizing.	# of audits of products that identified areas for improvement. # of education sessions per shift. # of PSWs that attend the sessions.	Current products will be reviewed for compliance with established protocols by June 2026. Education will be provided on all shifts with 100% of PSWs complete by October 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	0.00	0.00	Currently working toward the corporate target of 2.5%	Achieva, BSO

Change Ideas

Change Idea #1 Provide restraint free education to residents and families on admission and as needed.

Methods	Process measures	Target for process measure	Comments
1. Provide education at resident council. 2. Provide information in admission package. 3. Include Physiotherapy to provide recommendations.	% of residents who use restraints. # of residents who currently use a PDSA. # of resident council meetings attended. # of referrals to physiotherapy.	Extencicare Haliburton will continue to be restraint free in 2026.	We currently have no restraints in our home. For 2026, we will continue to monitor our current processes to sustain results but have not included as a priority area in our action plan.