

## Experience

### Measure - Dimension: Patient-centred

| Indicator #1  | Type | Unit / Population      | Source / Period        | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|------------------------|---------------------|--------|----------------------|------------------------|
| I am satisfied with the quality of care from the nurse practitioner/ physician that works at my home. | C    | % / LTC home residents | In-house survey / 2026 | 0.00                | 1.00   | Internal Target      |                        |

### Change Ideas

Change Idea #1 Hire a part-time Nurse Practitioner to work in the home and education residents on roles of RN/RPN/NP

| Methods  | Process measures   | Target for process measure   | Comments |
|--|--|--|----------|
| 1) Hire an NP and NP/RN/RPN/LPN attend Resident and Family Councils and ask how care can be improved | 1) # of hours NP in home or virtual assistance 2) #NP, RN, RPN attend IDTC | 1) Satisfaction with quality of care from NP and nurses will improve by 5% by October 31, 2026 |          |

Change Idea #2 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 minimum annually with resident and family councils 2) Feedback on services and areas for improvement will be discussed 3) Update on CQI meeting on action plan. | 1) # of meetings with councils where medical director attended 2) # of suggestions provided by councils 3) # of CQI meetings where action items were discussed with medical director | 1) Medical director will family council by December 31, 2026 2) Medical Director will attend resident council by December 31, 2026 3) Action items and and plan will be discussed at CQI meeting with medical director by December 31, 2026 |          |

## Measure - Dimension: Patient-centred

| Indicator #2                            | Type | Unit / Population      | Source / Period        | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|------------------------|---------------------|--------|----------------------|------------------------|
| Resident Satisfaction- Would recommend? | C    | % / LTC home residents | In-house survey / 2026 | 76.20               | 81.00  | Internal Target      |                        |

## Change Ideas

**Change Idea #1** Increase residents' satisfaction by listening to concerns or suggestions and implement a plan to address, adding variety, ensure residents needs are met and pleasurable environment.

| Methods  | Process measures   | Target for process measure   | Comments  |
|--|--|--|---|
| 1) Respond and act on feedback from residents council<br>2) Communicate with residents on a regular basis to check in<br>3) Discuss likes and dislikes and satisfaction in IDTC meetings | # of residents providing feedback from discussions and questions during IDTC and annual survey | 75 %, to improve on the satisfaction rate and move towards reaching Extencicare's and provincial's target. | To increase satisfaction, all areas must be involved such as recreation, nursing, administration and dietary. |

**Change Idea #2** To increase participation from resident voice of what they are proud about in their home

| Methods   | Process measures   | Target for process measure                      | Comments |
|---|--|---|----------|
| Add to quarterly townhall and new monthly news and views program as a discussion point of what the residents are most proud of and what they would say to a ie. tour if asked would you recommend this home. What would they recommend we do different. | # of townhall and monthly meetings where "would you recommend our home" discussion took place. | 81% # of residents who would recommend our home |          |

## Measure - Dimension: Patient-centred

| Indicator #3  | Type | Unit / Population      | Source / Period        | Current Performance | Target | Target Justification | External Collaborators |
|---|------|------------------------|------------------------|---------------------|--------|----------------------|------------------------|
| In my care conference, we discuss what going well, what could be better and how to improve things | C    | % / LTC home residents | In-house survey / 2026 | 60.90               | 64.90  | Internal Target      |                        |

## Change Ideas

Change Idea #1 Include residents in the yearly IDTC's, listen and act on their wishes

| Methods   | Process measures  | Target for process measure  | Comments |
|---|---|---|----------|
| 1) Communicate to residents when their annual care conference is scheduled in advance of meeting. 2) Allow time for discussion and obtain feedback on what could be improved. | 1) # of annual care conferences where residents attended. 2) # of meetings when feedback was requested and obtained from resident | 1) Residents will be encouraged to attend their annual care conferences beginning March 1 2026. 2) There will be a 5% improvement in this indicator by December 2026. |          |

Change Idea #2 Obtain feedback on annual care conference process from residents and families.

| Methods   | Process measures  | Target for process measure  | Comments |
|---|---|---|----------|
| 1) Determine survey questions to ask post care conference for feedback. 2) Post care conference ask for feedback via survey or discussion with families and residents on how process can be improved. 3) Review responses and determine plan of action for improvement. 4) Communicate feedback results and actions to Resident and Family Council. | 1) # of survey questions. 2) # of feedback responses received monthly. 3) # of improvement actions implemented. 4) # of Resident and Family Council meetings attended where results discussed." | 1) Survey questions will be developed by June 30, 2026. 2) Process for post care conference feedback will be in place by June 30, 2026. 3) Feedback/survey results will be shared with Resident and Family Council with action for improvement by September 3, 2026 |          |

**Measure - Dimension: Patient-centred**

| Indicator #4   | Type | Unit / Population      | Source / Period        | Current Performance | Target | Target Justification | External Collaborators |
|--|------|------------------------|------------------------|---------------------|--------|----------------------|------------------------|
| Quality of maintenance of the physical building and outdoor spaces | C    | % / LTC home residents | In-house survey / 2026 | 58.30               | 62.30  | Internal Target      |                        |

**Change Ideas****Change Idea #1 Complete regularly scheduled audits for maintenance of building and outdoor spaces**

| Methods   | Process measures   | Target for process measure   | Comments |
|---|--|--|----------|
| 1) Review schedule for audits of building maintenance and outdoor spaces<br>2) Identify any areas or gaps based on audits<br>3) Create action plan to address | 1) # of audits completed monthly<br>2) # of deficiencies identified and actioned<br>3) # of action items addressed | 1) # of audits will be completed monthly with 100% of audits being completed by December 31, 2026<br>2) There will be a 5% improvement in identified deficiencies from audits by September 30, 2026<br>3) By December 31st, 2026 60% of items will be addressed. |          |

**Change Idea #2 Improve communication RE: Capital planning to resident and family councils**

| Methods  | Process measures   | Target for process measure   | Comments |
|--|--|--|----------|
| 1) ED to attend resident and family council to discuss priority areas for capital planning of major equipment<br>2) Provide update in townhall and/or newsletter to families and residents | 1) # of residents and family council meetings attended and discussed capital plans<br>2) # of updates provided via town hall or newsletter | 1) ED will attend resident and family council meetings by September 30, 2026<br>2) Communication updates will be provided via town hall or newsletters to families and residents by September 30, 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 | 29.11               | 15.00  | Organizational Benchmark |                        |

### Change Ideas

Change Idea #1 Increased presence/monitoring in the hallways and purposeful rounding (includes; personal needs, pain, position, possessions, etc)

| Methods   | Process measures  | Target for process measure   | Comments |
|---|---|--|----------|
| 1)Charting buddies - PSW to complete charting in close proximity of high risk fall residents and available staff (BSO PSW, PSW or Registered Staff) to monitor hallways during meals and activities to monitor and respond to needs in a timely manner 2)Educate all staff on purposeful rounding | 1) # of staff educated on purposeful rounding and charting buddies<br>2)Resident and family council education on process to be captured in the minutes. | 1) 100% of staff will be educated on purposeful rounding and charting buddy process and expectations by October 31, 2026 2)Resident and family council will be informed of process by September 20, 2026 |          |

Change Idea #2 Increased communication during shift report for residents who have recently moved in and during outbreak.

| Methods  | Process measures  | Target for process measure   | Comments |
|--|---|--|----------|
| 1) Remind staff about increased risk of falls when in outbreaks and during move in period 2)Registered staff to communicate list of residents on isolation and/or new move-in's during each shift report to oncoming staff 3)Residents identified as being at increased risk of falls due to isolation or new move in's will have enhanced period of monitoring for all staff for a two week period. | 1) # of staff receiving reminders for resident fall risk 2)# of shift reports where registered staff communicated list of high risk residents 3) # of residents on enhanced monitoring per shift. | 1) Reminders to staff will be communicated by June 1, 2026 2)Shift report process for communicating high risk residents will be in place by June 1, 2026 3)Process for enhanced monitoring for those on isolation or newly admitted will be in place by June 1, 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 | 26.67               | 17.30  | Organizational Benchmark |                        |

### Change Ideas

Change Idea #1 Interdisciplinary behavioural rounding- for assessment and monitoring anti-psychotic use as an intervention for responsive behaviours.

| Methods   | Process measures   | Target for process measure  | Comments   |
|---|--|---|--|
| 1) Home leadership to contact regional manager for additional support for interdisciplinary behavioural rounding as outlined in procedure 2) Escalation to CMO supports ie Manager of behavioural service & Dementia care | # of interdisciplinary behavioural rounding of residents completed with matching number of updates to the homes anti-psychotic decision support tool 2)# of referrals to supporting CMO members for additional capacity building to conduct interdisciplinary behavioural rounds | 1) Home Leadership will contact team supports to arrange capacity building opportunities for interdisciplinary behavioural rounding by September 30, 2026 2) Interdisciplinary rounding of residents on antipsychotics will be completed by September 30, 2026 3) Program audit completion for mental health & Dementia Care program, when required, will be in place to check compliance of procedures for interdisciplinary behavioural rounding of residents on antipsychotics by September 30, 2026 | Updates provided to family and residents during annual IDTC. |

Change Idea #2 Specialized education on antipsychotics provided to registered staff.

| Methods   | Process measures   | Target for process measure  | Comments |
|---|--|---|----------|
| Behavioural support lead as part of the mental health and dementia care program, NP, Pharmacist or other team member with specialized education on antipsychotics to provide education sessions for registered staff on antipsychotic medications. ie. indications, side effects, non-pharmacological approaches to care. | # of registered staff who attended specialized education sessions on antipsychotic medications | 75% of registered staff will have attended specialized education on antipsychotic medications by October 30th, 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 | 2.37                | 2.00   | Organizational Benchmark |                        |

**Change Ideas**

Change Idea #1 Referrals and follow up will be completed as per timelines outlined in policy.

| Methods  | Process measures  | Target for process measure  | Comments |
|--|---|---|----------|
| 1) Referrals sent to Skin and Wound lead timely reviews and follow ups are conducted. Treatment plans or prevention plans are implemented. | 1) # of wounds assessed monthly and quarterly 2) # of skin issues followed up on by dietician 3) # of audits that identified areas of improvements required | 1) Wounds will be assessed and follow ups done weekly as entered into TARS<br>2) Standardized communication process will be in place by June 30, 2026 |          |

Change Idea #2 Review team membership to ensure interdisciplinary and that team ensures that all wounds and skin issues from previous month are reviewed during their meeting.

| Methods   | Process measures  | Target for process measure  | Comments |
|---|---|---|----------|
| 1) Review current membership of the skin and wound team 2) Recruit new members and ensure each discipline is represented 3) Standardize agenda and follow up by team on skin issues in home | 1) # of reviews completed on current membership 2) # of new members recruited by discipline 3) Standardized agenda developed which includes review of # of pressure ulcers by stage on each unit on a monthly basis | 1) Membership of skin and wound committee will be reviewed by September 30, 2026 2) Recruit of new members will be completed by September 30, 2026 3) Standardized agenda will be developed and in place by September 30, 2026. |          |

### 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   | Organizational Benchmark |                        |

### 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 packages for new move in's<br>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 held with family and resident councils to discuss least restraint approach and risks of restraint use | 1) 100% of move in packages will have restraint information sheet included for new move in's by June 1, 2026<br>2) Meetings with resident and family councils will be attended to discuss the least restraint approach by September 30, 2026 |          |

## Change Idea #2 Personalize activity plans to engage resident in activities of interest

| Methods  | Process measures   | Target for process measure  | Comments |
|--|--|---|----------|
| Review recreation, resident specific action plans and identify additional engaging activities for resident | 1) # of reviews completed with with recreation for activity plans 2) # of behaviour lead/team consults to review alternatives compared | 100% of residents using restraints in the home have been consulted with behaviour team to identify alternatives by September 30, 2026 |          |