

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 doctors who work in my home	C	% / LTC home residents	In-home audit / 2025	49.00	59.00	The home is aiming to improve on this indicator by 10%	

Change Ideas

Change Idea #1 Explain the role of the DR in the home as well as availability and NP role and availability as well and give opportunity for feed back

Methods	Process measures	Target for process measure	Comments
1. Dr to attend resident council meeting at least once per year 2. Obtain feedback for improvement on services 3. Update at CQI meeting and action plan	1 Number of meetings DR attended for resident and family council 2 Number of suggestions provided at resident council meeting 3 Number of CQI meetings where	1. Dr will attend residents council meeting by June 2026 2 Action items will be discussed at CQI meeting in July 2026	The home will continue to strive to improve upon this

Change Idea #2 Improve visibility of Dr in home with residents

Methods	Process measures	Target for process measure	Comments
Dr to make rounds on units each week when in	Days and availability will be communicated to residents at family council meeting	Program manager will inform residents in residents council meeting, which day the Doctor is in and availability of Doctor and Nurse Practitioner	The home will continue to improve upon this

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
In care conference we discuss what we are doing well what we can improve and what we can do better	C	% / LTC home residents	In-home audit / 2025	32.10	45.00	The Home will continue to improve upon this by 12.9%	

Change Ideas**Change Idea #1 Encourage residents and families to attend annual care conference**

Methods	Process measures	Target for process measure	Comments
1. Communicate to residents in advance of care conference the date and time of meeting. 2 Remind resident the morning of their care conference about the time of the meeting	1 Number of care conferences where residents attended 2 Number of care conferences where residents were provided reminders 3 Number of care conferences where feedback was obtained	residents will continue to be encouraged to attend care conferences	The home will continue to improve this indicator by 12.9%

Change Idea #2 Encourage participation and feedback

Methods	Process measures	Target for process measure	Comments
Allow time for discussion during care conference 2. ask for feed back from resident and family regarding the conference. 3 Review feedback and create action plan from responses	residents and family will be given time during their care conference to give feedback 2 will obtain feedback from residents regarding their feedback	Will improve score for 2026 survey and will determine from feedback if improved	The home will continue to strive to improve by 12.9%

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I can provide feedback about the products I use	C	% / LTC home residents	In-home audit / 2025	51.40	60.00	The home will strive to improve on this indicator by 8.6%	Prevail

Change Ideas**Change Idea #1** Invite Prevail representative to family council meeting for presentation

Methods	Process measures	Target for process measure	Comments
Invitation to be sent to prevail to provide education to resident regarding products used in the home	1 Number of residents who attended council meeting where vendor information about products discussed 2 Number of feedback/comments obtained 3 Number of action items obtained	Knowledge of products used in the home will improve. Resident feedback will determine improvement	The home will strive to improve on this indicator by 8.6%

Change Idea #2 Do survey with residents on prevail products used in the home and obtain feedback

Methods	Process measures	Target for process measure	Comments
Continenence lead and or program manager to complete survey	1 Number of residents who attended council meeting where vendor information about products discussed 2 Number of feedback/comments obtained 3 Number of action items obtained	Knowledge of products used in the home will improve. Resident feedback will determine improvement	The Home will continue to strive to improve by 8.6%

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	13.20	12.00	The home is meeting the Extendicare Target and will strive to improve upon its current performance.	medline, achieve, medisystem

Change Ideas

Change Idea #1 Education to PSWs and registered staff on falls prevention strategies in the home

Methods	Process measures	Target for process measure	Comments
The PSWs and Registered staff will be educated on Extendicare's policies and procedures on falls and will be aware of falls prevention strategies available in the home.	100% of the PSWs and Registered staff will receive the education on the falls policies and procedures and falls prevention strategies in the home.	The home will meet its target of 12% for this indicator and 100% staff will have been educated on the falls policies and procedures and be able to articulate falls prevention strategies in the home.	The home is meeting the indicator

Change Idea #2 Registered staff and PSWs will receive education on root cause analysis to assist in implementation of new falls prevention strategies.

Methods	Process measures	Target for process measure	Comments
The Registered staff and PSWs will be educated on root cause analysis	100% of the PSWs and Registered staff will be educated on root cause analysis	100% of PSWs and Registered staff will be educated on root cause analysis and the home will remain below the Extencicare Target and improve upon its current performance.	The home is meeting this indicator

Change Idea #3 The home will identify residents at high risk for falls and review the effectiveness of the falls prevention strategies

Methods	Process measures	Target for process measure	Comments
The Falls lead will review residents who are at high risk for falls for implementation and review of falls prevention strategies.	Percentage of residents at high risk for falls who have a fall	The home will have a reduction in the number of high risk residents sustaining a fall and will continue to meet the target.	The home is meeting this target

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	11.05	10.00	The home is meeting the Extencicare Target and strives to improve upon its current performance.	medisystem, Behavioural Supports Ontario (BSO)

Change Ideas

Change Idea #1 Monthly medication reviews of residents who trigger for antipsychotic use.

Methods	Process measures	Target for process measure	Comments
Monthly meeting with family physician, pharmacist, BSO, RAI lead, nursing and physician to review the residents who trigger the indicator.	The number of medication reviews completed per month for antipsychotic usage in the home.	Residents on antipsychotics will be reviewed monthly for opportunities to deprescribe.	The home is meeting this indicator.

Change Idea #2 Utilization of alternative strategies in the prevention and management of physically responsive behaviors.

Methods	Process measures	Target for process measure	Comments
1) Educate PSWs on alternative strategies to prevent behaviors such as GPA and STOP and GO 2) Root Cause analysis of physically responsive behaviors	1) The number of PSWs who receive education on alternative strategies to prevent behaviors 2) The number of PSWs who receive STOP and GO, and GPA training 3) The number of root cause analysis reviews conducted per month for physically responsive behaviours.	1) 100% of the PSWs will receive education on alternative strategies to prevent behaviors 2) 100% of the PSWs will be educated on STOP and GO and GPA 3) Standardized root cause analysis reviews will be in place by March 2026	The home is meeting this indicator

Change Idea #3 Review of resident applications to identify residents on Antipsychotics for review upon admission to the home and explore opportunities for deprescribing of antipsychotics.

Methods	Process measures	Target for process measure	Comments
The DOC and BSO lead will review resident applications prior to admission to the home to identify residents who are prescribed antipsychotics	The home will identify opportunities to review antipsychotic usage prior to admission to the home.	The home will remain below the Extencicare Target	The home is meeting this indicator

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	0.00	0.00	The home is currently performing at 0%, exceeding the Extendicare target, and will continue to focus on sustaining this performance.	3M, Medline

Change Ideas

Change Idea #1 PSW Education on preventative measures to prevent worsening pressure ulcers.

Methods	Process measures	Target for process measure	Comments
The PSWs and Registered staff will be educated on preventative measures to reduce worsening pressure ulcers.	100% of PSWs and registered staff will be educated.	The home will have no more than 1% of its residents with a pressure ulcer and 100% of the PSWs and registered staff will receive the education on preventative measures.	The home is meeting this indicator

Change Idea #2 Implementation of prevention strategies for sores with the use of barrier cream to the residents heels and coccyx.

Methods	Process measures	Target for process measure	Comments
Application of barrier cream to the residents with CPS score of 3 or better, heels and coccyx twice daily.	Percentage of residents who develop a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3, or 4.	The home will meet the corporate target by implementing the prevention strategies in reducing new or worsening stage 2 to 4 pressure ulcers.	The home is meeting this indicator

Change Idea #3 Residents will receive the appropriate treatment for pressure areas

Methods	Process measures	Target for process measure	Comments
Skin and Wound lead assess and evaluates pressure areas weekly	100% of the residents with identified pressure areas will be re assessed weekly by the skin and wound lead	The home will not have any worsening pressure areas and will remain under Extendicare Target	The home is meeting the indicator

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	The home has no restraints and strives to remain a restraint free home.	

Change Ideas

Change Idea #1 Review resident applications prior to admission for use of restraints.

Methods	Process measures	Target for process measure	Comments
The Director of Care (DOC) will review the resident applications and identify residents who are using restraints.	The home will identify opportunities to review restraint usage prior to admission to the home.	The home will not have any restraints used in the home	The home is meeting the indicator

Change Idea #2 Educate the personal support workers and the registered staff on the Extendicare restraint policy.

Methods	Process measures	Target for process measure	Comments
Education sessions will be provided to the RN, RPN, and PSWs on Extendicare Restraint policy.	Percentage of residents who have a restraint	100% of RN, RPN and PSWs will receive education on Extendicare restraint policy and the home will remain restraint free.	The home is meeting the indicator

Change Idea #3 The home will continue to have zero percent restraint use in the home

Methods	Process measures	Target for process measure	Comments
Education staff, families and residents on admission and review of restraint requests	The home will review restraint usage monthly in the home	The home will continue with a zero percent usage in the home and remain below corporate target	The home is meeting the indicator