

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication from the home leaders (ED, DOC and Managers)	C	% / Residents	In-house survey / January 1 to Dec 31, 2026	50.90	75.00	58.7 - 2024 69.9 - Corp on 2025 Resident/ Family / Satisfaction Survey	

Change Ideas

Change Idea #1 Executive Director will have open door meetings with residents and staff with an advanced learning event supported by the leadership team

Methods	Process measures	Target for process measure	Comments
1) will be added to monthly programs calendar 2) reminders added to monthly newsletter 3) Advertise via posters throughout home	1) {#} of timed program was implemented 2) {#} of people who participated in the program	Program will be introduced and implemented as of April 1	

Change Idea #2 Community Boards on all units - Family and Resident Comm Board - news letter, Weekly Update huddles on each floor

Methods	Process measures	Target for process measure	Comments
Each unit will have their own community board for resident and family information	1) {#} of boards installed 2) {#} of boards updated	Boards will be installed and layout designed and implemented as of April 15, 2026	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The staff are friendly and helpful	C	% / Residents	In-house survey / January 1 to Dec 31, 2026	62.80	80.00	80 - 2024 88.6 - Corp on 2025 Resident/ Family / Satisfaction Survey	

Change Ideas

Change Idea #1 ED will talk to residents and/or families to ask for feedback about staff friendliness and what the concerns are

Methods	Process measures	Target for process measure	Comments
ED will speak to Residents council and family council about staff friendliness observations and recommendations.	1) {#} of residents attended 2) {#} of residents who provided feedback 3) {#} of families attended 4) {#} of families who provided feedback 5) {#} of change ideas suggested 6) {#} of change ideas adopted	The score for the question "Staff are Friendly" will meet or exceed the corporate percentage on the satisfaction survey in 2026	

Change Idea #2 Staff will be reminded to have a friendly demeanor in the home at unit department and practice meetings

Methods	Process measures	Target for process measure	Comments
1) Topic will be added to general meetings 2) During walk abouts - observe and provide real time feedback to staff about friendly demeanor	{#} of staff who attended {#} of events of recognized "friendliness" were observed during walk abouts	Residents and families will give and receive feedback on the friendliness of staff	

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 the laundry services for my clothing and linens	C	% / Residents	In-house survey / January 1 to Dec 31, 2026	56.70	80.00	2024 - 61.5 Corp - 78.8, multiple issues for resident council about lost or misplaced personal clothes, on 2025 Resident/ Family / Satisfaction Survey	

Change Ideas

Change Idea #1 Review process for distribution of laundry to prevent loss

Methods	Process measures	Target for process measure	Comments
SSM will attend Residents council to determine key issues and brainstorm ideas to improve with laundry staff	1) {#} of residents attended 2) {#} of residents who provided feedback 3) {#} of change ideas suggested 4) {#} of change ideas adopted	Residents complaints about laundry handling will be reduced by 50% and response on resident/family survey will meet or exceed the corporate benchmark.	

Change Idea #2 Review with PSWs the process for passing laundry when laundry staff are not available

Methods	Process measures	Target for process measure	Comments
ADOCs will speak to PSWs at practice meetings about putting clothes away in proper closets -	1) {#} of PSWs attended 2) {#} of PSWs who provided feedback 3) {#} of change ideas suggested 4) {#} of change ideas adopted	Residents complaints about laundry handling will be reduced by 50% and response on resident/family survey will meet or exceed the corporate benchmark.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
In our care conference, we discuss what is going on well, what could be better, and how we could improve things	C	% / Residents	In-house survey / January 1 to Dec 31, 2026	40.90	70.00	Extencicare benchmark	

Change Ideas

Change Idea #1 Communicate and Encourage residents to attend their annual care conference.

Methods	Process measures	Target for process measure	Comments
1) Communicate to residents when their annual care conference is scheduled in advance of meeting. 2) Remind resident morning of meeting and assist as needed to meeting. 3) Allow time for discussion and obtain feedback on what could be improved.	1) [#] of annual care conferences where residents attended. 2) [#] of care conferences where the resident was reminded in advance of the meeting. 3) [#] of meetings when feedback was requested and obtained from resident	There will be a 30% improvement in this indicator on the next resident survey	

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) Pre conference Questionnaire to be developed and implemented by July 1 3) Post care conference ask for feedback via survey or discussion with families and residents on how process can be improved. 4) Review responses and determine plan of action for improvement. 5) 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 [date]. 2) Process for post care conference feedback will be in place by [date]. 3) Feedback/survey results will be shared with Resident and Family Council with action for improvement by [date.]	

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Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I can see a doctor or a nurse practitioner when I need to	C	% / Residents	In-house survey / January 1 to Dec 31, 2026	48.30	80.00	NEW Indicator on survey- 88.6 - Corp Target	

Change Ideas

Change Idea #1 improve visibility of doctors and NP's in the home with residents and families.

Methods	Process measures	Target for process measure	Comments
1) Order Extendicare name tags all for doctors and NP's. 2) Utilize a communication board for families /residents so they are aware of when physician is going to be onsite.	1) [#] of name tags ordered. 2) % of communication boards with physician/NP visits included.	All attending physicians will have Extendicare nametags by April 30, 2026	

Change Idea #2 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 nursing on PointclickCare for tracking by April 1, 2026 2) Each resident will have an in person documented visit with physician / NP at minimum 1 per month by Dec 31, 2026	

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Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I feel my goals and wishes are heard and considered in the care plan	C	% / Residents	In-house survey / January 1 to Dec 31, 2026	50.00	75.00	Resident Satisfaction Survey 61.3 - 2024 73.4 - Corp	

Change Ideas

Change Idea #1 Implement "Phase 2" of My Care my Voice program in regards to SDM/POA role and Advanced Care Planning with all new admissions and residents with a CPS of 0-3

Methods	Process measures	Target for process measure	Comments
1) Introduce program to Resident and Family Councils 2) Review residents who meet criteria. 3) Complete with resident once consent obtained.	1) [#] of education sessions for staff on how to initiate this discussion 2) [#] of meetings where program discussed at Resident and Family Councils. 3) [#] of residents who meet criteria. 4) [#] of residents completed.	1) Education session will be held by July 1, 2026. 2) Attend Resident and Family Council meetings by Sept 1, 2026. 3) My Care my Voice program will be [100%] implemented by Dec 31.	

Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I enjoy eating my meals in the dining room	C	% / Residents	In-house survey / January 1 to Dec 31, 2026	63.60	75.00	Resident satisfaction survey	

Change Ideas

Change Idea #1 Enhance the environment

Methods	Process measures	Target for process measure	Comments
1) Reduce noise level by turning off tv and reducing distractions. 2) Staff will be encouraged to follow the set table rotation to ensure that all tables receive timely and equal attention at meal service. 3) Ensure that all food is served at the appropriate temperature to maintain the quality, safety and resident satisfaction.	Registered dietitian, Food Service Supervisor will interact with residents during meals - how their meal is, allowing for immediate feedback, and the opportunity to resolve concerns immediately	1) # of meals attended for the purpose of obtaining feed back per month 2) number of recommendations made by residents that were actioned within 24 hours.	

Safety

Measure - Dimension: Safe

Indicator #8	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	13.27	12.00	Extencicare Benchmark	

Change Ideas

Change Idea #1 All staff will complete the Fall Prevention Module on Surge

Methods	Process measures	Target for process measure	Comments
1) Communicate to all staff requirement to complete online education on Fall Prevention and documentation 2) all staff to complete online education by the end of September of 2026 3) DOC/Designate along with Falls Lead to monitor completion rates	1) Number of communications to all staff of the mandatory requirement to complete the online education 2) # of all staff who have completed online modules on Falls on a monthly basis 3) number of program audits of completion rated completed by Falls Lead as required	1) Communication for mandatory requirement will be completed by May 1 2) 100 % of staff will have completed the in-house education on Fall Prevention by June 1 3) Audits of completion rates will be completed with required follow-up occurring monthly	

Change Idea #2 Fall - Post Incident Assessment and interdisciplinary Team Huddles Audits

Methods	Process measures	Target for process measure	Comments
Falls lead to review Post Fall Incident Assessment completion and completion of the *Head Injury Routine	15 audits to be completed monthly	Audits of completion rates will be completed with required followup will occur weekly using the Corporately-produced audit tool - in conjunction with FPPT tracker	

Measure - Dimension: Safe

Indicator #9	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	11.58	8.00	EXTENDICARE BENCHMARK	

Change Ideas**Change Idea #1** Specialized education on Antipsychotic provided to registered staff

Methods	Process measures	Target for process measure	Comments
Team member or Collaborative Partner (ROH) with specialized education on anti-psychotics will provide education sessions on all shifts (indications, side effects, and non-pharmacological approaches)	{#} of registered staff who attended the inhouse specialized education training on Antipsychotic medication	75% of all active registered staff will have completed the in-house education on antipsychotic medication by Sept 1, 2026	

Measure - Dimension: Safe

Indicator #10	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	1.33	0.00	EXTENDICARE BENCHMARK	

Change Ideas

Change Idea #1 Mandatory Education for all registered staff on correct staging and documentation of pressure ulcers

Methods	Process measures	Target for process measure	Comments
1) Communicate to Registered staff requirement to complete in-service education on wound staging and documentation 2) Registered staff to complete online education by the end of July of 2026 3) DOC/Designate along with WCC to monitor completion rates	1) Number of communications to registered staff of the mandatory requirement to complete the inhouse and online education 2) # of registered staff who have completed online moduled on wound staging on a monthly basis 3) number of program audits of completion rated completed by wound care champion as required	1) Commiunication for mandatory requirement will be completed by April 1 2) 50% of registered staff will have training done by June 1, 100 % of registered staff will have completed the in-house education on wound staging and product selection by Sept 1 3) Audits of completion rates will be completed with required followup will occur weekly using the Corporately- produced audit tool - Skin and Wound Tracker	

Change Idea #2 Mandatory Education on product selection for wound care using best practices

Methods	Process measures	Target for process measure	Comments
1) Education will be set up for all registered staff on products in the wound care protocol 2) Sessions to be available on all shifts 3) Audits to be completed by wound care lead of home for correct usage of products	1) {#} of educations sessions /shift, 2) {#} of audits that identified areas for improvement monthly	1) Education sessions on products and selection of products will be completed by all Registered staff by June 1 2) Audits will show an improvement in compliance by July 1	