

Experience | Patient-centred | **Custom Indicator**

Indicator #6	Last Year		This Year		
	Satisfaction with the quality of care of the doctors (Extendicare Limestone Ridge)	56.30 Performance (2025/26)	85 Target (2025/26)	62.00 Performance (2026/27)	-- Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Improve visibility of physicians in home with residents and families.

Process measure

- 1) # of name tags ordered 2) % of communication boards with physician visits included

Target for process measure

- 1) Name tags will be ordered for all physicians in home by April 1, 2025. 2) Process for utilizing communication board for posting of visit schedules will be 100% implemented by April 2025.

Lessons Learned

Doctor names and days doctors complete rounds are posted on individual Resident Home Areas. All physicians provided name tags, doctors are starting to attend resident care conferences

Change Idea #2 Implemented Not Implemented In Progress

Medical Director to meet at minimum annually with Family and Resident Council.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Medical Director hesitant to commit to more than annual meeting.

Change Idea #3 Implemented Not Implemented In Progress

Tracking of in person resident visits to ensure every resident has a visit at least once per quarter

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Challenge engaging all physicians to participate with tracking visits

	Last Year		This Year		
Indicator #5	62.00	85	63.80	--	NA
Satisfaction with food and beverages served to me (Extendicare Limestone Ridge)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Hold food tastings prior to each Menu launch to obtain feedback on types of food to be incorporated into next menu cycle. Could potentially be in collaboration with Recreation Department

Process measure

- 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.

Target for process measure

- Four Food tasting sessions will occur each year by December 2025. There will be an improvement to 85% by December 2025 in overall satisfaction for this area.

Lessons Learned

Residents were able to sample new juices and some new desserts. Will add meal samples at next seasonal menu changeover

Change Idea #2 Implemented Not Implemented In Progress

Increase special food programs through Recreation Team

Process measure

- 1. # of food related programming being offered 2. Attendance in said programs 3. Resident feedback in RC

Target for process measure

- 1. Incorporate at least 8 food related programs each month on programs calendar beginning May 2025 2. Implement breakfast programs [1/month] for each RHA throughout 2025 beginning May 2025 3. Facilitate at least 1 friendship luncheon monthly for 2025 starting in May 2025

Lessons Learned

Home staff was able to add about 6 food programs per month to activity calendars. Will continue to work on goal of expanding food program ideas.

Change Idea #3 Implemented Not Implemented In Progress

Adjust menu to include seasonal availability

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Dietitian and Dietary Manager collaborating and including resident input for what fresh food items they prefer to increase resident satisfaction

	Last Year		This Year		
Indicator #1	62.90	85	77.60	--	NA
I have input into the Recreation programs available (Extendicare Limestone Ridge)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Implement monthly Program Planning Meetings to inform and engage residents in program decision making

Process measure

- 1) # of meetings throughout the year 2) # of change ideas provided in meeting that were implemented 3) # of residents participating on each home area

Target for process measure

- 1) Program will be introduced and fully implemented as of April 2025 2) Residents will meet monthly on each unit, providing feedback on programs and selecting upcoming events beginning April 2025

Lessons Learned

Fully implemented by April 2025 for each resident home area. Programs discussed in meeting are implemented in the following month's calendar.

Change Idea #2 Implemented Not Implemented In Progress

Use real-time feedback tools such as evaluations of programs, seeking resident feedback on enjoyment and satisfaction of program in real time.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Will implement monthly program audit schedule, review and create action plans after each evaluation. Program manager to ask for feedback about programs and suggestions at care conferences

Safety | Safe | **Optional Indicator**

Indicator #3	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Limestone Ridge)	12.50	12	19.09	-52.72%	15

Change Idea #1 Implemented Not Implemented In Progress

Reassess Falling Star program and reeducate staff on program

Process measure

- 1) # of education sessions provided to PSW and Registered staff 2) # of audits completed on Falling star program monthly 3) # of audits on Falling star program with no deficiencies

Target for process measure

- 1) All Education sessions for PSW and Registered staff will be completed by June 30, 2025 2) Audits on Falling star program will begin by June 30, 2025

Lessons Learned

Reducing Falls Program change in August of 2025. Clinical education provided to all care staff

Change Idea #2 Implemented Not Implemented In Progress

Review Safe Lift and Handling Policy and Procedures Program with Staff

Process measure

- 1) # of education sessions held for staff on safe lift and handling procedures

Target for process measure

- 1) All Staff education sessions will be 100% completed by June 30, 2025

Lessons Learned

In person demonstrations successful with navigating challenging scenarios. Difficult to reach all staff that work irregular hours

Change Idea #3 Implemented Not Implemented In Progress

Implement purposeful rounding (includes positioning, personal needs, possessions, and pain).

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Challenging reaching all staff to complete fulsome education. Identified need for more educators and champions to assist with educational needs.

Comment

Fall team reviewing falls data for residents who would benefit from enhanced lighting at bedside and in bathrooms. Falls post incident assessment and interdisciplinary team huddles. Weekly review of Resident at Risk Report for those not engaging in activities and those at high risk for falls and implement activities targeted for these residents.

Indicator #4	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Limestone Ridge)	9.45 Performance (2025/26)	9 Target (2025/26)	18.14 Performance (2026/27)	-91.96% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

GPA education for training for responsive behaviours related to dementia.

Process measure

- 1). # of GPA sessions provided 2). # of staff participating in education 3). # of referrals to Regional Managers, LTC Consultants or Manager of Behaviour Services & Dementia Care.

Target for process measure

- 1.) GPA sessions will be provided for 80% of front-line staff by December 31, 2025

Lessons Learned

Training sessions held throughout the year 97% of care staff are now trained in GPA.

Change Idea #2 Implemented Not Implemented In Progress

Provide family resources: Centre for effective practice - How Anti-psychotic Medications are Used to Help People with Dementia: A Guide for Residents, Families and Caregivers. 2. Make resource available at nurses' station for families.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Resources are now available for families. Will monitor effectiveness of literature as a tool to assist with deprescribing unnecessary antipsychotics

Change Idea #3 Implemented Not Implemented In Progress

Program lead will review Antipsychotic Decision Support Tool on a monthly basis and share action plans at monthly Quality Labs

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Need to encourage front line staff to actively engage with BSO team when completing Cohen Mansfield assessments.

Comment

QI Feb/26 is 12.66%, under the target of 17.3%. Home goal will be to remain under corporate benchmark.

Safety | Effective | Custom Indicator

	Last Year		This Year		
Indicator #2	1.90	1.75	0.00	--	NA
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 (Extendicare Limestone Ridge)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Implement per unit tracking for all pressure ulcers to measure status and trends of pressure ulcers in the home.

Process measure

- 1) # of education sessions held for Registered staff on tracking tools 2) # of tracking tools completed monthly 3) # of tracking tools that were reviewed on a monthly basis for trends

Target for process measure

- 1) 100% of Registered staff will have attended education sessions on tracking tool by July 2025 2) Tracking tools will be correctly completed on a monthly basis by August 2025 3) Process for review, analysis and follow up of trends from tools will be 100% in place by September 2025.

Lessons Learned

New tracking tool implemented by corporate in place. Monitored weekly by SWAN nurse.

Change Idea #2 Implemented Not Implemented In Progress

SWAN nurse providing education to nursing department staff. enroll PSWs in the PSW & Caregiver Skin Health Course, created by the Wound, Ostomy and Continence (WOC) Institute.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Noticeable improvement with nurses completing accurate skin and wound assessments.

