Safety

Measure - Dimension: Safe

Indicator #1	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	19.09	15.00	Corporate target	

Change Ideas

Change Idea #1 Implement purposeful rounding which includes pain, positioning, possessions and personal needs.

Methods	Process measures	Target for process measure	Comments
Educate all care staff on purposeful rounding. Inform resident and family council on the process of purposeful rounding.	The number of staff educated. The resident and family council education captured in meeting minutes.	100% will be completed by December 31, 2026.The resident and family council will be informed of the process by July 31, 2026.	

Change Idea #2 Enhance lighting at bedside and in bathroom for residents who fall in the evening / night

Methods	Process measures	Target for process measure	Comments
1) Fall team to review falls data for residents who would benefit from enhanced lighting at bedside/bathroom 2) Order and install lighting 3) Monitor pre and post data for improvement	1) # of residents identified as benefitting from enhanced lighting 2) # of lights installed at bedside and in bathroom	1) Residents will be reviewed for enhanced lighting by May 1, 2026. 2) Environmental assessments of each of the identified rooms will be completed by May 31, 2026. 3) Lights will be ordered and installed by June 30, 2026 4) Review of fall data pre and post light installation data will be completed by Dec 31, 2026	

Change Idea #3 Falls- Incident Assessment & interdisciplinary team huddles

Methods	Process measures	Target for process measure	Comments
1) Review post fall procedure with staff 2) Falls lead to review Falls- Post Incident Assessment and documentation (review the huddle participants, probable root cause identified)	1) # of staff who reviewed Post Fall procedure 2) # of Fall- Post Incident Assessments that were completed accurately and thoroughly on a monthly basis	1) Staff education on Post Fall procedure will be completed by March 31, 2026 2) By June 30, 2026, 80% of Falls- Post Incident Assessments will be completed as per policy	

Change Idea #4 Review Resident at Risk Report during weekly falls meeting to identify residents that are not engaged in programming and high risk for falls

Methods	Process measures	Target for process measure	Comments
1) Recreation Manager will review and share Resident at Risk Report with falls team weekly. 2) Team will cross reference Resident at Risk Report with Residents who had a fall in the last 30 days	1) # of residents on Resident at Risk Report 2) # of residents who fell in the last 30 days 3) # of suitable programs occurring at times when most falls are occurring	1) Weekly review of reports will be implemented by April 1, 2026 2) Review of high-risk residents' program preferences will be completed by June 30, 2026 3) Suitable programs for at risk residents will be implemented by July 31, 2026	

Measure - Dimension: Safe

Indicator #2	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	18.14	17.30	Corporate Target	Seniors Mental Health, Mobile Response Team

Change Ideas

Change Idea #1 Family education resources provided for appropriate use if anti-psychotics.

Methods	Process measures	Target for process measure	Comments
1. 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.	1. Number of CEP resources provided to families monthly. 2. Number of antipsychotics de-prescribed as a result of increased family awareness.	Copies of CEP resources will be printed and available at nurses' station by March 31, 2026.	

Change Idea #2 Anti-psychotics Program includes use of the Anti-psychotic Decision Support Tool (AP-DST)			
Methods	Process measures	Target for process measure	Comments
Program lead will review AP-DST before monthly collaborative meeting.	1) Scheduled regular meetings for antipsychotic review 2) % of residents on anti-psychotics with an action plan inputted into the home's (AP-DST) 3) Attendance to Quality Labs to share success stories or challenges for continuous improvement recommendations	1) Resident-centered interdisciplinary reviews of antipsychotic use are occurring every 4 weeks 2) Residents triggering the antipsychotic QI indicator have an action plan inputted into their home's (AP-DST) within 3-6 months of admission and every month thereafter until no longer triggering QI indicator	

Measure - Dimension: Safe

Indicator #3	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	0.72	2.00	Extendicare's corporate benchmark is 2%. Home is currently exceeding targets	

Change Ideas

Change Idea #1 Strengthen pressure injury prevention and management through staff participation in recognized Skin and Wound education and certification programs Wound, Ostomy and continence Institute (WOC) institute: specifically, PSW & Caregiver Skin Health Course.

Methods	Process measures	Target for process measure	Comments
Enroll PSW/Caregivers to the PSW Skin Health Programs (WOC institute or Wound Canada)	# PSW certified	100% of staff enrolled will have PSW course certification by December 31, 2026.	

Measure - Dimension: Safe

Indicator #4	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	2.50	2.5% is Extendicare's benchmark. A lower number means home is exceeding target.	Ontario Health @ Home

Change Ideas

Change Idea #1 Provide information to families and potential new residents on home's no restraint approach

Methods	Process measures	Target for process measure	Comments
Provide restraint information sheet in tour packages. Collaborate with Ontario Health @ Home when reviewing new admission applications to ensure any potential applicant with a physical restraint is aware of home's process and trials restraint free options before admission.	# of successful alternatives trialed, # of reviews completed per month	Home will remain restraint free	