

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am encouraged to provide my input about the food and drink options.	C	% / LTC home residents	In-house survey / Sept 2025- Oct 2025	61.40	65.00	Continued improvement to LTC Division overall = 65.3%	

Change Ideas

Change Idea #1 Residents will have a survey tool available in accessible places throughout the home to comment on food and drink options including rating taste, texture, quality.

Methods	Process measures	Target for process measure	Comments
1) Create and implement survey. 2) Advertise survey to residents and families through dining committee meetings, resident council meetings, townhall and newsletter. 3) New Menu taste tests will be offered and residents who attend will be given a survey to complete.	1) # of residents given a survey to complete. 2) # of surveys completed and handed in per month. 2) # of surveys per month. 3) # of taste tests per month.	1) Surveys will be implemented by March 2026. 2) 10 or more surveys will be handed in per month by May 2026. 75% of survey responses will have positive feedback. 3) 40 taste tests will be completed by May 2026.	

Change Idea #2 Residents will have a bulletin board with photos and information on ways their suggestions have been implemented for them to view.

Methods	Process measures	Target for process measure	Comments
1) Create and implement bulletin boards. 2) Advertise bulletin board to residents and families through dining committee meetings, resident council meetings, townhall and newsletter. 3) Update bulletin boards weekly.	1) # of residents who, when surveyed, say they have seen the bulletin boards.	1) Bulletin boards will be implemented by March 2026. 2) 15 residents will be surveyed per month. 3) 75% of residents asked will confirm they have viewed the bulletin boards.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have the opportunity to provide feedback about the products used	C	% / LTC home residents	In-house survey / Sept 2025- Oct 2025	63.60	67.00	Continued improvement to theoretical best (LTC Division overall = 62.7%)	

Change Ideas

Change Idea #1 Feedback on continence products will be incorporated into monthly audits to ensure products meet resident comfort and dryness needs.

Methods	Process measures	Target for process measure	Comments
1) Add a question to the monthly continence product audit: "Are you comfortable in your product and are you kept dry?" for residents who cannot self-report, feedback will be obtained from family or staff. 2) Communicate follow-up actions from audit findings to staff.	1) # of action items as a result of the audit questions 2) # of follow-up actions communicated to staff as a result of audits.	1) There will be a 50% decrease in the number of monthly actions required from Audits by May 2026 2) 100% of follow ups from actions will be communicated to resident and family	

Change Idea #2 Include continence and product use as a topic to review on admission and in Care Conferences

Methods	Process measures	Target for process measure	Comments
1) Ask Residents/Families during Care Conferences for feedback and if they are satisfied with the current product being used	1) # of action items as a result of feedback received	1) 25% Decrease in the number of monthly actions required from feedback by June 2026	

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Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Bladder and Bowel care products keep me/the resident dry and comfortable.	C	% / LTC home residents	In-house survey / Sept 2025 - Oct 2025	85.50	90.00	Continued improvement to theoretical best (LTC Division overall = 83.4%)	

Change Ideas

Change Idea #1 Implement Restorative toileting Programs for eligible residents

Methods	Process measures	Target for process measure	Comments
1) Review residents for eligibility for restorative toileting 2) Discuss program with eligible residents 3) Education for staff on requirements of program 4) Update plan of care to reflect Restorative Program 5) Complete ongoing audits of program to ensure residents goals and program are being met.	1) # of residents eligible for restorative toileting 2) # of residents who had restorative program discussions 3) # of staff educated on program requirements 4) # of care plans updated to reflect restorative toileting program 5) # of audits completed per month on restorative toileting program	1) All residents will be reviewed for eligibility for restorative toileting program by April 2026. 2) Residents who are eligible for restorative toileting program will have discussions completed by April 2026. 3) 100% of Staff who have residents in restorative toileting program will have education completed by April 2026. 4) 100% of residents in restorative toileting program will have their care plans updated 5) 100% of findings from audits will be addressed by May 2026.	

Change Idea #2 Continence Lead will review sizing and selection of products for residents and educate care staff on the importance of using the correct product and how to properly apply product.

Methods	Process measures	Target for process measure	Comments
1) Complete audits of residents using products for correct size and selection of product 2) On the spot education to staff on product placement on all shifts	1) # of audits completed per month 2) # of staff who receive on-the-spot education sessions monthly	1) 100% of residents who use incontinent products will be audited for correct sizing and selection of product by April 2026. 2) 90% of care staff will be educated by May 2026.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of cleaning within the resident's room	C	% / LTC home residents	In-house survey / Sept 2025 - Oct 2025	55.60	71.00	LTC Division overall = 71.0%	

Change Ideas

Change Idea #1 Support Services Manager will review deep cleaning schedules for resident rooms and update processes and tools used for resident room cleaning.

Methods	Process measures	Target for process measure	Comments
1) Train housekeepers on the use of battery-operated handheld scrubbers for washroom corners and baseboards. 2) SSM and Maintenance will inspect rooms and address wiring and clutter under beds to improve access. 3) Coordinate with PSWs to support room organization to ensure cleaning access to far corners and under beds.	1) # of housekeepers trained on handheld scrubbers. 2) # of rooms inspected for under-bed clutter and wiring issues. 3) # of rooms where PSWs assisted with organization to support cleaning.	1) 100% of housekeeping staff will be trained by April 2026. 2) All resident rooms inspected by May 2026. 3) All resident rooms will have improved access for cleaning by June 2026.	

Change Idea #2 Floor cleanliness will be improved through enhanced floor maintenance and waxing schedules.

Methods	Process measures	Target for process measure	Comments
1) Maintenance will complete floor waxing and maintenance in a minimum of two rooms per week. 2) Housekeeping will monitor floors for staining and report areas requiring additional maintenance.	1) # of rooms with completed floor waxing per week. 2) # of reported floor stain issues addressed.	1) Minimum two rooms waxed weekly beginning March 2026. 2) 100% of reported floor stain issues addressed by June 2026	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of laundry services for personal clothing and linens	C	% / LTC home residents	In-house survey / Sept 2025 - Oct 2025	71.10	75.00	Continued improvement to theoretical best (LTC Division overall = 71.3%)	

Change Ideas

Change Idea #1 Missing laundry due to labeling issues will be reduced through equipment instruction and staff training.

Methods	Process measures	Target for process measure	Comments
1) Post clear printed instructions on how to use the label applicator on each labeling cart 2) Provide refresher training to staff on proper labeling procedures. 3) Collect information and analyze trends regarding reports of missing laundry.	1) # of machines with posted instructions. 2) # of staff trained on labeling procedures. 3) # of missing laundry incidents related to labeling.	1) Instructions posted on all labeling machines by March 2026. 2) 100% of laundry and nursing staff trained by April 2026. 3) 25% reduction in missing laundry incidents related to labeling by June 2026.	

Change Idea #2 Incidents of laundry delivered to the wrong resident will be reduced through improved tagging and staff reminders.

Methods	Process measures	Target for process measure	Comments
1) Replace all broken and missing tags on personal laundry carts. 2) Provide ongoing training and reminders to staff on correct laundry delivery procedures. 3) Implement a new Lost and Found procedure for unlabeled items, including bagging and returning items to the originating unit before moving to Lost and Found.	1) # of laundry carts with updated tags 2) # of staff training/reminders completed. 3) # of misdelivered laundry incidents reported.	1) 100% of laundry carts re-tagged by March 2026. 2) Monthly reminders provided to all staff beginning March 2026. 3) 25% reduction in misdelivered laundry incidents by June 2026.	

Safety

Measure - Dimension: Safe

Indicator #6	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	15.29	13.00	Continued improvement to theoretical best (Extendicare Target is 15%)	

Change Ideas

Change Idea #1 Re-educate staff on Fall Prevention and Injury Reduction program

Methods	Process measures	Target for process measure	Comments
1) Falls Lead will provide education sessions on Fall Prevention and Injury Reduction program to care staff 2) Falls lead will audit and monitor program to identify compliance and/or gaps - minimum of 15 resident's audited quarterly	1) # of education sessions provided to PSW/HCA and Registered staff 2) # of audits completed	1) Education sessions for PSW/HCA and Registered staff will be completed by May 2026 with 90% of staff. 2) Audits on Fall Prevention and Injury Prevention program will begin by May 2026 with 100% compliance quarterly.	

Change Idea #2 Medication review of residents who are assessed as being at risk of falls

Methods	Process measures	Target for process measure	Comments
1) Determine residents at risk for falls. 2) Review prescribed medications for residents at risk of falls 3) Determine medications that have side effects that could potentially contribute to falls 4) Notify staff of potential risks and incorporate into plan of care for monitoring 5) Discuss with physician if there are alternatives to prescribed medications that might decrease risk of falls	1) # of residents identified as being at risk for falls 2) # of medication reviews completed for residents at risk for falls 3) # of medications prescribed per resident that increase risk of falls 4) # of care plans updated to reflect risk 5) # of medication changes /alternatives prescribed to decrease fall risk	1) Residents at risk for falls will be identified by March 2026 2) 100% of Medication reviews will be completed for those residents at risk for falls by May 2026 3) Staff will be notified about potential risks and care plans updated by June 2026 4) Discussions with physician about alternatives or changes to medications will be completed for high risk residents by June 2026	

Measure - Dimension: Safe

Indicator #7	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	14.13	11.00	Continued improvement to theoretical best (Extendicare Target is 17.3%)	

Change Ideas

Change Idea #1 Gentle Persuasive Approaches (GPA) Basics education for responsive behaviours related to dementia (in support of reduction of anti-psychotic use).

Methods	Process measures	Target for process measure	Comments
1. In-home GPA Coaches to maintain their coach status. 2. Collaborate with Leadership to identify staff that would benefit from GPA education with the goal of delivering GPA Basics education to all staff. 3. Feedback will be collected from staff who have completed GPA education on the experience and usefulness of GPA Basics to support resident care.	1. # of staff certified as GPA Coaches in the home 2. # of staff participated in GPA Basics education 3. # of staff who have provided feedback on GPA education and its usefulness.	1. 100% of GPA coaches will maintain their coach status and plan and deliver GPA education to 12 staff every 1 to 2 months. 2) GPA Basics education will be provided for 60% of staff by December 2026. (currently 30% of staff are educated) 3) Feedback from staff on GPA education will be reviewed and actioned on by May 2026.	

Change Idea #2 Family education resources provided for appropriate use of antipsychotics.

Methods	Process measures	Target for process measure	Comments
1. Provide family and resident resource: Centre for Effective Practice (CEP) - How Anti-psychotic Medications are Used to Help People with Dementia: A Guide for Residents, Families and Caregivers and make resource available at nurses station for families and residents. 2. Antipsychotics lead will follow up with the families of residents who are prescribed antipsychotics without a qualifying diagnosis to collect feedback, answer questions and discuss the goal of deprescribing.	1. # of CEP resources provided to families and residents monthly. 2. # of antipsychotics de-prescribed as a result of increased family awareness.	1. Copies of CEP resource will be printed and available at nurses station and provided directly to residents and/or families of residents with antipsychotics prescribed by March 2026. 2. 10% of residents will have antipsychotics de-prescribed by July 2026.	

Measure - Dimension: Safe

Indicator #8	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	1.32	0.50	Continued improvement to theoretical best (Extendicare Target is 2.0%)	

Change Ideas

Change Idea #1 Strengthen pressure injury prevention and management through staff participation in recognized Skin and Wound education and certification programs - Wounds Canada Institute: Skin Health Program (SHP) for Personal Support Workers.

Methods	Process measures	Target for process measure	Comments
1) Enroll 8 to 10 PSW/Caregivers to the PSW Skin Health Program (SHP) for Personal Care Providers. 2) Establish these PSWs as Wound Champions within the Home.	1) # of PSW/Caregivers successfully certified. 2) # of Wound Care champions.	1) 100% of staff enrolled in SHP will have their certification by April 2026. 2) Wound Champion roles will be established in the home by May 2026.	

Change Idea #2 Improve pressure injury and other wound treatment and healing by piloting Medline skin and wound products in the home starting with 2nd floor.

Methods	Process measures	Target for process measure	Comments
1) Order and stock home with Medline wound care supplies, make available for use. 2) Engage with Medline representatives to provide education to all Registered Staff and PSWs who work on 2nd floor on new products and their use. 3) Audits to be completed by wound care lead of home for correct usage of products.	1) # of Registered Staff educated on new products. 2) # of PSWs educated on new products. 3) # of audits that identified correct use of products.	1) Medline products will be piloted on 2nd floor by April 2026. 2) 100% of Registered Staff and PSWs who work on 2nd floor will be educated on new products by May 2026. 3) Audits will begin May 2026 and will show 100% compliance.	