

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 laundry services for my clothing and Linens	C	% / LTC home residents	In-house survey / In House Survey 2025	94.60	95.00	To improve resident satisfaction.	

Change Ideas

Change Idea #1 1. Communicate to families and residents about importance of having machine washable clothes and not delicates due to heat of commercial laundry systems.

Methods	Process measures	Target for process measure	Comments
1. Provide communication via newsletter family and resident council meetings and on admission regarding the importance of having machine washable clothing due to heat of commercial laundry systems. 2. Environmental Service Manager will attend Residents Council to discuss the laundry process, machines and chemicals.	1. # of Resident and Family Council meetings attended where discussions held about laundry issues. 2. # of communications sent to residents and families.	1. Discussion will be held at Resident and Family Council about laundry issues by July 31/26 2. Communications will be sent out to residents and families by July 31/26.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of food and beverage options.	C	% / LTC home residents	In-house survey / In House Survey 2025	84.20	85.00	To improve resident satisfaction.	

Change Ideas

Change Idea #1 1. Monitor seasonal availability of fruits and vegetables and incorporate where possible. 2. Ensure residents are aware of fresh fruits and vegetables being utilized.

Methods	Process measures	Target for process measure	Comments
1. # of seasonal foods to be incorporated in each menu cycle. 2. Provide seasonal fruits/vegetables and seasonally appropriate menu items incorporated at Resident Council Meetings.	1. Seasonal food changes will be made to the menu cycle throughout the year as options become available. 2. Information will be provided at Resident Council with as much notice prior to the menu as possible depending on the available options. Residents input will be considered.	1. Seasonal food changes will be made throughout the year as options are available. 2. Information will be provided to Residents Council on an ongoing basis as options become available.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I enjoy eating meals in the dining room.	C	Number / LTC home residents	In-house survey / In House Survey 2025	81.60	85.00	To improve resident satisfaction.	

Change Ideas

Change Idea #1 Provide Education on improving the Resident Experience during mealtime.

Methods	Process measures	Target for process measure	Comments
Re-educate on Meal Service policies and procedures.	1. Number of in-services held to review policy and procedure and expectations during mealtime. 2. # of staff who attended in-services.	1. 4 in-services will be held per year by December 31/26 2. 100% of staff will attend in-services per year by December 31/26.	

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	11.64	15.00	To continue to improve.	

Change Ideas

Change Idea #1 1.Falls- Post Incident Assessment & interdisciplinary team huddles.

Methods	Process measures	Target for process measure	Comments
1. Review post fall procedure with staff. 2. Falls lead in home to attend and/or reviews Falls - Post Incident Assessment and documentation (review the huddle participants probable root cause identified).	1. # of staff who reviewed the Post Fall procedure 2. # of Fall - Post Incident Assessment that were completed accurately and thoroughly on a monthly basis.	1. Staff education on Post Fall Procedure will be completed by August 31/26. 2. By August 31/26 100% of Falls-Post Incident Assessment will be completed as per policy.	

Change Idea #2 1. Universal Fall Prevention Strategies

Methods	Process measures	Target for process measure	Comments
1. Inform Resident and Family Council about the Universal Fall Prevention Strategies.	1. # of sessions provided to inform Resident and Family council about the Universal Fall Prevention strategies.	1. Information sessions for resident and family will be completed by August 31/26.	

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	7.09	17.30	Continue to improve and meet Extendicare targets.	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
1. Deliver GPA Basics education to staff sessions. 2. Deliver Bathing Without a Battle education.	1. # of staff participated in GPA Basics education and Bathing Without A Battle education. 2. # of staff participated (who develop care plans or administer resident bathing) participated in Bathing Without A Battle education. 3. Feedback from staff participants on the experience and usefulness of GPA Basics and Bathing Without a Battle education to support resident care.	1. GPA sessions will be provided for 25% staff by October 31/26 2. Bathing Without A Battle education will be provided for 25% of staff, who develop care plans or administer resident bathing by October 31/26. 3. Feedback from staff on GPA education will be reviewed and actioned by December 31/26	

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	2.01	2.00	To continue to improve and meet Extendicare targets.	

Change Ideas

Change Idea #1 1. Mandatory education for all Registered Staff on correct staging of pressure ulcers, treatment options and documentation. 2. Mandatory education to front line staff on interventions to prevent skin impairments.

Methods	Process measures	Target for process measure	Comments
1. Provide education for Registered Staff on correct staging of pressure ulcers, treatment options and documentation. 2. Provided education for front line staff on interventions to prevent skin impairments.	1. # of Registered Staff who have completed the education on pressure ulcers, treatment options and documentation. 2. # of front-line staff who have attended education to prevent skin impairments.	1. 100% of Registered staff will have attended education on pressure ulcers, treatment options and documentation by August 31/26 2. 100% of our front-line staff will have attended education session to prevent skin impairments by August 31/26	

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	1.90	2.50	To continue to improve.	

Change Ideas

Change Idea #1 1. Provide information to families and residents on Least Restraint approach.

Methods	Process measures	Target for process measure	Comments
1. Provide Restraint brochure in admission packages for new admissions. 2. Meet with Resident and family councils to provide education on Least Restraint and risks associated with restraint use.	1. # of admission packages with Restraint brochure included. 2. # of meetings with Resident and Family council to discuss Least Restraint and Risks.	1. 100% of admission packages will have Restraint brochure included for new admissions by July 31/26. 2. Meetings with Resident and Family councils will be attended to discuss Restraints by July 31/26.	