

## 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 care from Nurse Practitioners who work in my home"	C	% / Residents	In-house survey / September 2 to October 10	50.00	80.00	This percentage is achievable yet challenging encouraging improvement	

## Change Ideas

Change Idea #1 1Increase awareness of role of nurse practitioner in the home with residents and families

Methods	Process measures	Target for process measure	Comments
1) Nurse Practitioner to meet at minimum annually with Family and Resident councils 2) Feedback on services and areas for improvement will be discussed 3) update at CQI meeting on action plan	1) # of meetings with Councils where Nurse Practitioner attended 2) # of suggestions provided by councils 3) # of CQI meetings where action items were discussed with Nurse Practitioner	1) Nurse Practitioner will attend Family Council by April 2026 2) Nurse Practitioner will attend Resident Council by April 2026 3) Action items and plan will be discussed at CQI committee with Nurse Practitioner April meeting	

Change Idea #2 Plan education sessions/lunch and learns with Residents/families with the Nurse Practitioner (areas of focus should be suggested by Residents)

Methods	Process measures	Target for process measure	Comments
"1) Plan regularly scheduled education sessions 2) Sessions to be advertised and sign up sheet available. 3) Potentially work with ADOCs/DOC 4) Consider and action as able any suggestions received "	1) # of education sessions held 2) # of education advertisements posted 3) # of residents who attended 4) # of suggestions received 5) ___ % of suggestions implemented	"1) 6 education sessions will offered within the next 3 months 2) Planned changes based on feedback and recommendations will be discussed at CQI committee with Nurse Practitioner April 2026"	

## Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
"To improve the visibility of physicians in the Home with residents and families"	C	% / Residents	In-house survey / September 2 to October 10	53.00	75.00	This percentage is achievable yet challenging encouraging improvement	

## Change Ideas

Change Idea #1 Improve visibility of physicians in home with residents and families.

Methods	Process measures	Target for process measure	Comments
1) Order Extencicare name tags for physicians 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 visits included	1) Name tags will be ordered for all physicians in home by April 2026 2) Process for utilizing communication board for posting of visit schedules will be 100% implemented by May 2026	

Change Idea #2 1) Communicate role of Medical Director and Physicians and give opportunity for feedback

Methods	Process measures	Target for process measure	Comments
1) Medical Director to meet at minimum annually with Family and Resident councils 2) Feedback on services and areas for improvement will be discussed 3) update at CQI meeting on action plan	1) # of meetings with Councils where Medical Director attended 2) # of suggestions provided by councils 3) # of CQI meetings where action items were discussed with Medical Director	1) Medical Director will attend Family Council by May 2026 2) Medical Director will attend Resident Council by May 2026 3) Action items and plan will be discussed at CQI committee with Medical Director by April 2026	

## Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
to improve the choice and the quality of food and drinks served to the residents.	C	% / Residents	In-house survey / September 2 to October 10	54.00	68.00	This percentage is achievable yet challenging encouraging improvement	

## Change Ideas

Change Idea #1 1) Ensure dedicated time (standing agenda item) during Resident Council meeting to discuss food complaints and recommendations

Methods	Process measures	Target for process measure	Comments
"1) Set allotted time on the agenda OR have separate sub-committee for Food Council / feedback on food. 2) Agreed upon actions that will be taken and specify timeline 3) Follow-up on improvement and reassess action if needed."	1) Food Committee will be provided allotted specified time during every Resident's Council meeting. 2) Feedback, recommendations and corresponding actions will be documented and monitored ongoing	"1) Food committed meetings will be held 4 times per year. 2) Recommendations will be documented and actioned on within [enter #] days and feedback on those actions obtained within[enter #] days post implementation"	

Change Idea #2 2) Obtain regular feedback from Residents on dining room atmosphere and incorporate changes based on recommendations

Methods	Process measures	Target for process measure	Comments
"1) Dietary/Nutrition Manager or Designate to regularly interact with Residents during mealtime to seek feedback on atmosphere. 2) Document feedback and determine actions that will be taken as a response. 3) Share feedback and corresponding actions with Resident Council."	"1) # of meals attended for purpose of obtaining feedback on atmosphere 2) # of recommendations made / changes requested and # responded to with action. "	"1) 150 meals will be attended per year with purpose of evaluating atmosphere. 2) 75% of recommendations will be actioned on within 2026"	

## Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To improve access/visibility to a Doctor or Nurse Practitioner when requested.	C	% / Family	In-house survey / September 2 to October 10	61.70	75.00	This percentage is achievable yet challenging encouraging improvement	

## Change Ideas

Change Idea #1 Improve visibility of physicians in home with residents and families.

Methods	Process measures	Target for process measure	Comments
) Order Extencicare name tags for physicians 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 visits included	1) Name tags will be ordered for all physicians in home by May 2026 2) Process for utilizing communication board for posting of visit schedules will be 100% implemented by June 2026	

Change Idea #2 1) Communicate role of Medical Director and Physicians and give opportunity for feedback

Methods	Process measures	Target for process measure	Comments
1) Medical Director to meet at minimum annually with Family and Resident councils 2) Feedback on services and areas for improvement will be discussed 3) update at CQI meeting on action plan	1) # of meetings with Councils where Medical Director attended 2) # of suggestions provided by councils 3) # of CQI meetings where action items were discussed with Medical Director	1) Medical Director will attend Family Council by April 2026 2) Medical Director will attend Resident Council by April 2026 3) Action items and plan will be discussed at CQI committee with Medical Director by April 2026.	

**Measure - Dimension: Patient-centred**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To improve the quality/usage of the Bladder and bowel care products so that the residents are dry and comfortable	C	% / Family	In-house survey / September 2 to October 10	54.00	68.00	This percentage is achievable yet challenging encouraging improvement	

**Change Ideas**

## Change Idea #1 Review sizing and selection of products for residents

Methods	Process measures	Target for process measure	Comments
1) Complete audit of residents using incontinent products for correct sizing and selection of product. 2) Product Vendor With PSW Lead/Champion conducts a Home Audit. Also provides on the spot staff education of staff regarding proper placement on all shifts	1) # of residents using incontinence products per shift 2) # of audits completed by shift 3) # of on the spot education sessions completed by shift	1) 100% of residents who use incontinent products will be audited for correct sizing and selection of product by May 1st 2026 2) Product vendor will be contacted to assist with audit and on the spot education provided by March 2026	

## Change Idea #2 Implement Restorative toileting program

Methods	Process measures	Target for process measure	Comments
1) Review residents who are eligible 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 toileting program 5) Complete ongoing audits of program to ensure resident goals and progress are being reviewed	1) # of residents eligible for restorative toileting 2) # of residents who had restorative program discussions 3) # of staff educated on program requirements 4) # of plans of care updated to reflect Restorative toileting program 5) # of audits completed of restorative toileting programs	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 at the time of assessment 3) Staff who have residents in restorative toileting program will have education when the resident is added to the toileting program i.e unit huddles etc 4) Plans of care will be updated based on assessments at the time of the resident has met the criteria. 5) Process for auditing of program will be completed by April 2026	

## Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To provide an opportunity for family feedback about the products used for the residents.	C	% / Family	In-house survey / September 2 to October 10	50.00	70.00	This percentage is achievable yet challenging encouraging improvement	

## Change Ideas

## Change Idea #1 2 Host a Vendor fair where families and residents can ask questions about products and provide feedback

Methods	Process measures	Target for process measure	Comments
1) Schedule a day where vendor is in home and can set up table for information 2) Post notice to let families and residents know they will be there to answer questions. 3) Follow up with Resident and Family council for feedback after to see if it was of value.	1) # of vendor fair days held 2) Post event information on bulletin board 3) % of positive responses based on feedback received.	1) Vendor day for families/residents will be held by April 2026 2) Event information will be posted on bulletin board by March 2026 3) Follow up with resident and family council for feedback on event will be completed by June 2026 and ongoing monthly	

## Change Idea #2 1)Invite Product vendor to Resident council and Family council meeting to discuss products

Methods	Process measures	Target for process measure	Comments
1) Product vendor for Continence to be invited to Resident and Family council meeting to discuss products. 2) Feedback provided by committees will be actioned and discussed at CQI committee 3) Follow up with councils on results of action items.	1) # of Resident and family council meetings vendor attends annually 2) # of action items based on feedback received. 3) # of action items that are resolved to satisfaction of councils.	1) Product vendor will attend resident council and family council by April/May 2006 2) Action plan will be in place for feedback items by May 2026 3) Follow up on action plan will be communicated to resident and family councils by May 2026 and ongoing	

## Safety

### Measure - Dimension: Safe

Indicator #7	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	19.40	15.00	To achieve or exceed Extencicare's Target of 15%	

### Change Ideas

Change Idea #1 Implement purposeful rounding (includes; personal needs, pain, position, possessions, etc.)

Methods	Process measures	Target for process measure	Comments
1) Educate all staff on purposeful rounding 2) Inform Resident and Family council on process of purposeful rounding	1) # of staff educated on purposeful rounding 2) Resident and family council education on process captured in meeting minutes	1) 100% of staff will be educated on purposeful rounding process by April 2026 2) Resident and Family council will be informed of process by May 2026	

Change Idea #2 Increased communication during shift report for residents who have recently moved-in and during outbreaks

Methods	Process measures	Target for process measure	Comments
Remind staff about increased risk of falls when in outbreaks and during move-in period 2) Registered staff to communicate list of residents on isolation and/or new move-in's during each shift report to oncoming staff 3) Residents identified as being at increased risk of falls due to isolation or new move-in's will have enhanced monitoring by all staff for two week period	1) # of staff receiving reminders for resident fall risk 2) # of shift reports where registered staff communicated list of high risk residents 3) # of residents on enhanced monitoring per shift	1) Reminders for staff will be communicated by March 2026 2) Shift report process for communicating high risk residents will be in place by May 2026 3) Process for enhanced monitoring for those on isolation or newly admitted will be in place by May 2026	

Measure - Dimension: Safe

Indicator #8	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	11.00	11.00	To Continue achieve or exceed Extencicare's target of 17.3%	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
Engage with Certified GPA Coaches to roll-out home-level education and/or certify home staff as GPA Coaches to deliver education. 2. Contact Regional Managers for support to identify Certified GPA Coaches available for the home, if needed (i.e., local Psychogeriatric Resource Consultant (PRC)). 3. Deliver GPA Basics education to staff sessions. 4. Deliver GPA Bathing education.	1. # of staff certified as GPA Coaches (as net new Coaches). 2. # of staff participated in GPA Basics education and GPA Bathing education. 3. # of staff participated (who develop care plans or administer resident bathing) participated in GPA Bathing education. 4. Feedback from staff participants on the experience and usefulness of GPA Basics and GPA Bathing education to support resident care.	1. GPA Basics education will be provided for 100% staff by Nov 2026 2. GPA Bathing education will be provided for 100% staff, who develop care plans or administer resident bathing, by end of Nov 2026 3. Feedback from staff on GPA education will be reviewed and actioned on by December 2026	

**Change Idea #2 Interdisciplinary behavioural rounding - for assessment and monitoring of anti-psychotic use as an intervention for responsive behaviours.**

Methods	Process measures	Target for process measure	Comments
1. Behavioural Support Lead (BSL) as part of the Mental Health & Dementia Care Program or Home Leadership to contact Regional Manager for additional support for interdisciplinary behavioural rounding as outlined in procedure: 2. Escalation to CMO supports (i.e., Manager, Behavioural Services & Dementia Care).	1. # of interdisciplinary behavioural rounding of residents completed with matching # of updates to home's Anti-psychotic Decision Support Tool (AP-DST). 2. # of referrals to supporting CMO team members, if needed (i.e., Manager, Behavioural Services & Dementia Care), for additional capacity building to conduct interdisciplinary behavioural rounds.	1. Behavioural Support Lead (BSL) or Home Leadership will contact team supports to arrange capacity building opportunities for interdisciplinary behavioural rounding by [date], if needed. 2. Interdisciplinary behavioural rounding of residents on anti-psychotics will be completed by Sept 2026 . 3. Program audit completion for the Mental Health & Dementia Care Program, when required, will be in place to check compliance of procedures for interdisciplinary behavioural rounding of residents on anti-psychotics by Oct 2026	

**Measure - Dimension: Safe**

Indicator #9	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	1.29	1.00	To continue to exceed Extendicare's target of 2.0%	

**Change Ideas**

Change Idea #1 To provide Turning and repositioning education for all staff

Methods	Process measures	Target for process measure	Comments
1) Educate staff on the importance of turning and repositioning to off load pressure 2) Educate staff on the tools/process for turning and repositioning 3) Audit conducted to validate that turning and repositioning is occurring per shift	1) # of staff educated 2) # of Audits completed per RHA per month 3) trends monitored by Skin & Wound Committee	100% of staff educated by Sept 2026 Process for review, followup; analysis and trend monitoring in place - monthly skin and Wound Committee	

Change Idea #2 'Focus on continence - keeping skin dry - toileting and appropriate brief selection

Methods	Process measures	Target for process measure	Comments
1) The skin & Wound Lead & continence lead to look at # of residents on a toileting routine compared with the wound list generated by PCC 2) Both Leads will ensure that the resident has the right product 3) educate and correct if the product is not correct 4) review and evaluate if on a restorative care toileting program 5) Audits conducted by ADOC or designate the process and program	1) # of residents with sin issues 2) # of residents on toileting program 3) # of brief audits conducted 4) # of education sessions completed	Review and correct sizing and product for all residents completed May 2026 Audit reviewed on a monthly basis starting April 2026 Document the number education session - attendance completed for each session	

Measure - Dimension: Safe

Indicator #10	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	1.86	0.50	To continue to exceed Extencicare target of 2.5%	

Change Ideas

## Change Idea #1 Implement per unit tracking for all restraints to better analyze and review trends

Methods	Process measures	Target for process measure	Comments
Implement unit tracking tool to collect data Collect tracking tool monthly Analyze results	1) # of tracking tools implemented 2) # of tracking completed monthly 3) #of tracking tools - analysis completed with recommended action plan	1. Tracking tool implemented on each until by april 2026 2. 100% of tracking tool to be completed by may 2026 3.Process for the restraint lead to analyze monthly and report to DOC April 2026	

## Change Idea #2 Interdisciplinary rounding - for assessment and monitoring of restraints to reduce and provide alternative solutions

Methods	Process measures	Target for process measure	Comments
Restraint Lead to contact DOC/ADOC/Regional clinical Manager for additional support for interdisciplinary restraint rounding	# of interdisciplinary rounding of residents completed with matching # of updates to home's restraint report	Interdisciplinary rounding of residents on restraints will be completed monthly 3. Program audit completion , will be in place to check compliance of procedures for interdisciplinary rounding of residents on restraints by Oct 2026	