

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #2	51.30	61.30	NA	--	NA
I am satisfied with the quality of care from the dietitian. (Mcgarrell Place)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Recruit Dietitian for the home.

Process measure

- % of orientation completed # of Dietitians

Target for process measure

- New Dietitian will be contracted and will have completed all orientation by May 30, 2025

Lessons Learned

New RD was hired and onboarded

Change Idea #2 Implemented Not Implemented In Progress

1) Increase awareness of role of dietitian in home with residents and families

Process measure

- 1) # of meetings with Councils where Dietitian attended 2) # of suggestions provided by councils 3) # of CQI meetings where action items were discussed with Dietitian

Target for process measure

- 1) Dietitian will attend Family Council by August 31, 2025 2) Dietitian will attend Resident Council by August 31, 2025 3) Action items and plan will be discussed at CQI committee with Dietitian by August 31, 2025.

Lessons Learned

RD is integrated into the Interdisciplinary Care Team

Comment

Question was not asked on this survey.

Indicator #3	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
I have input into the recreation programs available. (Mcgarrell Place)	44.70	60	86.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

3) Engage residents and families in quarterly co-design sessions, workshops, or focus groups and during care conferences

Process measure

- 1) # of sessions/year 2) # of people participating 3) # of different ideas being presented 4) # of ideas implemented

Target for process measure

- 1) Program will be 100% introduced and implemented as of June 30, 2025 2) Residents and family will participate [4/year] providing feedback on programs and selecting upcoming events

Lessons Learned

Residents and families were invited to participate in sharing programming ideas during Resident Council meetings, Care Conferences, meetings with Family Council.

Comment

1)Suggestion box was provided in our lobby area for anyone to place suggestions for programs etc. Success will be measured by the number of suggestions that are received and implemented.

Indicator #1	Last Year		This Year		
	I am satisfied with the food and beverages served to me. (Mcgarrell Place)	62.00 Performance (2025/26)	72 Target (2025/26)	83.00 Performance (2026/27)	-- Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

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

Process measure

- 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

Target for process measure

- 1) Food committee meetings will be held 9 times by December 2025. 2) Recommendations will be documented and actioned on within 10 days post meeting and feedback on those actions obtained within 30 days (next committee meeting) starting April 2025

Lessons Learned

Time was provided during each Resident Council meeting to discuss any concerns/complaints. Concerns/complaints were forwarded to the Nutrition Managers.

Comment

1) Nutrition Manager will coordinate with the Recreation Manager to implement special cultural meals. Special dine-ins are scheduled by the recreation aides. Plan to include Nutrition Manager to plan for cultural meals throughout the year.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #6	22.30	15	20.00	10.31%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Mcgarrell Place)	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 new Fall Prediction and Prevention Report developed by Extendicare

Process measure

- 1) # of education sessions 2) # of residents at high risk 3) # of plans of care reviewed to ensure strategies in place 4) # of residents on list who did not experience a fall in the previous 30 days.

Target for process measure

- 1) Training on Fall Prediction and Prevention report will be completed by July 2025 for 100% of designated participants. 2) 100% of residents listed on report as being at risk of fall will have strategies reviewed by August 2025 3) Ongoing monitoring process to ensure strategies are effective will be fully in place by August 2025

Lessons Learned

New Falls Program lead and champions implemented the Fall Prediction and Prevention Report into the Falls Program successfully, reducing falls by over 10%.

Comment

1) Falls boards were purchased to give visual of each home area's falls for each day of the month. There is a whole home falls board in the common area for employees, visitors, residents and families to view.

Indicator #7	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Mcgarrell Place)	33.89 Performance (2025/26)	17.30 Target (2025/26)	14.21 Performance (2026/27)	58.07% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Education for Registered Staff on antipsychotics

Process measure

- 1) # of registered staff who attended training session on antipsychotic medications.

Target for process measure

- 1) 75% of registered staff will have attended training on antipsychotic medications by July 2025

Lessons Learned

All registered staff were educated on the importance of antipsychotic use and the importance of reduction. Significant decrease since implementation of this initiative.

Comment

- 1) Education to registered staff on how to talk to family members about the importance of antipsychotic reduction for resident's quality of life.

Safety | Safe | **Custom Indicator**

Indicator #4	Last Year		This Year		
	Percentage of long-term care home residents in daily physical restraints over the last 7 days (Mcgarrell Place)	2.10 Performance (2025/26)	2 Target (2025/26)	4.26 Performance (2026/27)	-- Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

1) Implement per unit tracking for all restraints to better analyze and review trends on each unit.

Process measure

- 1) # of unit tracking tools implemented by unit 2) # of tracking tools completed monthly 3) # of analysis completed by restraint team on results.

Target for process measure

- 1) Tracking tool implemented on each unit by June 2025. 2) 100% of tracking tools will be completed accurately by October 2025. 3). Process for analysis of tracking tool results by restraint team will be 100% in place by December 2025

Lessons Learned

New ADOC leading the restraints program, new restraint champions are working together to review and reduce current restraints being used in the home. Family of residents are our biggest challenge. Education on restraints has been provided to the family members but they are unwilling to remove the restraint.

Comment

1) Education was provided to our new Physiotherapist on the use of restraints and to suggest other alternatives. Our new Physiotherapist has been receptive to the education provided to regarding restraint use and reduction. The restraint champion will continue to assess the resident and communicate with the family member. Restraint information will be provided in the welcome package for all new residents. Resident and Family Councils will be provided with education on least restraint approach and risk associated with restraint use.

Indicator #5	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
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 (Mcgarrell Place)	2.00	1.50	0.75	--	NA

Change Idea #1 Implemented Not Implemented In Progress

3) Review team membership to ensure interdisciplinary. and that team ensures that all wounds and skin issues in previous month are reviewed during their meetings

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 October 2025 2) Tracking tools will be correctly completed on a monthly basis by July 2025 3) Process for review, analysis and follow up of trends from tools will be 100% in place by October 2025

Lessons Learned

Skin and wound program is reviewed monthly at our MDRCC meeting with all disciplines present, including frontline program leads.

Comment

1) Our Wound Care Champion is enrolled in the SWAN Program to better enhance her skills and abilities. Additional education opportunity in 2026 for our Skin and Wound Champion to enhance her skills and abilities. This will bring added value to the program.