

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I would recommend this home to others.	C	% / LTC home residents	In-house survey / Sept 2- Oct 10 2025	86.70	90.00	To improve by 5% to 91.7%, surpassing the absolute target of 90%.	

Change Ideas

Change Idea #1 Ensure complaints and concerns are addressed and remedied as soon as possible.

Methods	Process measures	Target for process measure	Comments
1) Complaint management education will be completed by all managers. 2) Complaint management education will be provided to all registered staff members. 3) Concerns and complaints will be logged and analyzed for trends. 4) Action plans will be developed for recurrent complaint and concern trends.	1) # of managers completed complaint management training. 2) # of registered staff completed complaint management training. 3) Concern and complaint log is utilized to identify trends. 4) Concerns and complaint action plans are initiated.	1) Concern and complaint training is completed by 100% of managers by July 31, 2026. 2) Concern and complaint training is completed by 100% of registered staff by December 31, 2023. 3) Concern and complaint log identifies trends by December 31, 2026. 4) Concern and complaint action plans are initiated for trends by December 31, 2026.	

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Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
In my care conference, we discuss what's going well, what could be better, and how to improve things.	C	% / LTC home residents	In-house survey / Sept 2- Oct 10 2025	64.90	75.00	Improvement over LTC Division Overall result of 71.4% 2025	

Change Ideas

Change Idea #1 All disciplines will be available to attend care conference.

Methods	Process measures	Target for process measure	Comments
1) Care conference schedule will be sent via email to all disciplines. 2) Teams invites will be sent to all disciplines populate calendars to hold time slot for care conference 3) All documentation will be entered into care conference assessment in PCC before care conference.	1) # of care conferences sent via email to all disciplines. 2) # of Teams invites sent to all disciplines to populate their calendars. 3) # of disciplines documentation entered into care conference assessment prior to scheduled care conference.	1) Care conference schedule will be sent via email to all disciplines by April 30, 2026. 2) Teams invites will be sent to all disciplines by April 30, 2026. 3) All documentation will be entered into care conference assessment prior to the scheduled care conference by April 30, 2026.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Bladder and Bowel Care- I can provide feedback about the products I use.	C	% / LTC home residents	In-house survey / Sept 2- Oct 10 2025	51.60	78.30	To improve to meet LTC Division Overall result of 78.3	

Change Ideas

Change Idea #1 The resident is part of deciding which product is best for their needs.

Methods	Process measures	Target for process measure	Comments
1) The resident is provided with the product description to support informed choice. 2) The resident is provided with a feedback survey to encourage sharing their feelings about the product they are using and the education they have received. 3) The resident will be provided with alternative options for continence care.	1) # of residents provided with product description. 2) # of feedback surveys provided to residents. 3) # of residents that are provided with alternative products to try.	1) All residents using incontinence products will have been given the product description to support informed choice by July 31, 2026. 2) All residents using incontinence products will be provided with a feedback survey regarding their experience using the product by July 31, 2026. 3) All residents that are unsatisfied with their current incontinence product will be offered alternative incontinence products by July 31, 2026.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Care Services- I am satisfied with the care from the Nurse Practitioner who works in my home.	C	% / LTC home residents	In-house survey / Sept 2- Oct 10 2025	0.00	75.00	Extendicare LTC Division Overall result is 79.5%.	

Change Ideas

Change Idea #1 McGarrell Place will acquire a Nurse Practitioner to support the physicians, twice weekly.

Methods	Process measures	Target for process measure	Comments
1) McGarrell Place will participate in the South West Nurse-Led Outreach Team (NLOT) to recruit a Nurse Practitioner to support the home twice weekly.	1) A Nurse Practitioner is successfully recruited to support the care of McGarrell Place residents.	McGarrell Place will have acquired the support of a Nurse Practitioner by December 31, 2026.	

Safety

Measure - Dimension: Safe

Indicator #5	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	20.00	15.00	Extendicare benchmark	

Change Ideas

Change Idea #1 1) Increase communication during shift report for new residents that have just moved in and those residents that are in isolation and/or during outbreak.

Methods	Process measures	Target for process measure	Comments
1) Remind staff during huddles about increased risk of falls during move-in period and when in isolation/outbreak. 2) Registered staff communicate list of residents on isolation/outbreak or new to the home during their move-in period during shift report and for oncoming staff. 3) Residents identified as being at increased risk of falls due to isolation/outbreak or new to the home during their move-in period will have enhanced monitoring by all staff for two weeks.	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 April 30, 2026 2) Shift report process for communicating high risk residents will be in place by April 30, 2026 3) Process for enhanced monitoring for those on isolation or newly admitted will be in place by April 30, 2026	

Measure - Dimension: Safe

Indicator #6	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	14.21	12.00	Extendicare target is 17.3%	

Change Ideas

Change Idea #1 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
1) 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 (ie. local Psychogeriatric Resource Consultant (PRC). 3) Deliver GPA Basics education to staff. 4) Deliver GPA Bathing education to staff.	1) # of staff certified GPA Coaches (as net new Coaches). 2) # of staff participated in GPA education and GPA Bathing education. 3) # of staff participated (who develop care plans or administer resident bathing) participating in GPA Bathing education. 4) Feedback from staff participants on their experience and usefulness of GPA Basics and GPA Bathing education to support resident care.	1) GPA Basics education will be provided for 50% of staff by December 31, 2026. 2) GPA Bathing education will be provided for 50% of staff who develop care plans or provide resident bathing by December 31, 2026, 3) % of staff who completed GP Basics vs target of 50%, 4) Feedback from staff on GPA education will be reviewed and actioned on by December 31, 2026.	

Measure - Dimension: Safe

Indicator #7	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	1.83	1.50	Already meeting Extendicare target of 2.0	

Change Ideas

Change Idea #1 1) Focus on continence to keep skin clean and dry, toileting and appropriate brief selection.

Methods	Process measures	Target for process measure	Comments
1) The skin and wound lead and continence lead will look at the number of residents on a toileting routine and compare to wound list generated from PCC. 2) Wound Care lead will work with the continence lead to ensure the correct incontinence product is being used for each resident. 3) Provide education sessions as required for proper brief selection. 4) Review restorative goals if on restorative toileting program.	1) # of residents with skin issues 2) # of residents with a toileting plan in place 3) # of brief audit checks completed 4) # of education sessions provided	1) The leads for Skin/Wound and Continence will complete the resident review by May 31, 2026. 2) Review of correct sizing and type of incontinence products will be completed by May 31, 2026. 3) Education sessions for product selection will be completed by May 31, 2026. 4) Annual review of continence program will be completed by May 31, 2026	

Measure - Dimension: Safe

Indicator #8	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	2.28	2.00	Extendicare benchmark	

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 information sheet in welcome package for new residents. 2) Meet with Resident and Family Council members to provide education on least restraint approach and risks associated with restraint use.	1) # of welcome packages with Restraint information sheet included. 2) # of meetings with Resident and Family Council members to discuss least restraint approach and risks of restraint use.	1) 100% of welcome packages will have Restraints information sheet included by May 31, 2026. 2) Meetings with Resident and Family Council members will be attended to discuss least restrain approach by July 31, 2026.	