

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #13	12.98	11	12.69	2.23%	NA
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Extendicare New Orchard Lodge)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Improve communication with doctors/nurse practitioner by using SBAR

Process measure

- # of staff who attended the training

Target for process measure

- 100% of staff will have completed the SBAR training by December 2025

Lessons Learned

All registered staff received SBAR education.

Challenge: increase in ED transfers related to onset of acute illness during outbreaks

Change Idea #2 Implemented Not Implemented In Progress

Enhance the resident and SDM consent process by educating Reg. staff on effective communication of medical status.

Process measure

- # of Reg. staff trained on providing clear, comprehensive information, enabling informed decision-making

Target for process measure

- 100% of Reg. staff trained on providing clear, comprehensive information, enabling informed decision-making by December 2025

Lessons Learned

in progress

Comment

Continue to discuss goals of care and advanced wishes with resident/POA as end of life approaches

Experience | Patient-centred | **Custom Indicator**

	Last Year		This Year		
Indicator #7	50.00	80	79.30	--	NA
Percentage of Residents who answered positively to the question " I feel my goals and wishes are heard and considered in my care (Extendicare New Orchard Lodge)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Ensure every resident is being asked about their goals and wishes during their IDTC conferences

Process measure

- # of residents who have been asked about their goals and wishes during their IDTC conferences # of plans of care that have been updated to reflect identified goals and wishes

Target for process measure

- 100% of residents have been asked the question during their IDTC conferences by Dec 2025 100% of resident plans of care will be updated to reflect goals and wishes by Dec 2025

Lessons Learned

Change idea was included in IDTC assessment

Indicator #6	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of Residents who answered positively to the question " I am satisfied with the schedule of religious and spiritual care programs." (Extendicare New Orchard Lodge)	62.50	80	82.10	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Ensure every resident is being asked about their spiritual preference and the appropriate time to practice their belief

Process measure

- # of residents who are asked the question during their IDTC conferences/on admission # of residents who have designated spiritual preferences # of residents who have attended spiritual activities

Target for process measure

- 100% of residents will have been asked the question during their IDTC conferences/on admission by Dec 2025 Tracking of attendance at spiritual activities will be in place by December 2025.

Lessons Learned

Exceeded target

Indicator #8	Last Year		This Year		
	63.20	85	83.30	--	NA
Percentage of Residents who answered positively to the question " I have input into the recreation programs available ". (Extendicare New Orchard Lodge)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Ensure that all residents have the opportunity to participate in the planning of recreational program choices.

Process measure

- # of residents who shared in the Program Planning Meetings # of suggestions /feedback received # of programs implemented based on feedback

Target for process measure

- 100% of residents share in the Program Planning Meetings there will be at least 2 changes in programs based on feedback by December 2025

Lessons Learned

Performance improved by 17.8%

Comment

Will continue with recreational activity planning groups

Indicator #9	Last Year		This Year		
Percentage of Residents who answered positively to the question "communication from home leadership (administrator, and managers) is clear and timely". (Extendicare New Orchard Lodge)	63.20	85	91.30	--	NA
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Upon invitation, ensure administrator and all managers attend every residents related meeting

Process measure

- # of managers attend the residents related meetings upon invitation

Target for process measure

- 100% of managers attend every residents related meeting, upon invitation, by December 2025

Lessons Learned

Performance improved- target exceeded.

Change Idea #2 Implemented Not Implemented In Progress

Host quarterly resident and family townhall and disseminate quarterly resident and family newsletter

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Hosting townhalls after distribution of the quarterly newsletter proved to be very successful at improving communication by providing clarity and addressing additional areas of relevance to residents and families.

Comment

We will continue with quarterly newsletters and quarterly townhall meetings

Indicator #10	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of Residents who answered positively to the question "in my care conference, we discuss what's going well, what could be better and how we can improve things". (Extencicare New Orchard Lodge)	65.00	85	81.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Ensure every IDTC meeting team discusses what is going well, what could be better and how we can improve things

Process measure

- # of IDTC that has been completed using the new template # of evaluations completed of new template

Target for process measure

- New template will be in place by June 2025. 100% of IDTC meetings are completed using the new template by December 2025
Evaluation of process will be completed by September 2025.

Lessons Learned

Significant improvement in performance

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of family who answered positively to the question "I am satisfied with the cleaning within the resident's room" (Extendicare New Orchard Lodge)	68.20	80	72.30	--	NA

Change Idea #1 Implemented Not Implemented In Progress

A project team will audit cleanliness of the residents rooms and follow up with the staff. A fluorescent marking fluid will be included as part of the audit.

Process measure

- # of monthly audits completed with 80% or more for met items on the audits. # of presentations of results to resident and family council

Target for process measure

- 100% of the audits will be completed and satisfactory by end of December 2025. Audit findings will be presented to both resident and family councils by December 2025

Lessons Learned

Performance improved from 68.20 to 72.30 among families.

Comment

Increase weekly audits to 4/week (3 resident rooms and 1 common area).

Indicator #2	Last Year		This Year		
	Percentage of family who answered positively to the question " I am satisfied with the timing and schedule of the spiritual programs" (Extendicare New Orchard Lodge)	44.40 Performance (2025/26)	80 Target (2025/26)	NA Performance (2026/27)	-- Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

ensure family is oriented about resident's spiritual preference and attendance of spiritual activities

Process measure

- # of IDTC when spiritual preference has been discussed # of resident/family members attending IDTC # of residents whose spiritual preference is updated

Target for process measure

- 100% of IDTC meetings has a question about spiritual preference has been discussed by December 2025 with 100% of residents spiritual preference being updated by Dec 2025.

Lessons Learned

Very limited feedback from families

Comment

Resident Programs manager to survey family members re. spiritual preferences at initial IDTC.

Indicator #3	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of Family who answered positively to the question "the resident has input into the recreation programs available (Extendicare New Orchard Lodge)"	50.00	80	78.60	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Ensure that family is receiving updates about the variety of recreation programs and the attendance rate

Process measure

- # of reports communicated through all of these meetings and panels.

Target for process measure

- at least 4 reports have been communicated through different panels and meetings by December 2025

Lessons Learned

Performance improved.

	Last Year		This Year		
Indicator #12 Percentage of Residents who would recommend this home to others. (Extendicare New Orchard Lodge)	78.90 Performance (2025/26)	85 Target (2025/26)	71.00 Performance (2026/27)	-- Percentage Improvement (2026/27)	NA Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Ensure that all residents are well-informed about upcoming events, services, and resources. Clear communication can enhance resident engagement.

Process measure

- # of newsletters sent monthly # of resident council meetings where changes and information communicated # of resident focus groups held # of ideas suggested by residents which are fully implemented

Target for process measure

- Process for improving communication through newsletters, resident council and focus groups will be initiated by June 2025. 100% of ideas suggested by residents from the various forums are fully implemented by December 2025.

Lessons Learned

Satisfaction with communication as reflected by survey

Change Idea #2 Implemented Not Implemented In Progress

Managers visit a designated number of residents each month to conduct interviews, gathering feedback and suggestions on ways to enhance their experience living in the home.

Process measure

- # of questions being asked # of managers participating in scheduled interviews # of residents who are interviewed by the end of December 2025. % of feedback reviewed and implemented

Target for process measure

- 100% of residents have an individual interview with managers by December 2025. Process is to begin by June 2025. Feedback will be reviewed and suggestions implemented as able by December 2025.

Lessons Learned

only partially implemented due to conflicting demands

Comment

Improve dining experience and create additional spaces where residents and families can meet privately

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #11	1.00	0.50	1.25	--	NA
Percentage of residents who had a pressure ulcer that recently got worse (Extendicare New Orchard Lodge)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Turning and repositioning re-education

Process measure

- # of staff attended the education program % of registered and PSW staff who have completed the education

Target for process measure

- 100% of Registered and PSW staff will have successfully completed the education program by December 2025

Lessons Learned

Remain below benchmark.

Increase in early reporting of pressure injuries.

Challenges: residents following the plan of care

Change Idea #2 Implemented Not Implemented In Progress

Ensure registered dietitian follows up on residents with high PURS and provide them with nutritional interventions.

Process measure

- # of shared PURS scale reports annually # of wound meetings dietitian attends monthly

Target for process measure

- 12 updated lists of PURS have been shared with dietitian by December 2025 Dietitian will have attended at least 50% of wounds meetings by December 2025.

Lessons Learned

All residents with high PURS have been assessed by the registered dietitian

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #4	8.46	8	10.00	-18.20%	10
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare New Orchard Lodge)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Audit hourly 4P's rounds for residents who are listed on the falling star program at all shifts

Process measure

- # of audit sheets with 100% completion

Target for process measure

- 100% of audit sheets are being completed at all shifts by December 2025

Lessons Learned

Performance remains below benchmark

Change Idea #2 Implemented Not Implemented In Progress

Ensure that at least one personalized intervention is being implemented for every resident on falling star program.

Process measure

- # of high-risk for falls residents who are being discussed in falls committee meetings # of strategies implemented # of residents in falling star program # of strategies that were effective

Target for process measure

- 100% of high-risk for falls residents who are on falling star program are being discussed individually with tailored falls prevention interventions by December 2025. Process for evaluating strategies will be in place by September 2025

Lessons Learned

Increase in falls re. to isolation precautions/outbreaks.

Comment

Increased monitoring of residents on isolation precautions.

Indicator #5	Last Year		This Year		
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare New Orchard Lodge)	11.79	10	9.72	17.56%	10
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Using Extendicare's Antipsychotic Decision Support Tool (AP-DST)

Process measure

- # of Antipsychotic Decision Support Tool (AP-DST) completed

Target for process measure

- 100% of Antipsychotic Decision Support Tool (AP-DST) is completed by the end of December 2025

Lessons Learned

Performance remains below target.

Change Idea #2 Implemented Not Implemented In Progress

Collaborate with the physician/NP to ensure all residents using anti-psychotic medications have a medical diagnosis and rationale identified.

Process measure

- # of BSO meeting which NP is attending # of residents reviewed

Target for process measure

- 100% of meetings are being attended by NP by December 2025

Lessons Learned

All residents reviewed