

Experience | Patient-centred | Custom Indicator

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
I am satisfied with the quality of care from my doctors. (Extendicare Oshawa)	46.00	65	50.80	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Communicate role of Medical Director and Physicians for families and residents and give opportunity for feedback.

Process measure

- 1) # of meetings with councils where Medical Director attended. 2) # of suggestions provided by councils. 3) # of suggestions that were implemented. 4) # of CQI meetings where action items were discussed with Medical Director.

Target for process measure

- 1) Medical Director will be invited to attend Family Council by September 2025. 2) Medical Director will attend Resident Council by September 2025. 3) Action items and plan will be discussed at a CQI committee meeting with the Medical Director by April 30, 2025.

Lessons Learned

There has been a 4.8% improvement from the previous year. In order to achieve this target we will continue to coordinate times with doctors and families for Interdisciplinary Team Care Conferences based on feedback from our Residents and Families.

Change Idea #2 Implemented Not Implemented In Progress

Improve visibility of physicians in the home.

Process measure

- 1) # of physician name tags ordered. 2) # of communication boards with physician visits included.

Target for process measure

- 1) Name tags will be ordered for all physicians in home by April 1, 2025. 2) Process for utilizing communication board for posting of visit schedules will be 100% implemented by July 1.

Lessons Learned

Posters and newsletter submissions have been communicated with families and residents as well as poster boards of Physician hours which have been well received.

Change Idea #3 Implemented Not Implemented In Progress

Tracking of in person physician visits to ensure every resident has a visit.

Process measure

- 1) # of residents per physician. 2) # of residents who had an in person visit with their physician during each quarter.

Target for process measure

- 1) List will be developed for each physician for tracking by May 1, 2025. 2) Each resident will have an in person visit with their physician at minimum 1 per quarter by September 2025.

Lessons Learned

Continue to Regularly communicate regarding schedules, cancellations/change.

Comment

To maintain this progress, we will continue coordinating IDTC Care Conference times with doctors and families and communicating schedules, changes, and updates through posters, newsletters, and physician hour boards, which have been well received.

Indicator #2 I am satisfied with the schedule of religious and spiritual care programs. (Extendicare Oshawa)	Last Year		This Year		
	45.00	72.10	NA	--	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

Add time and day feedback to Monthly Program Planning Meetings to ensure feedback is being collected r/t TOD & DOW in addition to interests.

Process measure

- 1) # of program planning meetings held throughout the year. 2) # of change ideas communicated from residents. 3) # of change ideas provided in meeting that were implemented. 4) # of residents participating at each meeting.

Target for process measure

- 1) Time and day feedback will be added to meeting agenda and implemented as of April 30, 2025. 2) Residents will meet monthly and provide feedback on program schedule by April 30, 2025.

Lessons Learned

Education has been provided to both Resident and Family council. There has been an increase of non denomantional spiritaul programs.

Change Idea #2 Implemented Not Implemented In Progress

Provide daily routines to team members to ensure religious/spiritual programming is occurring 3x per week.

Process measure

- 1) # of program schedules changed 2) # of programs increased in frequency 3) % of positive feedback received from residents and families

Target for process measure

- 1) Program schedule will be reviewed by April 30, 2025. 2) Program offerings will increase by 1 a week as a result of new routines. 3) Residents will provide feedback on program times at minimum 6x/year in program planning meetings.

Lessons Learned

Staff education has been provided to ensure there has been a balance by increasing the numbers in this domain. Program reviews with the residents during planning has been instrumental in achieving this target.

Comment

To continue strengthening the spiritual and emotional well-being of residents, we will further expand the variety and frequency of non-denominational spiritual programs and enhance staff education to support inclusive, resident-centered practices. Ongoing collaboration with both Resident and Family Councils, along with regular program reviews during care planning, will guide continuous improvements and ensure that services remain aligned with resident needs and preferences. This question has been worded differently in the 2025 survey from Schedule to "variety , could not add the current performance value

Indicator #3	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
I am satisfied with the variety of religious and spiritual programs. (Extendicare Oshawa)	50.00	74.60	93.30	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Create inclusive and respectful offerings with structured programs run by program department team members.

Process measure

- 1) # of religions and cultures represented in the home. 2) Audit of the # of programs that support the variety of religions and cultures. 3) # of new programs implemented to target gaps.

Target for process measure

- 1) Review and assess religious and spiritual care needs of every resident by June 30, 2025. 2) Identify # of programs needed to increase spiritual care offerings by July 31, 2025.

Lessons Learned

Target has been achieved. This approach has increased resident participation, supported emotional and social well-being, and ensured every resident feels valued and included in daily life.

Change Idea #2 Implemented Not Implemented In Progress

Integrate other approaches such as holistic, nature based, and reflective practices.

Process measure

- 1) # of education session offered. 2) # of new programs implemented. 3) # of spiritual care programs/month.

Target for process measure

- 1) Provide education on Spiritual Care to family and residents by April 30, 2025. 2) Provide spiritual care program ideas in Program Planning Meetings to seek interest in Q1. 3) Implement 3 programs in calendars for Q2-4.

Lessons Learned

Successfully integrated holistic, nature-based, and reflective approaches into our programs such as chair yogs and Reiki.

Comment

We will continue strengthening our holistic and nature-based program offerings by exploring new therapeutic programming, enhancing staff training, and gathering resident feedback to further personalize experiences.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #6	2.13	2	1.47	--	NA
Pressure ulcers: Percentage of LTC residents who had a pressure ulcer that worsened from a stage 2-4 - Q2FY 2025/26, CCRS eReports - unadjusted	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
(Extendicare Oshawa)					

Change Idea #1 Implemented Not Implemented In Progress

Mandatory education for all Registered staff on correct staging of pressure ulcers.

Process measure

- 1) # of communications to Registered staff on mandatory requirement to complete education. 2) # of Registered staff who have completed online modules on wound staging on a monthly basis. 3) # of audits of completion rates completed by DOC/designate and follow up as required.

Target for process measure

- 1) Communication to registered staff on education requirement will be completed by April 7, 2025. 2) 100% of Registered staff will have completed education on correct wound staging by June 30, 2025. 3) Audits of completion rates and required follow up will occur by end of 1st week of each month and process is to be in place by April 30, 2025.

Lessons Learned

On going education to all Registered staff on correct staging of pressure ulcers. Wound lead is in the process of completing the Program.

Change Idea #2 Implemented Not Implemented In Progress

Education for Registered staff on product selection for wound care.

Process measure

- 1) # of education sessions / shift. 2) # of audits completed monthly. 3) # of audits that identified areas for improvement monthly.

Target for process measure

- 1) Education sessions on products and selection of products will be completed for all Registered staff by June 30, 2025. 2) Audits will show a 50% improvement in compliance by September 2025. 3) Audits will start by July 1, 2025.

Lessons Learned

On going education to all registered staff on product selection for wound care. Wound lead is in the process of completing the Program.

Comment

In 2026, the Skin and Wound Care Program will continue to advance through completion of SWAN certification for newly enrolled staff and participation of PSWs in the SWAN program. These initiatives will further strengthen staff competency and enhance overall resident wound care outcomes.

	Last Year		This Year		
Indicator #7	0.18	0	2.33	--	NA
Restraints: Percentage of residents who were physically restrained (daily) - Q2 FY 2025/26 CCRS eReports- unadjusted	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
(Extendicare Oshawa)					

Change Idea #1 Implemented Not Implemented In Progress

Provide information to families and residents on the least restraint policy and PASD.

Process measure

- 1) # of newsletters that included info on the least restraint policy and/or PASD use. 2) # of meetings with Resident and Family council to discuss the least restraint policy and risks of restraint use.

Target for process measure

- 1) Meetings with Resident Council to include discussion on least restraint policy will occur by September 2025. 2) Meetings with Family Councils will be offered to discuss Restraints by the end of the year.

Lessons Learned

Education was provided to our family and residents at council meetings however new guidelines were introduced, further information session needed.

Change Idea #2 Implemented Not Implemented In Progress

Provide resource for staff to use when discussing restraints with residents and families.

Process measure

- 1) # of locations resource is available. 2) # of staff meetings held with least restraint policy and/or resource as an agenda item. 3) # of additional education sessions held regarding the least restraint policy.

Target for process measure

- 1) Resource will be available in the nursing stations by June 30, 2025. 2) Standing agenda item will be implemented by June 2025.

Lessons Learned

New guidelines were introduced in 2025, further information sessions needed.

Comment

New restraint guidelines were introduced in 2025; Additional information and clarification on these guidelines will be provided to ensure full understanding and compliance in upcoming council/committee meetings and newsletter submissions.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #4	18.17	15	18.58	-2.26%	11
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Oshawa)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Reassess Falling Star program and re-educate staff on program.

Process measure

- 1) # of education sessions provided to PSWs and Registered staff. 2) # of audits completed on Falling star program monthly. 3) # of audits on Falling star program with no deficiencies monthly.

Target for process measure

- 1) Education sessions for all fulltime and parttime PSW and Registered staff will be completed by June 30 2025. 2) Audits on Falling star program will begin by July 1, 2025.

Lessons Learned

We achieved a reduction in resident falls by implementing the Falls Box initiative, ensuring staff had the essential tools and resources needed to prevent incidents and promote safer care.

Change Idea #2 Implemented Not Implemented In Progress

Review Safe Lift and Handling Policy and Procedures program with staff.

Process measure

- 1) # of education sessions held for staff on safe lift and handling procedures. 2) # of audits completed each shift weekly. 3) # of deficiencies identified. 4) # of improvements required monthly.

Target for process measure

- 1) Staff education sessions will be 100% completed by December 31, 2025. 2) Audits of safe lift and handling procedures will show 50% improvement by September 30, 2025, and 75% improvement by December 31, 2025.

Lessons Learned

Ongoing education has improved staff confidence in safe handling techniques.

Change Idea #3 Implemented Not Implemented In Progress

Ensure each resident at risk for falls has an individualized plan of care for fall prevention.

Process measure

- 1) # of residents at risk for falls per quarter. 2) # of plans of care reviewed. 3) # of new strategies determined. 4) # of plans of care updated. 5) # of sessions held to communicate changes with staff.

Target for process measure

- 1) Residents at risk for falls will be identified at each admission, quarterly assessment, fall incident, and significant change. 2) Care plans for high-risk residents will be reviewed and updated at minimum quarterly and at each fall. 3) Changes in plans of care will be communicated to staff immediately after each change.

Lessons Learned

All Residents' care plans are updated to include fall prevention.

Change Idea #4 Implemented Not Implemented In Progress

Increase communication during shift report for newly admitted residents and during outbreaks.

Process measure

- 1) # of staff meetings which involved communication of high-risk falls. 2) # of shift reports where registered staff communicated list of high-risk residents. 3) # of residents on enhanced monitoring during each outbreak.

Target for process measure

- 1) Staff meetings with agenda item of high-risk falls will begin by April 30/25. 2) Shift report process for communicating high risk residents will be in place by June 2025. 3) Process for enhanced monitoring for those on isolation or newly admitted will be in place by April 30 2025.

Lessons Learned

Staff are not consistently completing Post-Fall Huddles, which impacts our ability to identify root causes and prevent reoccurrence. Continued education and reinforcement of expectations are needed to support improved compliance and strengthen resident safety practices

Comment

To support continued improvement, we will strengthen staff compliance with Post-Fall Huddles, enhance communication during shift reports, and provide ongoing targeted education to ensure consistent fall-prevention practices and safer outcomes for all residents

	Last Year		This Year		
Indicator #5	14.55	10	16.73	-14.98%	15.50
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Oshawa)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Family education resources provided for appropriate use of antipsychotics.

Process measure

- 1) # of locations resource is located. 2) # of meetings the antipsychotic education was part of the agenda. 3) # of family members who attended meetings where antipsychotic education was part of the agenda. 4) # of new admission packages with antipsychotic resource given.

Target for process measure

- 1) CEP resources will be printed and available at nurses' station by April 1/25. 2) First meeting with antipsychotic education as an agenda will occur by June 30/25. 3) Admission packages will include the resource by May 2025.

Lessons Learned

Resources were made available at all nursing stations, front lobby and newsletter communication for family members to reference.

Change Idea #2 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 September 2025.

Lessons Learned

Pharmacy provided education for all registered staff .

Comment

Future improvement efforts will focus on enhancing staff education on appropriate antipsychotic use, enhancing documentation and monitoring practices, and improving communication with families to support safer, evidence-based medication management.

