

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "I am satisfied with the quality of care from doctors who work in my home."	C	% / LTC home residents	In-house survey / Annual resident experience survey	50.80	55.00	Target reflects improvement needed to align with resident expectations and prior year feedback.	

Change Ideas

Change Idea #1 1.Publish monthly rounding calendar in newsletter for physicians and NP

Methods	Process measures	Target for process measure	Comments
"Include calendar in resident newsletter Post calendar on bulletin boards"	"% of monthly calendar is published on time, % of units with the calendar visible posted Number of resident inquires about physician rounds"	"calendar published 12/12 month (100%), calendar posted on bulletin boards 100%"	

Change Idea #2 2. Organize a quarterly Q & A session with the Physicians at the Resident Council Meeting

Methods	Process measures	Target for process measure	Comments
"Schedule quarterly physician participation with Resident Council Meeting Document discussion points and follow up actions. Share summary in the next newsletter."	"Physicians attendance rate at scheduled sessions. Number of resident questions asked/ submitted"	"4 Q&A session/year Physician attendance at 90% of sessions."	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to; "I am satisfied with the quality of maintenance of the physical building and outdoor spaces"	C	% / LTC home residents	In-house survey / Annual resident experience survey	52.80	65.00	Target reflects improvement needed to align with resident expectations and prior year feedback.	

Change Ideas

Change Idea #1 1. Conduct weekly resident walkabouts with Environmental Manager and Program Manager

Methods	Process measures	Target for process measure	Comments
"Schedule weekly walkabouts and invite residents to participate. Document concerns and follow up. Review findings with leadership team. "	"# of walkabouts completed, % of issues identified and addressed within target timeframe."	"Minimum 1x/ week, 90% of issues addressed withing 10 days."	

Change Idea #2 "2. Seasonal outdoor refresh programs Post seasonal projects on visible Program boards, post before and after photos for visibility"

Methods	Process measures	Target for process measure	Comments
"Identify seasonal projects share Project timelines in newsletter Share before and after photos"	#of seasonal projects competed. Frequency of progress updates posted	min, 2 seasonal refresh project /year. 100% of projects include before/after visibility.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to;"I am encouraged to provide my input about the food and drink options"	C	% / LTC home residents	In-house survey / Annual resident experience survey	58.20	65.00	Achievable improvement through increased resident engagement and regular opportunities to provide feedback.	

Change Ideas**Change Idea #1 1. Monthly tasting and voting on two new entrees at Resident/Food Council**

Methods	Process measures	Target for process measure	Comments
Monthly tasting and voting on two new entrees at Resident/Food Council. Collect resident votes and comments	# of tasting sessions held. # of residents participating. # of menu items reviewed	12 tasting sessions/year.	

Change Idea #2 2. Provide weekly resident feedback cards and post results near menu boards

Methods	Process measures	Target for process measure	Comments
"Distribute feedback cards weekly Collect and summarize responses Post results and action items visibly Communicate changes made based on feedback"	# of feedback cards collected. Frequency of posted results.	Monthly Feedback Collection. 12 (100%) results posted	

Safety

Measure - Dimension: Safe

Indicator #4	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	18.58	11.00	To meet Extendicare's Benchmark.	

Change Ideas

Change Idea #1 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 direct care staff will be educated on purposeful rounding process by July 1st, 2026. 2) Resident and Family council will be informed of process by July 1, 2026."	Past 3 months have met this target, to continue to maintain the program

Change Idea #2 2) Re-educate staff on Fall Prevention and Injury Reduction program

Methods	Process measures	Target for process measure	Comments
"1) ADOC/designate will provide education sessions on Fall Prevention and Injury Reduction program to care staff 2) Managers and/or program lead will audit and monitor program to identify compliance and/or gaps - minimum of 15 resident's audited quarterly"	"1) #of education sessions provided to PSW/HCA and Registered staff 2) # of audits completed"	"1) Education sessions for PSW and Registered staff will be completed by August 2026. 2) Audits on Fall Prevention and Injury Prevention program will begin by March 2026."	"Education by falls Lead, Acheiva Past 3 months have met this target, to continue to maintain the program"

Measure - Dimension: Safe

Indicator #5	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	16.73	15.50	To meet Extendicare's Benchmark.	

Change Ideas

Change Idea #1 1. Gentle Persuasive Approaches (GPA) Basics . "

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.	"1. # of staff certified as GPA Coaches (as net new Coaches). 2. # of staff participated in GPA Basics education. 3. 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 % s staff by Sept 2026.. 2. Feedback from staff on GPA education will be reviewed and actioned on by [date]."	Past 3 months have met this target, to continue to maintain the program

Change Idea #2 2. Specialized education on anti-psychotics provided to Registered Staff.

Methods	Process measures	Target for process measure	Comments
Behavioural Support Lead (BSL) as part of the Mental Health & Dementia Care Program, Nurse Practitioner, Pharmacist or other team member with specialized education on anti-psychotics To provide education session(s) for registered staff on antipsychotic medications (i.e., indications, side effects, non-pharmacological approaches to care).	# of Registered Staff who attended specialized educational session(s) on antipsychotic medications.	75% of registered staff will have attended specialized education on antipsychotic medications by [date].	Education to be provided by Pharmacy, NP and BSO.

Measure - Dimension: Safe

Indicator #6	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	2.11	1.00	To meet Extendicare's Benchmark.	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
<p>1) The skin and wound lead and continence lead to look at the number of residents on a toileting routine and compare with wound list already generated from PCC.2)Wound Care lead will work with the continence lead internally to ensure that the correct incontinence product is being used for each resident 3) Provide education sessions as required for brief selection. 4) Review restorative goals if on restorative toileting program 5) DOC to audit this process and part of the evaluation process of the program</p>	<p># of residents with skin issues # of residents with a toileting plan in place # of brief audit checks completed # of education sessions provided # of residents on restorative toileting program</p>	<p>"1) The leads for Skin/Wound and Continence will complete their resident review by April 2026 2) Review of correct sizing and type of incontinence products will be completed by April 2026 3) Education sessions for product selection will be completed by July 2026 4) Annual review of continence program will be completed by"</p>	<p>"Prevail representative to complete education Past 3 months have met this target, to continue to maintain the program"</p>

Change Idea #2 2) Strengthen pressure injury prevention and management through staff participation in recognized Skin & Wound education and certification programs Wound, Ostomy and Continence Institute (WOC institute):Skin Wellness Associate Nurse (SWAN™) ProgramPSW & Caregiver Skin Health CourseWounds Canada Institute:Accredited Wound Care Champion Program (AWCCP)Skin Health Program (SHP) for Personal Care Providers

Methods	Process measures	Target for process measure	Comments
"1) Enroll skin & wound lead/back-up to SWAN™ 2) Enroll PSW to the PSW Skin Health Programs (WOC insitute or Wounds Canada)"	"1) # of SWAN certified staff (including S&W lead) 2) # PSW/care giver certified"	"1) 100% of staff enrolled will have SWAN certification by May 2026 2) 100% of staff enrolled will have PSW course certification by November 2026."	

Measure - Dimension: Safe

Indicator #7	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	0.17	0.00	To meet Extendicare's Benchmark.	

Change Ideas

Change Idea #1 1. Provide information to families and residents on the least restraint policy and PASD

Methods	Process measures	Target for process measure	Comments
"1. Add safety review topic to the newsletter quarterly. 2. Meet with Resident Council and Family Council to provide education on the Least Restraint Policy and risks associated with restraint use"	"# 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"	"1. Meeting with resident council to include discussion on least restraint policy will occur by Nov 2026. 2. meeting with Family council to include discussion on least restraint policy will occur by Nov 2026."	Past 3 months have met this target, to continue to maintain the program

Change Idea #2 Provide resource for staff to use when discussing restraints with residents and families.

Methods	Process measures	Target for process measure	Comments
1) Implement new FAQ document/resource to assist with discussing restraints. 2) Standing agenda item of restraints at general staff meetings and monthly falls committee meeting	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.	1) Resource will be available in the nursing stations by June 30, 2025. 2) Standing agenda item will be implemented by June 2025.	