

Experience

Measure - Dimension: Patient-centred

Indicator #1	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	Rate per 100 residents / LTC home residents	In-house survey / 2025	45.90	67.00	Improve Performance	

Change Ideas

Change Idea #1 Encourage residents to attend their annual care conference

Methods	Process measures	Target for process measure	Comments
1) Communicate to residents when their annual care conference is scheduled in advance of meeting. 2) Remind resident morning of meeting and assist as needed to meeting.	1) # of cognitive residents (CPS 3 or below) informed in advance of their annual care conferences . 2) # of care conferences where the resident was reminded in advance of the meeting 3)#of residents who attended after being invited.	1) # of residents attending their care conference will increase by March 2026 and continue through the year reaching a 15% improvement in this indicator by December 2026.	

Change Idea #2 Obtain feedback on annual care conference process from residents

Methods	Process measures	Target for process measure	Comments
1) Determine survey questions to ask post care conference for feedback. 2) Post care conference ask for feedback discussion with residents on how process can be improved. 3) Review responses and determine plan of action for improvement. 4) Communicate feedback results and actions to Resident and Family Council.	1) # of feedback responses received monthly. 2) # of improvement actions implemented. 3) # of Resident Council meetings attended where results discussed.	1) Survey questions will be developed by March 13 2) Process for post care conference feedback will be in place by March 28 . 3) Feedback/survey results will be shared with Resident Council with action for improvement by April 2026	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
My goals and wishes are heard and considered in my care	C	Rate per 100 residents / LTC home residents	In-house survey / 2025	46.30	65.00	Improve Performance	

Change Ideas

Change Idea #1 Quarterly plan of care reviews will be completed with resident input.

Methods	Process measures	Target for process measure	Comments
1) On a quarterly basis when plan of care is reviewed meet with resident if able to discuss goals, wishes. 2) Update plan of care based on discussions.	1) # of plan of care meetings held with resident present. 2) # of resident plans of care updated to reflect goals and wishes after discussion.	1) Plan of care meetings will be held with resident in attendance by April 2026 2)100% of plans of care will be updated and completed by December 2026	

Change Idea #2 Training for staff on person centered care.

Methods	Process measures	Target for process measure	Comments
1) Provide education session for staff on importance of person centered care (such as GPA). 2) Provide education on person centered language to staff.	1) # of staff who attended sessions. 2) # of education sessions provided.	1) Education session on person centered care will be completed by June 2026 2) By Decemeber 2026 85% of staff will have completed the education.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am encouraged to provide my input about food and drink options	C	Rate per 100 residents / LTC home residents	In-house survey / 2025	53.10	70.00	Improve Performance	

Change Ideas

Change Idea #1 Use a survey tool to gain input into food and drink options during the introduction of new menu cycles twice a year.

Methods	Process measures	Target for process measure	Comments
1)survey developed seeking input from residents 2) Survey will be provided to residents with CPS score of 3 or below in April and September 3)survey analyzed to pull input provided by residents	1) Survey will be developed seeking input into menu by end of March 2026 2) # of surveys completed prior to each new menu cycle 3) # of action items taken from the survey results	1) of survey responses will have input by April 2026	

Change Idea #2 Hold food tastings prior to each Menu launch to obtain feedback on types of food to be incorporated into next menu cycle. (Could potentially be in collaboration with recreation department).

Methods	Process measures	Target for process measure	Comments
1) Schedule food tastings and determine products to be tested. 2) Advertise food tasting event and have sign-up sheet for Residents 3) Plan for event, ensure that home adheres to Residents nutritional plan of care when providing samples to Residents. 4) Order food items required for event	1) 2 food tasting sessions held annually. 2) # of items accepted by Residents (and included on the menu) and # of items rejected by Residents. 3) Improvement of overall Resident satisfaction score.	1) 2 Food tasting sessions will occur each year. 2) 3 new menu choices will be included as a results of tasting held in May and October 2026	

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	18.97	15.00	Extencicare Benchmark	

Change Ideas

Change Idea #1 Improve Falls Documentation- Post Incident Assessment & interdisciplinary team huddles

Methods	Process measures	Target for process measure	Comments
1) Review Post Fall procedure with staff 2) Falls lead in home to attend and/or review Falls - Post Incident Assessment and documentation (review the huddle participants, probable root cause identified)	1) # of staff who reviewed Post Fall procedure 2) # of Fall - Post Incident Assessments that were completed accurately and thoroughly on a monthly basis	1) Staff education on Post Fall procedure will be completed by May 2026 2) By December 2026, 100% of Falls - Post Incident Assessment will be completed as per policy	

Change Idea #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, including comfort rounding 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/HCA and Registered staff will be completed by June 2026 2) Audits on Fall Prevention and Injury Prevention program will begin April 2026	

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	1.06	1.06	Maintain Performance	

Change Ideas

Change Idea #1 Anti-psychotics Program includes use of the Anti-psychotic Decision Support Tool (AP-DST).

Methods	Process measures	Target for process measure	Comments
1. Re-establish our BSO committee 2. Education and support provided by Regional Manager(s). 3. Resident-centred action plans are inputted into the home's Anti-psychotic Decision Support Tool (AP-DST). 4. Escalation to corporate and external supports (i.e., Anti-psychotics Lead).	1. BSO Team re-established. 2. Scheduled regular meetings for antipsychotic review. 3. % of residents on anti-psychotics with an individualized action plan inputted into the home's Anti-psychotic Decision Support Tool (AP-DST). 4. Attendance to Quality Labs by Regional Manager(s) and/or Home Leadership team to share success stories and/or challenges for continuous improvement recommendations.	1. BSO Team will be re-established by April 2026. 2. Education and training completed by June 2026. 3. Resident-centred interdisciplinary reviews of anti-psychotic use are occurring every 4 weeks. 4. Residents triggering the anti-psychotic QI indicator have an action plan inputted into their home's Anti-psychotic Decision Support Tool (AP-DST) within 3 to 6 months of admission and every month thereafter until no longer triggering QI indicator.	

Change Idea #2 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-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 (i.e., local Psychogeriatric Resource Consultant (PRC)). 3. Deliver GPA Basics education to staff sessions. 4. Deliver GPA Bathing education.	1. # of staff certified as GPA Coaches (as net new Coaches). 2. # of staff participated in GPA Basics education and GPA Bathing education. 3. # of staff participated (who develop care plans or administer resident bathing) participated in GPA Bathing education. 4. 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 75% staff by Dec 2026 2. GPA Bathing education will be provided for 75% staff, who develop care plans or administer resident bathing, by Dec 2026 3. Feedback from staff on GPA education will be reviewed and actioned on by Feb 2027	

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	2.97	2.00	Extendicare Benchmark	

Change Ideas

Change Idea #1 Strengthen Pressure Injury Prevention and management through staff participation in recognized Skin Wound education and certification programs: Skin Wellness Associate Nurse Program (SWAN) PSW & Caregiver Skin Health Course (SHP)

Methods	Process measures	Target for process measure	Comments
1) Enroll Skin & Wound lead/back-up to SWAN program 2)Enroll PSW//Caregivers to the PSW Skin Health Programs	1) # of SWAN certified staff (including S&W lead) 2)# of PSWs certified	100% of staff enrolled will have SWAN certification by Dec 2026 2) 100% of staff enrolled will have PSW course certification by December 2026	

Change Idea #2 Turning and repositioning re-education

Methods	Process measures	Target for process measure	Comments
1) Educate all staff on the importance of turning and repositioning to off load pressure 2) Night staff to audit those residents who require turning and repositioning 3) Review during Skin & Wound Committee meetings for trends	1) # of staff who have been educated 2) # audits completed 3) # of reviews completed by the Skin & Wound Committee	1) 100% of PSW will attend turning and repositioning education by Sept 2026 2) Check in with staff and will be correctly completed on a monthly basis by Sept 2026 3) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by Dec 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	0.00	0.00	Maintain Performance	

Change Ideas

Change Idea #1 Consult with Ontario Health at Home partners to provide information related to the least restraint approach

Methods	Process measures	Target for process measure	Comments
1) Provide restraint information sheet and risks associated with restraints in LTC to Ontario Health at Home partners	1) Number of Ontario Health at Home Partners who were consulted	1) All Ontario Health at Home Partners who work in collaboration with the home will be educated by June 2026	

Change Idea #2 Educate potential resident/family members on least restraint during tours of the home.

Methods	Process measures	Target for process measure	Comments
1) Provide restraint Information Sheet and risks associated with restraints in LTC during tours of the home.	1) # of tours provided to potential new residents/family members where restraint Information sheet was provided	100% of resident/family members who tour the home will be provided with the restraint information sheet.	