Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am encouraged to provide my input about the food and drink options	C	% / LTC home residents	In-house survey / July 1 to Sep 30, 2026 (Q2), as target quarter of rolling 4-quarter average	60.70	67.00	Exceed organizational average of 65.3% from 2025 survey	

Change Ideas

Change Idea #1   Improved resident input of food and drink options

Methods	Process measures	Target for process measure	Comments
Resident Food Committee meetings with Nutrition Manager to be held monthly separate from Residents' Council meeting	# of Resident Food Committee of meetings held	100% of Resident Food Committee meetings held monthly by December 31, 2026	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I can see a Doctor or Nurse Practitioner when I need to	C	% / LTC home residents	In-house survey / July 1 to Sep 30, 2026 (Q2), as target quarter of rolling 4-quarter average	61.30	71.00	Meet LTC organization average of 70.9% from 2025 survey	

Change Ideas

Change Idea #1   Improved communication with residents about doctor / nurse practitioner visits

Methods	Process measures	Target for process measure	Comments
Development of a poster to be posted in resident rooms which contains doctor's schedule, nurse practitioner schedule, how to request a doctor's visit and steps to take if doctor is needed off schedule	Number of posters in resident rooms with a score of CPS 0-3	100% of posters in resident rooms by April 30, 2026	

Measure - Dimension: Patient-centred

Indicator #3	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 / July 1 to Sep 30, 2026 (Q2), as target quarter of rolling 4-quarter average	63.00	72.00	Meet organization average of 71.4% in 2025 survey	

Change Ideas

Change Idea #1   Improved communication with residents about care conferences

Methods	Process measures	Target for process measure	Comments
Information sheet explaining what a care conference is, what happens at a care conference and why it is important to attend care conference. To be included with all care conference invitations to residents	# of information sheets included with invitations to all residents CPS 0-3	100% of information sheets included with care conference invitations by April 30, 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	14.76	15.00	Corporate target	

Change Ideas

Change Idea #1   Buddy Up program improvements

Methods	Process measures	Target for process measure	Comments
1) Development of a Buddy Up program daily assignment process 2) Education for all staff for the Buddy Up program daily assignment process 3) Implementation of new Buddy Up program daily assinment process	1) New Buddy Up program daily assignment process developed and in place 2) # of staff educated on Buddy Up program daily assignment process 3) Buddy up program daily assignment process fully implemented	1) Buddy up daily assignment process developed by April 30, 2026 2) 100% of staff trained in new Buddy Up program daily assignment process by May 31, 2026 3) Buddy Up program daily assignment process in place on all home areas and all shifts by Jun 30, 2026	

Change Idea #2   Falls - Post Incident Assessment and Interdisciplinary huddles

Methods	Process measures	Target for process measure	Comments
1) Review post fall procedure with staff 2) Falls lead in home to review Post Incident Assessment and documentation (reviewing huddle participants and 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 to be completed by May 31, 2026 2) By July 31, 2026 100% of Falls - Post Incident Assessments will be completed as per policy	

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	15.81	17.30	Extendicare benchmark	

Change Ideas

Change Idea #1   Maintain Extendicare's Antipsychotic Reduction program

Methods	Process measures	Target for process measure	Comments
1) Utilize AP home team 2) Resident-centred action plans are inputted into the home's Anti-Psychotic Decision Support Tool (AP-DST)	1) AP team led by BSO RPN 2) % of residents on anti-psychotics with an individualized action plan inputted into the home's Anti-Psychotic Decision Support Tool (AP-DST)	1) AP team lead remains in place through December 31, 2026 2) Residents triggering the anti-psychotic QI indicator have an action plan inputted into the 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.	

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	2.74	2.00	Corporate target	

Change Ideas

Change Idea #1   Skin and Wound Assessment education

Methods	Process measures	Target for process measure	Comments
1) Education for all registered staff on required content and thoroughness in Skin and Wound Assessment 2) Skin and Wound lead or designate to review Skin and Wound assessments for required / appropriate content and thoroughness of the assessment	1)# of staff who received education on Skin and Wound Assessments 2)# of Skin and Wound Assessments that were completed accurately and thoroughly on a monthly basis	1) 100% of registered staff educated on Skin and Wound Assessment by May 31, 2026 2) By July 31, 2026 100% of Skin and Wound Assessments will be completed per policy	

Change Idea #2   Review of Skin and Wound interdisciplinary team and that the team reviews all skin and wound issues from previous month

Methods	Process measures	Target for process measure	Comments
1) Review current membership of Skin and Wound team 2) Recruit new members to ensure all disciplines are included 3) Standardize agenda for Skin and Wound monthly meetings	1) # of reviews completed on current Skin and Wound team membership 2) # of new members recruited to Skin and Wound team 3) Standardized agenda includes review of the # of pressure ulcers by stage on each home area on a monthly basis	1) Membership review will be completed by April 30, 2026 2) Recruitment of new members will be completed by May 31, 2026 3) Standardized agenda will be developed and in place by May 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 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	Stretch Target of maintaining restraint free home.	

Change Ideas

Change Idea #1   Maintain minimal restraints in the home

Methods	Process measures	Target for process measure	Comments
Education and alternate interventions provided to family / POA requesting restraints	% of education provided to family / POA requesting restraints	100% of family / POA requesting restraints are provide education about restraint free goals and alternative interventions	

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