

## Experience

### Measure - Dimension: Patient-centred

Indicator #5	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 / 2025 (Sep. 2-Oct.10)	55.60	80.00	Residents' Survey results indicate that residents feel their feedback on food and drink options is not being heard. They recommend that their input be actively considered to improve the quality and variety of offerings.	

### Change Ideas

Change Idea #1 Increase resident involvement and voice in food and beverage decisions.

Methods	Process measures	Target for process measure	Comments
Conduct menu review with residents and offer increased meal and beverage options based on their preferences and feedback.	# of resident food council meetings held.	Hold Resident Food Council meeting per month.	

Change Idea #2 Nutrition Manager will obtain feedback from Residents and Resident's council

Methods	Process measures	Target for process measure	Comments
Ensure the Food Manager or designated supervisor attends Resident Council meetings to listen to concerns, provide updates, and respond directly to feedback.	# of food-related suggestions received and addressed.	Acknowledge 100% of food-related suggestions within 7 days and address or provide follow-up on at least 80–90% within 30 days.	

**Measure - Dimension: Patient-centred**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "I am satisfied with the food and drinks served to me"	C	% / LTC home residents	In-house survey / 2025 (Sep. 2-Oct.10)	50.00	80.00	Resident survey findings highlight the need to improve food and beverage services.	

**Change Ideas**

Change Idea #1 Improve food quality, taste, temperature, variety, and choice.

Methods	Process measures	Target for process measure	Comments
1. Conduct monthly taste-testing sessions with residents. 2. Ensure food is served at appropriate temperature (hot foods hot, cold foods cold).	1. # of meal complaints per month. 2. # Residents attend test-testing and Use a simple rating scale (e.g., 1–5) for taste, presentation, and satisfaction.	1. Achieve a 20% improvement in overall food and beverage satisfaction by June 2026. 2. Reduce meal-related complaints by 50% through improved service by June 2026.	

## Measure - Dimension: Patient-centred

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "I enjoy eating meals in the dining room"	C	% / LTC home residents	In-house survey / 2025 (Sep. 2-Oct.10)	64.90	80.00	Our Home is committed to enhancing the overall dining room experience. While 64.9% of residents surveyed reported enjoying meals in the dining room, the survey also highlighted areas needing improvement. We will focus on making changes that ensure residents can enjoy their meals in a comfortable, welcoming, and enjoyable environment.	

## Change Ideas

Change Idea #1 To Create a welcoming and comfortable dining room experience where residents can enjoy their meals in a warm, inviting atmosphere.

Methods	Process measures	Target for process measure	Comments
Discuss seating plan, table setting, and use of music with residents.	# of residents who state that the dining room experience has improved.	Complete rearrangement by end of Quarter II to enhance dining room experience.	

## Safety

**Measure - Dimension: Effective**

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents in daily physical restraints	C	% / LTC home residents	CIHI CCRS / 2025	0.00	0.00	The home maintained a restraint-free environment, achieving the Extencicare benchmark. The home will continue to focus on this indicator to ensure we consistently maintain a restraint-free environment.	

**Change Ideas**

Change Idea #1 Work closely with the BSO team to develop proactive strategies for managing resident behaviors, minimizing the reliance on restraints.

Methods	Process measures	Target for process measure	Comments
Provide staff brochure/FAQ on Least Restraint and review how a restraint usage can escalate resident responsive behaviors.	# of residents who had restraint in place.	Ensure 100% of residents with behavior concerns receive a BSO consult to explore restraint alternatives within 48 hours of identification.	

Change Idea #2 Educate families and residents about the Least Restraint Program and its benefits.

Methods	Process measures	Target for process measure	Comments
On Admission provide residents and families with comprehensive information about the home Least Restraint Program, including its purpose, benefits, and strategies to minimize the use of restraints, ensuring safety, dignity, and engagement.	# of new residents and families who receive the Least Restraint Information Sheet in their move-in package.	Include the Restraint Information Brochure in 100% of admission packages provided to new residents and families.	

## Measure - Dimension: Effective

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Falls: Percentage of Residents who had recent falls the last 30 days.	C	% / LTC home residents	CIHI CCRS / 2025	12.00	11.00	The Home successfully reduced falls to below the Extencicare benchmark of 15%. In 2026, the focus will remain on enhancing residents' quality of life and preventing fall-related injuries, with a target of maintaining a fall rate at or below 11%.	

## Change Ideas

Change Idea #1 Staff (PSWs and Nurses) receive ongoing training on fall prevention, post-fall reviews, and development of individualized care plans.

Methods	Process measures	Target for process measure	Comments
Provide staff education on fall prevention and use of the Falls Prediction & Prevention Report (FPPR) report.	# Education Completion: Track staff attendance and competency completion rates.	Education Completion: 100% of Nurses and PSWs to complete fall prevention training .	

Change Idea #2 Post fall Incident Assessment & interdisciplinary team huddles.

Methods	Process measures	Target for process measure	Comments
Falls lead in home to attend and/or review Falls - Post Incident Assessment and documentation (review the huddle participants, probable root cause identified)	# of Fall - Post Incident Assessments that were completed in Point click Care (PCC) accurately and thoroughly on a monthly basis.	Achieve 100% completion of Fall Post-Incident Assessments in PCC, accurately and thoroughly, on a monthly basis by December 31, 2026.	

**Measure - Dimension: Effective**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	C	% / LTC home residents	CIHI CCRS / 2025	1.95	1.80	Having achieved the Extencicare goal, Our Home is now aiming to reduce the worsened pressure ulcer rate from 1.9% to 1.8%. This effort is designed to enhance resident health outcomes, elevate quality of care, and maintain optimal skin integrity. Expected benefits include: Enhanced resident comfort and well-being, Reduced risk of infection and complications, and Improved care practices and preventive strategies	

**Change Ideas**

Change Idea #1 Enhanced Skin Assessment, Regular and thorough skin checks to identify early signs of pressure damage.

Methods	Process measures	Target for process measure	Comments
Conduct daily skin checks when providing daily care.	Percentage of residents who receive daily skin checks as per the assessment schedule.	Completion rate by Achieving = 95% of residents receiving daily skin assessments.	

Change Idea #2 Repositioning Schedule – Ensuring residents are repositioned at recommended intervals to relieve pressure.

Methods	Process measures	Target for process measure	Comments
Train staff on proper repositioning techniques and ensure timely execution.	Percentage of staff demonstrating correct repositioning techniques during periodic audits or observations.	Staff Competency: = 90% of staff who provided correct repositioning to residents during audits.	

### Measure - Dimension: Effective

Indicator #4	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	C	% / LTC home residents	CIHI CCRS / 2025	5.81	4.00	Our Home achieved a 5.81% rate for inappropriate antipsychotic prescribing, significantly surpassing Extencicare's target of 17%. In 2026, we will sustain performance below 8% to reinforce our commitment to clinical excellence and high-quality resident care.	

### Change Ideas

Change Idea #1 Collaborate with Registered Staff and the Physician/Nurse Practitioner to ensure all residents receiving antipsychotic medications have a clearly documented clinical indication, including diagnosis and/or rationale for symptom management, reflected in the resident's diagnosis list and care plan

Methods	Process measures	Target for process measure	Comments
Verify that each resident receiving antipsychotic medications has a clearly documented clinical indication in their diagnosis list and care plan.	# of care plans updated monthly to support appropriate antipsychotic use and matching updates in AP-DST.	100% of residents receiving antipsychotics have documented clinical indications in their care plans and diagnosis lists by June 30, 2026.	

Change Idea #2 Enhance collaborative opportunities between the home team, Behavioral Support Lead (BSL/BSO), and the home's interdisciplinary team to improve resident care and responsive behavior management.

Methods	Process measures	Target for process measure	Comments
Invite Behavioral Supports Lead (BSL) to PAC meetings or other interdisciplinary meetings for increased opportunity for collaboration with interdisciplinary home team and Remind Registered Staff to refer to Behavioral Support Team, when needed, using PCC Referral - Behavioral Support Team.	# of monthly referrals to the Behavioral Support Team.	By June 30, 2026, the Behavioral Support Team and Home Leadership will endorse and demonstrate increased collaboration and visibility within the home, as evidenced by regular joint meetings and shared initiatives.	