Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the food and drinks served to me	C	% / LTC home residents	In-house survey / 2025	60.00	75.00	To meet or exceed Extendicare's benchmark	

Change Ideas

Change Idea #1   Increase Cook Dietary Manager presence within the dining room during mealtime to obtain real-time feedback.

Methods	Process measures	Target for process measure	Comments
Plan schedule for when Dietary/Nutrition Manager will be present in Dining room for meals (ensure that all meals are covered in schedule)	Increase in positive responses to questions asked within the dining room.	Dietary Manager will attend meal service 5 times per week to obtain feedback beginning April 1, 2026	

Change Idea #2   Ensure dedicated time (standing agenda item) during Resident Council meeting to discuss food complaints and recommendations.

Methods	Process measures	Target for process measure	Comments
Have separate sub-committee for Food Council / feedback on food	Feedback, recommendations and corresponding actions will be documented and monitored ongoing.	Food committed meetings will be held 12 times per year.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
If I need help, I can get it right away	C	% / LTC home residents	In-house survey / 2025	60.00	75.00	To meet or exceed Extendicare's benchmark	

Change Ideas

Change Idea #1   Increase staff awareness of call bell response times.

Methods	Process measures	Target for process measure	Comments
Incorporate on the spot monitoring by leadership walkabouts to observe response times.	[#] of leadership walkabouts completed monthly.	Process for leadership walkabouts will be in place by April 1, 2026	

Change Idea #2   Review staffing and routines on all shifts.

Methods	Process measures	Target for process measure	Comments
Determine root cause of any potential delay in responses for resident assistance.	[#] of root causes and strategies determined.	Root causes for response delays will be determined and action plan created by September 1, 2026	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The resident is encouraged to share ideas about the recreation and leisure activities offered on the calendar	C	% / LTC home residents	In-house survey / 2025	50.00	75.00	To meet or exceed Extendicare's benchmark	

Change Ideas

Change Idea #1   Use real-time feedback tools such as evaluations of programs, seeking resident feedback on enjoyment and satisfaction of program in real time.

Methods	Process measures	Target for process measure	Comments
Ask for feedback about programs and suggestions at care conferences.	Rate of satisfaction of program.	# of care conferences that residents/families gave positive feedback about programs.	

Change Idea #2   Implement monthly Program Planning Meetings to inform and engage residents in program decision making.

Methods	Process measures	Target for process measure	Comments
Add Program Planning Meetings on the calendar, 1x/month	[#] of change ideas provided in meeting that were implemented.	Program Planning meetings will be introduced and implemented as of April 20,2026	

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	16.21	15.00	To meet Extendicare's target which is 15.00%	

Change Ideas

Change Idea #1	Review activities programming during times (Day, time, shift) when the most falls occur		
Methods	Process measures	Target for process measure	Comments
Review times when most falls are occurring	# of residents reviewed who are high risk for falls	Review of high-risk residents' program preferences will be completed by July 1, 2026	

Change Idea #2	Ensure each resident at high falls risk for falls has an individualized plan of care for fall prevention		
Methods	Process measures	Target for process measure	Comments
Determine residents at high risk for falls	#of new strategies determined	Care plans for high-risk residents will be reviewed and updated by July 1, 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	7.14	5.00	To continue to exceed the Extendicare's target of 17.3%	

Change Ideas

Change Idea #1	Gentle persuasive approach, 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
Deliver GPA bathing education	Feedback from staff participants on the experience and usefulness of GPA bathing education to support resident care.	GPA bathing education will be provided for 50% of the staff who administer resident bathing by August 1, 2026	

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Change Idea #2	Implement weekly interdisciplinary behaviour rounds to proactively review residents exhibiting responsive behaviours and identify nonpharmacological interventions before considering or continuing antipsychotic medications

Methods	Process measures	Target for process measure	Comments
Use a standardized behaviour rounds tracking tool	10% of residents discussed in behavioural rounds will have at least 2 documented nonpharmacological intervention trialed prior to antipsychotic initiation or continued review	100% of residents exhibiting responsive behaviours will be reviewed on behavioural rounds monthly	

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	1.11	1.00	To exceed Extendicare's target of 2%	

Change Ideas

Change Idea #1   Turning and repositioning re-education

Methods	Process measures	Target for process measure	Comments
Educate staff on the importance of turning and repositioning to off load pressure	# of staff that have been educated	100% of PSW's will have attended education sessions on turning and repositioning by September 1, 2026	

Change Idea #2   Focus on continence to keep skin clean and dry - toileting, appropriate brief selection

Methods	Process measures	Target for process measure	Comments
The skin and wound lead and the continence lead to look at the number of residents on a toileting routine and compare with the wound list already generated on PCC	# of residents with skin issues, # of residents with toileting plan in place.	The leads for skin/wound and continence will complete their resident review by July 1, 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	1.27	1.00	Exceed Extendicare Benchmark	

Change Ideas

Change Idea #1 Trail alternatives to each restraint in use (change in environments, sensory rooms, etc.)			
Methods	**Process measures**	**Target for process measure**	**Comments**
Review alternatives trailed during each monthly restraint use review	# of alternatives trialed per month	100% of the restraints in the home have had alternatives trailed by July 1 , 2026	

Change Idea #2 Admission coordinator will review each application received for restraint prior to move -in			
Methods	**Process measures**	**Target for process measure**	**Comments**
Admissions coordinator reviews and flags each applicant received for restraints	# of applications received that have a restraint	Process for review of new resident applications with restraints will be in place by April 1, 2026	