

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience: I am satisfied with the food and drinks served to me.	C	% / LTC home residents	In-home audit / 2026/2027	63.30	65.30	Exceed organizational average of 65.3% from 2025 survey	

### Change Ideas

Change Idea #1 Full implementation and sustainability of Meal Suite to all dining room areas within the home by August 31, 2026.

Methods	Process measures	Target for process measure	Comments
1. Maintain use of Meal Suite at 80% of meals and snacks.	1. Percentage of audits where meals suite was utilized.	1. Initiate weekly audits on the use of Meal Suite by May 1, 2026 with an 80% usage success rate. A goal of 50 audits will be completed by September 1, 2026	

Change Idea #2 To help improve resident satisfaction with food and drinks the Spring/Summer and fall/winter menu review will be held as a separate meeting from the monthly food council meeting.

Methods	Process measures	Target for process measure	Comments
1. Residents with a CPS score of 3 or less will be invited to a separate meeting to review the spring/summer and fall/winter menus prior to roll out of the new menu.	1. The percentage of residents with a CPS score of 3 or less who were offered to attend the meeting. 2. Number of residents who attended the bi-annual menu review meetings.	1. 100% of residents with a CPS score of 3 or less will be offered and provided assistance to attend the bi-annual menu review meetings. 2. Goal of 10 residents will be in attendance at the biannual menu review meeting.	

**Measure - Dimension: Patient-centred**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: I would recommend this home to others.	C	% / LTC home residents	In-house survey / 2026/2027	78.40	80.00	Meet Extendicare standards of 80% and above.	

**Change Ideas**

Change Idea #1 To increase the percentage of residents that would recommend this home to others by 2026 survey.

Methods	Process measures	Target for process measure	Comments
1. Each department will create individualized action plans for missed organizational targets on resident experience survey. 2. Conduct monthly leadership meetings to review individual action plan progress.	1. Number of items for each action plan, per department. 2. Number of meetings held with the leadership members.	1. Develop department specific action plans by April 1, 2026. 2. Monthly leadership meetings will be initiated by April 1, 2026. 3. 100% of all 19 unmet measures will have an action plan created.	

Change Idea #2 To increase the percentage of residents that would recommend this home to others by 2026 survey, monthly leadership meetings will be implemented.

Methods	Process measures	Target for process measure	Comments
Executive Director will conduct monthly leadership meetings with each departmental lead to review the individual action plan process for all unmet measures.	1. Number of meetings held with the leadership members. 2. The number of action items completed.	1. Monthly leadership meetings will be initiated by April 1, 2026. 2. A total of 4 meetings will be held with each manager by September 1, 2026. 3. 75% of unmet methods action items will be implemented by September 1, 2026	

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Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Experience: The resident appears to enjoy eating meals in the dining room.	C	% / LTC home residents	In-house survey / 2026/2027	70.10	75.00	Target is set at 75.00% to indicate improvement with overall satisfaction with the dining experience.	

**Change Ideas**

Change Idea #1 To improve overall resident satisfaction within the dining room experience for the 2026 survey.

Methods	Process measures	Target for process measure	Comments
1. Add dining room experience as a topic in the care conference agenda. 2. review results of final home-specific resident dining room survey with family council.	1. Number of care conferences where the dining room experience is discussed. 2. The outcome results of the home-specific resident dining room survey.	1. Dining room experience will be added to the care conference agenda by April 1, 2026 with a year end target of 90% of care conferences will have this topic. 2. results will be discussed with Family council meeting September 30, 2026.	

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Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family experience: I would recommend this home to others.	C	% / LTC home residents	In-house survey / 2026/2027	88.70	90.00	to increase response by 1.3% with a target of 90.0%	

**Change Ideas**

Change Idea #1 To increase the percentage of family members that would recommend this home to others by 2026 survey.

Methods	Process measures	Target for process measure	Comments
1. Each department will create individualized action plans for missed organizational targets on family experience survey. 2. Conduct monthly leadership meetings to review individual action plan progress.	1. Number of items for each action plan, per department. 2. Number of meetings held with the leadership members.	1. Develop department specific action plans by April 1, 2026. 2. Monthly leadership meetings will be initiated by April 1, 2026. 3. 100% of all unmet measures will have an action plan created.	

**Measure - Dimension: Patient-centred**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I enjoy eating meals in the dining room.	C	% / LTC home residents	In-house survey / 2026/2027	57.10	75.70	To meet organization average of 75.7% from 2025 survey	

**Change Ideas**

Change Idea #1 to improve resident experience with eating meals in the dining room.

Methods	Process measures	Target for process measure	Comments
1. Develop and implement a home specific survey to identify dining room experience for residents with a CPS of 3 or below.	1. Number of home specific dining experience survey's administered.	1. Home specific survey will be developed and implemented by April 1, 2026. Target of 70% of residents with a CPS score of 3 or less will complete the survey.	

## Safety

### Measure - Dimension: Safe

Indicator #6	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	14.54	13.00	Extendicare target of 15.0 The target is set to 13 to continue sustain and improve performance	

### Change Ideas

Change Idea #1 Implement a specific "BUDDY UP PROGRAM" logo to identified high fall risk residents.

Methods	Process measures	Target for process measure	Comments
1. Create a logo for staff to visually identify resident that are on "BUDDY UP PROGRAM". 2. Education will be provided to all departments on the "BUDDY UP PROGRAM" logo. 3. Identify residents for the "BUDDY UP PROGRAM" through a referral to interdisciplinary fall team Lead.	1. Percentage of resident enrolled in the BUDDY UP PROGRAM that has the logo correctly displayed. 2. Number of staff educate on the new logo. 3. Number of referrals received by the interdisciplinary falls team lead.	1. Fall Buddy UP logo will be created by June 30, 2026. 2. 90% of staff in all departments will be educated on the Buddy UP Program Logo. 3. Education sessions for all departments will be completed by August 30, 2026. 4. The BUDDY UP PROGRAM" referral process will be implemented by September 15, 2026	

**Measure - Dimension: Safe**

Indicator #7	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	3.29	2.00	To meet Extendicare's Target of 2.0	

**Change Ideas**

Change Idea #1 Reduce the prevalence of new and worsening wounds stage 2 to 4 pressure ulcers.

Methods	Process measures	Target for process measure	Comments
1. Education and training provided to PSW staff on turning and reposition techniques. 2. Education provided to PSW by the restorative care aid on proper application and inflation of resident wheelchair seat cushions.	1. Number of PSW staff trained on turning and reposition techniques. 3. Percentage of successful wheelchair cushion audits completed.	1. PSW Education on turning and reposition will be completed by August 31st, 2026. 2. 90% of PSW staff will be trained on turning and repositioning techniques. 3. Wheelchair cushion audits will be implemented by May 30, 2026	

**Measure - Dimension: Safe**

Indicator #8	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 / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4 quarter average	0.00	0.00	Extendicare target of 2.5. The target is set to 0 to continue sustain current performance.	

**Change Ideas**

Change Idea #1 Maintain minimal restraints in the home.

Methods	Process measures	Target for process measure	Comments
1. Continue to provide information to residents and families on the least restraint policy at admission.	1. The Percentage of residents and family educated on admission.	1. 100% of residents and families will be provided with information package pertaining to least restraint policy on admission.	

**Measure - Dimension: Safe**

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents on antipsychotics without a diagnosis of psychosis.	C	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2) as target of rolling 4 quarter average	0.00	0.00	Extendicare target of 17.3 The target is set to 0 to continue sustain current performance	

**Change Ideas****Change Idea #1** Continue to maintain Extendicare's Antipsychotic Reduction Program

Methods	Process measures	Target for process measure	Comments
1. Continue to utilize the Antipsychotic decision support tool.	1. Residents centered action plans will continued to be updated into the homes specific Antipsychotic decision support tool monthly.	1. 100% of resident receiving antipsychotics with resident centered action plans inputted into the home's specific antipsychotic decision support tool.	