

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Encouraging residents to provide input about the food and drink options	C	% / LTC home residents	In-house survey / 2025	58.80	68.80	The home will strive to improve by 10% on this indicator	

Change Ideas

Change Idea #1 Providing residents with ample opportunities to provide input about the food and drink options.

Methods	Process measures	Target for process measure	Comments
1) Recreation staff will ask the input about the food and drink options monthly as part of their resident and family activity meeting 2) Hosting of monthly food committee meetings with residents	The number of residents who provide input about the food and drinks monthly.	The home will have a 10% improvement in this indicator as residents will have the opportunity to provide feedback about the food and drink options in the home.	

Measure - Dimension: Patient-centred

Indicator #2	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	62.90	75.00	Home specific goal for improving on this indicator	

Change Ideas

Change Idea #1 Residents will be asked monthly for feedback on the satisfaction of the food and drinks being served to them

Methods	Process measures	Target for process measure	Comments
1) Recreation staff will ask input about satisfaction of the food and drinks served monthly as part of their resident and family activity meeting 2) Hosting of monthly food committee with residents for feedback and satisfaction with food and drinks.	Residents will be asked monthly for feedback on their satisfaction with the food and drinks being served to them 2. by # of residents who provided the feedback.	The monthly food committee meetings will be held, and the recreation department will ask the residents about their satisfaction about the food and drink options in the home.	

Measure - Dimension: Patient-centred

Indicator #3	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 / 2025	64.30	74.30	Target is attainable as home reached this target in 2024.	

Change Ideas

Change Idea #1 The RNs, RPNs, PSWs and the Dietary team will be able to provide an environment where residents feel at ease and comfortable during meal service.

Methods	Process measures	Target for process measure	Comments
1) The RN, RPNs, PSWs and the Dietary team will receive education on the dining room process 2) Auditing of the dining rooms during meal service	1) 100% of the RN, RPNs, PSWs and the Dietary team will receive education on the dining room process 2)# of audits completed monthly.	The residents will express an improvement in the dining room experience, and the home will improve its indicator back to the 2024 result of 75%.	

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	18.79	15.00	Extencicare Target	medline, achieve

Change Ideas

Change Idea #1 Educate the PSWs and registered staff on falls prevention strategies available in the home.

Methods	Process measures	Target for process measure	Comments
The PSWs and registered staff will be educated on the fall's prevention strategies available in the home.	100% of the PSWs and registered staff will receive education on falls prevention strategies available in the home.	100% of the PSWs and registered staff will know what falls prevention strategies are available in the home.	

Change Idea #2 Registered staff and PSWs will be educated on root cause analysis to assist in the implementation of new falls prevention strategies.

Methods	Process measures	Target for process measure	Comments
The Registered staff and PSWs will be educated on root cause analysis.	100% of the Registered staff and PSWs will have received education on root cause analysis	The home will meet the Extendicare Target and 100% of the PSWs and Registered Staff will have been educated on root cause analysis.	

Change Idea #3 The home will identify residents at high risk for falls and review the effectiveness of the falls prevention strategies.

Methods	Process measures	Target for process measure	Comments
The falls lead will review residents who are at high risk for falls for review and implementation of falls prevention strategies.	-Percentage of residents who have fallen in the last 30 days -# of reviews completed by the falls lead.	The home will have a reduction in the percentage of residents who have fallen in the last 30 days	

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	11.79	11.50	The home is meeting the target of 17.3% and will strive to improve on its current performance	Medisystem, Behavioural Supports Ontario

Change Ideas

Change Idea #1 Monthly medication reviews of residents who trigger for antipsychotic usage

Methods	Process measures	Target for process measure	Comments
Monthly meeting with the physician, pharmacist, Behavioural support lead, director of Care, RAI lead and nursing to review residents who trigger for the indicator	The number of medication reviews completed per month for antipsychotic usage in the home.	Residents on antipsychotics will be reviewed monthly for opportunities to de-prescribe	The home is meeting the indicator

Change Idea #2 Utilization of alternative strategies in the prevention and management of physically responsive behaviors

Methods	Process measures	Target for process measure	Comments
1) Educate the BSO PSWs on alternative strategies to prevent behaviors 2) PSW staff education on GPA and STOP and GO approaches 3) Root cause analysis of physically responsive behaviors	1) The number of BSO PSWs who receive education on alternative strategies to prevent behaviors 2) The number of PSWs who receive education on STOP and GO and GPA 3) Number of root cause analysis reviews conducted per month for physically responsive behaviors	1) 100% of BSO staff will receive education on alternative strategies to prevent behaviors 2) 100% of PSWs will be educated on STOP and GO and GPA 3) Standardized root cause analysis reviews in place by March 2026	The home is currently meeting the indicator

Change Idea #3 Review of resident applications to identify residents on antipsychotics for review upon admission to the home and explore opportunities for deprescribing of antipsychotics.

Methods	Process measures	Target for process measure	Comments
The DOC and BSO lead will review resident applications prior to admission to the home to identify residents who are on prescribed antipsychotics.	The home will identify opportunities to review antipsychotic usage prior to admission to the home and measure the process by the number of the reviews completed.	The home will improve its indicator to meet the Extencicare Target of 17.3%.	

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	1.78	1.50	The home is meeting Extendicare's Target of 2% and is striving for 1.5%.	3M

Change Ideas

Change Idea #1 PSW education on preventative measures to prevent worsening pressure ulcers

Methods	Process measures	Target for process measure	Comments
The PSWs and Registered staff will be educated on the preventative measures to reduce worsening pressure ulcers	100% of PSWs and Registered staff will be educated	The home will have no more than 1.5% of its residents with a pressure ulcer and 100% of the PSWs and registered staff will receive education on preventative measures	

Change Idea #2 Implementation of prevention strategies for wounds with the use of barrier cream to the residents feet and coccyx

Methods	Process measures	Target for process measure	Comments
Application of barrier cream to residents with a CPS score of 3 or above, feet, heels and coccyx twice daily	Percentage of residents who develop a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2,3,4.	The home will meet the corporate target by implementing the prevention strategies in reducing new or worsening stage 2 to 4 pressure ulcers.	Home is currently meeting the indicator

Change Idea #3 Registered staff will receive education on the skin and wound care products to treat pressure ulcers

Methods	Process measures	Target for process measure	Comments
Registered staff will be educated on product use and appropriateness for stage of wound.	Percentage of registered staff who receive the education Percentage of worsening pressure ulcers	The home will have no more than 1.5% of its residents with a pressure ulcer and 100% of the registered staff will receive education on the wound care products and usage	Home is currently meeting the target

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	Home has been restraint free, will continue to strive to remain a restraint free home.	

Change Ideas

Change Idea #1 Review resident applications prior to admission for use of restraints

Methods	Process measures	Target for process measure	Comments
The admissions coordinator will notify the DOC of resident applications who are currently using restraints	The home will identify opportunities to review restraint usage prior to admission to the home	The home will not have any restraints use in the home	The home is meeting this indicator

Change Idea #2 Educate the personal supports workers and the registered staff on Extencicare restraint policy

Methods	Process measures	Target for process measure	Comments
Education sessions will be provided to the PSWs, RPNs and RNs on Extencicare Restraint policy	Percentage of residents who have a restraint	100% of the PSWs, RPNs and RNs will be educated on Extencicare restraint policy, and the home will remain a restraint free home.	The home is meeting this indicator

Change Idea #3 The home will continue to have zero percent restraint use in the home

Methods	Process measures	Target for process measure	Comments
Ongoing staff, family and resident education upon admission and review of restraint requests	The home will review restraint usage monthly within the home.	The home will continue with a zero restraint usage in the home and will remain below the corporate target	The home is meeting the indicator