

Experience

Measure - Dimension: Patient-centred

Indicator #1	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	% / Family	In-house survey / September 2 to October 10	81.80	85.00	This percentage is achievable yet challenging encouraging improvement	

Change Ideas

Change Idea #1 1) Implement monthly Program Planning Meetings to inform and engage residents in program decision making.

Methods	Process measures	Target for process measure	Comments
"1) Add Program Planning Meetings on the calendar, 1x/month . 2) Document on meeting minute template. 3) Share and post minutes in common area."	"1) [#] of meetings throughout the year. 2) [#] of change ideas provided in meeting that were implemented. 3) [#] of residents participating on each home area. "	"1) Program will be introduced and implemented as of June 2026. 2) Residents will meet monthly , providing feedback on programs and selecting upcoming events."	

Change Idea #2 2) Engage residents and families in quarterly co-design sessions, workshops, or focus groups.

Methods	Process measures	Target for process measure	Comments
"1) Plan quarterly sessions in advance (i.e. Q2 planning occurs in Q1). 2) Share annual dates in newsletters, posters, Resident Councils meetings. 3) Post reminders on communication board and add program to monthly calendar. "	"1) [#] of sessions/year. 2) [#] of people participating. 3) [#] of different ideas being presented. 4) [#] of ideas implemented."	"1) Program will be introduced and implemented as of June 2026. 2) Residents and family will participate 4 times per year providing feedback on programs and selecting upcoming events."	

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	% / Residents	In-house survey / September 2 to October 10	77.80	80.00	This percentage is achievable yet challenging encouraging improvement	

Change Ideas

Change Idea #1 1) Ensure dedicated time during Resident Council meeting to discuss food complaints and recommendations.

Methods	Process measures	Target for process measure	Comments
"1) Set allotted time on the agenda for Resident Council feedback on food. 2) Follow-up on improvement/additions/changes within 10 days of meeting "	"1) Allotted time during every Resident's Council meeting to discuss any issues with food or meal service 2) Feedback, recommendations and corresponding actions will be documented and monitored ongoing in resident council minutes as well as quarterly food committee meetings	"1) Food committee meetings will be held 4 times per year and as needed. 2) Recommendations will be documented and actioned on within 10 days and feedback on those actions obtained within 10 days post implementation."	

Change Idea #2 2) Increase Dietary Manager presence within the dining room during meal time to obtain real-time feedback.

Methods	Process measures	Target for process measure	Comments
"1) Schedule food tastings and determine products to be tested. 2) Advertise food tasting event and have sign-up sheet for Residents 3) Ensure that home adheres to Residents nutritional plan of care when providing samples to Residents. 4) Order food items required for event"	"1) Improvement in overall Resident satisfaction scores for this question. 2) Increase in positive responses to questions asked within the dining room. 3) Note number of concerns that were rectified"	1) Dietary Manager will attend meal service 4 times per week to obtain feedback beginning March 31, 2026.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from Nurse Practitioners who work in my home	C	% / Residents	In-house survey / September 2 to October 10	76.50	80.00	This target supports resident safety, quality of care and positive outcomes	

Change Ideas

Change Idea #1 "1) Determine what type of care should and can be improved.

Methods	Process measures	Target for process measure	Comments
1) ED to add as an agenda item to Care team meetings	"1) Will hold 2 meetings with resident council where Nurse Practitioner is to attend.	1) Action items and plan will be discussed at CQI committee by April 15, 2026. "	

Change Idea #2 2) Communicate role NP and give opportunity for feedback.

Methods	Process measures	Target for process measure	Comments
"1) Order Extencicare name tags for NP 2) Utilize a communication board for families /residents so they are aware of when NP is in the home	1) Number of residents who had in person visit during quarter."	"1) Name tags will be ordered for all physicians/NP in home by March 31, 2026. 2) Process for utilizing communication board for posting of visit schedules will be 100% implemented by March 31, 2026. "	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care by personal support workers	C	% / Residents	In-house survey / September 2 to October 10	81.30	85.00	This target supports resident safety, quality of care and positive outcomes	

Change Ideas

Change Idea #1 1) Determine what type of care should /can be improved, by attending resident council meeting

Methods	Process measures	Target for process measure	Comments
1) ED to add as an agenda item to Reg staff and PSW monthly meetings	1) ED to attend resident council meetings to get feedback on any issues	1) Satisfaction with quality of care from HCA/PSWs will improve by 4% within the next 6 months.	

Change Idea #2 2) Encourage Resident and Family Councils to provide suggestions to improve quality of care from PSWs

Methods	Process measures	Target for process measure	Comments
1) ED/DOC to attend care conferences to determine what type of care can be improved by soliciting feedback at care conferences.	1) Number of concerns brought forward to be addressed with action plan	1) [%] of [#] of suggestions have been implemented by October 2026.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have the opportunity to provided feedback about the products used for the resident	C	% / Family	In-house survey / September 2 to October 10	81.80	85.00	This target supports resident safety, quality of care and postive outcomes	

Change Ideas

Change Idea #1 1) Invite product vendor to Resident Council and Family council meeting to discuss products.

Methods	Process measures	Target for process measure	Comments
1) Schedule a day where vendor is in home and can set up table for information 2) Post notice to let families and residents know they will be there to answer questions. 3) Follow up with Resident and Family Council for feedback after to see if it was as well to answer any u	"1) [#] of Resident and Family Council meetings vendor attends annually. 2) [#] of action items based on feedback received. 3) [#] of action items that are resolved to satisfaction of councils. "	"1) Product vendor will attend resident council and family council by September 2026 2) Action plan will be in place for feedback items by Sepetmber 2026. 3) Follow up on action plan will be communicated to Resident and Family Councils by October 2026."	

Change Idea #2 2) Implement process to obtain feedback from residents on a more frequent basis.

Methods	Process measures	Target for process measure	Comments
"1) Create list of residents using incontinent products. 2) Determine how many residents will be asked for their feedback per month per home area. 3) Review feedback and determine action to address."	"1) [#] of residents who are using incontinent products. 2) 2) [#] of residents to be asked for feedback per month /per home area. 3) [#] of responses received. 4) [#] of action items received based on survey."	"1) List of residents who are using incontinent products will be created by June 2026. 2) Process for ongoing feedback will be in place by June 2026 with [#] residents per month per home area. "	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the days and times the recreation and leisure activities are scheduled	C	% / Family	In-house survey / September 2 to October 10	84.60	87.00	This percentage is achievable yet challenging encouraging improvement	

Change Ideas

Change Idea #1 1) Add time and day feedback to Monthly Program Planning meetings to ensure feedback is being collected

Methods	Process measures	Target for process measure	Comments
"1) Add Program Planning Meetings on the calendar, 1x/month 2) Document findings on meeting minute template. 3) Share and post minutes in common area."	"1) [#] of meetings throughout the year. 2) [#] of change ideas provided in meeting that were implemented. 3) [#] of residents participating on each home area."	"1) Program will be introduced and implemented as of June 2026. 2) Residents will meet monthly , providing feedback on program schedule by October 2026."	

Change Idea #2 2) Provide daily routines to team members to ensure programming is occurring 3-4 x/day for each member.

Methods	Process measures	Target for process measure	Comments
"1) Review existing schedules. 2) Provide daily routines for days and evenings. 3) Ensure 3-4 programs are added to each routine. 4) Avoid last minute changes. 5) Maintain a regular, predictable schedule with feedback from residents and families."	"1) [#] of new routines reviewed and signed. 2) [#] of increased programs as a result of following standard on days and evenings. 3) [%] of positive feedback received from residents and families."	"1) Daily routines will be reviewed, modified, and signed by [date]. 2) Program offerings will increase by [x amount] as a result of new routines. 3) Residents will provide feedback on program times 1x/year in RC or program planning meetings."	

Safety

Measure - Dimension: Safe

Indicator #7	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	22.34	15.00	To achieve or exceed Extencicare's target or 15 %	

Change Ideas

Change Idea #1 Re-educate staff on Fall Prevention and Injury Reduction program

Methods	Process measures	Target for process measure	Comments
"1) ADOC/designate will provide education sessions on Fall Prevention and Injury Reduction program to care staff 2) Managers and/or program lead will audit and monitor program to identify compliance and/or gaps - minimum of 5 resident's audited quarterly"	"1) # of education sessions provided to PSW/HCA and Registered staff 2) # of audits completed"	"1) 100% of staff will be educated on purposeful rounding process by September 30,2026 2) Resident and Family council will be informed of process by September 30, 2026"	

Change Idea #2 Falls - Post Incident Assessment & interdisciplinary team huddles

Methods	Process measures	Target for process measure	Comments
"1) Review Post Fall procedure with staff 2) Falls lead in home to attend and/or review Falls - Post Incident Assessment and documentation (review the huddle participants, 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 on Post Fall procedure will be completed by September 30, 2026 2) By September 30, 2026, 5% of Falls - Post Incident Assessment will be completed as per policy "	

Measure - Dimension: Safe

Indicator #8	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	8.15	6.00	To continue to achieve or exceed Extencicare's target or 15.3%	

Change Ideas

Change Idea #1 Documentation: Collaborate with Registered Staff, Physician / Nurse Practitioner to ensure all residents using anti-psychotic medications have a documented indication by diagnosis and/or rationale for symptom-management identified in the resident's diagnosis list and care plan (i.e., monthly care plan reviews).

Methods	Process measures	Target for process measure	Comments
1) Communication on mandatory requirement will be completed by September 30, 2026 2) 100% of Registered staff will have completed education on correct wound staging by September 30, 2026 3) Audits of completion rates will be completed monthly with required follow up will occur by 1st week of each month and process is to be in place by September 30, 2026	"1. # of resident anti-psychotic reviews completed monthly (which can be part of interdisciplinary behavioural rounds) and matching # of updates to the home's Anti-psychotic Decision Support Tool (AP-DST). 2. # of resident care plans updated monthly to support appropriate antipsychotic use and matching # of updates to the home's Anti-psychotic Decision Support Tool (AP-DST). 3. # of residents de-prescribed anti-psychotics and replaced with non-pharmacological approaches to care implemented and matching # of updates to the home's Anti-psychotic Decision Support Tool (AP-DST). "	1. 90% of all residents with anti-psychotic use prescribed will have assessment, management planning and updated documentation completed by September 30, 2026 .2. Non-pharmacological approaches to care will be documented within residents' care plans and reassessed if not effective within 1 month of implementation by September 30, 2026	

Change Idea #2 Enhance home team collaborative opportunities with Behavioural Support Lead and home's interdisciplinary team.

Methods	Process measures	Target for process measure	Comments
"1. Invite Behavioural Supports Lead (BSL) to PAC meetings or other interdisciplinary meetings for increased opportunity for collaboration with interdisciplinary home team. 2. Remind Registered Staff to refer to Behavioral Support Team, when needed, using PCC Referral - Behavioural Support Team. "	"1. # of interdisciplinary meetings the Behavioural Support Team were invited to attend. 2. # of monthly referrals to the Behavioural Support Team. "	1. The Behavioural Support Team and Home Leadership will be able to endorse increased collaboration and visibility in home by September30,2026.	

Measure - Dimension: Safe

Indicator #9	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	0.52	0.20	To continue to achieve or exceed Extendicare's target of 2%	

Change Ideas

Change Idea #1 Mandatory education for all Registered staff on correct staging of Pressure ulcers

Methods	Process measures	Target for process measure	Comments
"1) educate staff on new alert process on all shifts 2) Registered staff to check end of shift for outstanding alerts 3) DOC /designate audit compliance monthly and follow up with any additional educational requirements"	"1) # of communications to Registered staff mandatory requirement to complete education. 2) # of Registered staff who have completed online modules on wound staging on a monthly basis. 3) # of audits of completion rates completed by DOC/designate and follow up as required. "	1) Communication on mandatory requirement will be completed by September 30, 2026 2) 100% of Registered staff will have completed education on correct wound staging by September 30, 2026 3) Audits of completion rates will be completed monthly with required follow up will occur by 1st week of each month and process is to be in place by September 30, 2026	We currently have no pressure injuries in our home. For 2026 will continue to monitor our current process to sustain results, but have not included as a priority in our action plan

Change Idea #2 Reinforce the Point-of-Care (POC) alert process to notify nursing staff of by-exception skin issues for early identification and prevention of pressure injuries.

Methods	Process measures	Target for process measure	Comments
"1) educate staff on new alert process on all shifts 2) Registered staff to check end of shift for outstanding alerts 3) DOC /designate audit compliance monthly and follow up with any additional educational requirements"	"1)# of staff that have been educated 2) # of alerts that were completed on a monthly basis 3) # of audits completed"	" 1) Staff are educated on the new process by September 30, 2026 2)Registered staff will complete 15 audits by September 30,2026 3) Gaps from Alert Audit will be 100% followed up with education or actioned "	

Measure - Dimension: Safe

Indicator #10	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	To continue to achieve or exceed Extendicare's target or 2.5%	

Change Ideas

Change Idea #1 Provide information to families and residents on least restraint approach

Methods	Process measures	Target for process measure	Comments
"1) Provide Restraint information sheet in move-in packages for new move-in's 2) Meet with Resident and Family councils to provide education on least restraint approach and risks associated with restraint use "	"1. # of interdisciplinary meetings the Behavioural Support Team were invited to attend. 2. # of monthly referrals to the Behavioural Support Team. "	"1) 100% of move-in packages will have Restraint information sheet included for new move-in's by September 30, 2026 2) Meetings with Resident and Family councils will be attended to discuss the least restraint approach by September 30, 2026"	We currently have no restraints in our home. For 2026 will continue to monitor our current process to sustain results, but have not included as a priority in our action plan

Change Idea #2 Personalize activity plans to engage resident in activities of interest

Methods	Process measures	Target for process measure	Comments
1) Review with recreation, resident specific activity plans and identify additional engaging activities for resident	"1) # of reviews completed with recreation for activity plans 2) # of residents who had an increase in activity engagement"	1) 100% of residents using restraints in the home have been engaged in more activities by September 30, 2026	