

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I can provide feedback about the products I use	C	Days / LTC home residents	In house data collection / 2025 Annual Resident Satisfaction Survey	63.60	80.00	LTC overall 78.3	

Change Ideas

Change Idea #1 Resident and family engagement regarding product choice

Methods	Process measures	Target for process measure	Comments
Vendor (Prevail) will be invited to offer hands on product education for both residents and family, residents will have the opportunity to discuss what product they feel might work the best for them discussing this with the subject matter expert Prevail will conduct quarterly audits regarding satisfaction of product choice	# of prevail audits conducted # of education sessions conducted by prevail	100% of residents using incontinence products will have an audit completed on them and he opportunity to provide feedback	

Measure - Dimension: Efficient

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Bladder and bowel care products keep me dry and comfortable	C	Days / Survey respondents	In house data collection / 2025 Annual Resident/Family Experience Survey	60.00	80.00	LTC division 83.4	

Change Ideas

Change Idea #1 Residents to be kept dry and comfortable

Methods	Process measures	Target for process measure	Comments
Onsite quarterly visits from vendor Monthly staff meetings to discuss continence rounds Audit 10 percent of residents a month	# of on site visits from vendor # of staff meetings related to incontinence # of audits completed	85% on next resident experience survey	

Measure - Dimension: Efficient

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of laundry services for personal clothing and linens	C	Days / Survey respondents	In house data collection / 2025 Annual Resident/Family Experience Survey	66.70	80.00	LTC division overall	

Change Ideas

Change Idea #1 Increase satisfaction with laundry service by 17.5 %

Methods	Process measures	Target for process measure	Comments
Audit laundry services 10 percent a month ESM to attend Resident and Family council meetings to determine specific concerns	# of audit conducted related to laundry services	Improvement in score on next experience survey	Although improvement has been made with resident satisfaction score we will continue to work on this to improve the family score

Measure - Dimension: Efficient

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from social work services	C	Days / Survey respondents	In house data collection / 2025 Annual Resident/family experience Survey	60.00	80.00	corporate target	

Change Ideas

Change Idea #1 Improve the score on family experience survey by 20 percent Resident survey said 100%

Methods	Process measures	Target for process measure	Comments
Provide information to families on social services in the area Post brochures and cards	# of care conferences held in which communication on social services was provided	increase score on next survey by 20 percent	

Safety

Measure - Dimension: Safe

Indicator #5	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	19.66	17.00	Extendicare corporate target	

Change Ideas

Change Idea #1 Purposeful rounding education to support knowledge to all PSW Shift report huddles q shift to identify residents on purposeful rounding and the process, Standing agenda item for PSW and Reg staff meetings

Methods	Process measures	Target for process measure	Comments
Education sign off to show the acknowledgment and understanding of the education provided on purposeful rounding	# of education sessions held # of staff sign off education psw # of staff sign off education registered staff	100% of current PSW and Registered staff sign off to show the acknowledgment and understanding of the education provided on purposeful rounding by April 20, 2026	

Measure - Dimension: Safe

Indicator #6	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	20.00	15.00	Extendicare corporate target	

Change Ideas

Change Idea #1 Implement Anti-psychotics Program including use of the Anti-psychotic Decision Support Tool.

Methods	Process measures	Target for process measure	Comments
Establish an AP home team Education and training on use of anti-psychotics for registered staff and attending physicians New admission reviews of medications within 3 to 6 months of admission	# of meetings held to for antipsychotic med reviews # of education sessions held for registered staff and attending physician on anti-psychotic decision support tool # of resident centered medication reviews held # of new admission reviews post 3 to 6 months admission for anti-psychotic reduction	AP home team will be established by April 30, 2026 80 percent of registered staff educated on anti-psychotics and 100 % of attending physicians	

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	1.75	1.50	current performance is below extendicare target 2.5 so target is just below current measurement	

Change Ideas

Change Idea #1 Improve registered staff knowledge on identification and staging of pressure injuries.

Methods	Process measures	Target for process measure	Comments
Provide education for registered staff on correct staging of pressure injures Provide education to PSW on RISE program.	# of education sessions provided monthly for registered staff and correct staging of pressure injuries # of education sessions on RISE to psw	100% of registered staff will receive the education on identification and staging of pressure injuries by September 1, 2026	offer and enroll in SWAN program to lead of skin and wound program

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	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	current performance is zero so plan is to continue to maintain zero	

Change Ideas

Change Idea #1 Upon move in, education to be provided to families/residents regarding homes least restraint policy brochure to be provided during move in

Methods	Process measures	Target for process measure	Comments
# of families provided education on move in / # of residents provided education on move in	education to be provided to residents/families	100% percent of residents/families will receive education by August 30, 2026	

Change Idea #2 director of care to review new applications received for admission for restraints prior to move in

Methods	Process measures	Target for process measure	Comments
# of flags by director of care on each application review for restraints	# of applications reviewed for admission that have restraints	# of communications that have been sent back to applicates to explain least restraint policy	