

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I enjoy eating in the Dining Room	C	% / LTC home residents	In-house survey / Sept 2025-Oct 2025	77.80	80.00	In 2024 we scored 79.2% to continue to meet or exceed ECI LTC division overall	

Change Ideas

Change Idea #1 'Educate Staff on Pleasurable Dining for residents

Methods	Process measures	Target for process measure	Comments
1) Education/huddles for all departments reminding staff of the importance of a pleasurable dining experience 2) increase presence of leadership team in dining room	increased presence and audits of meal services, i.e. noise levels, resident satisfaction	Results of meal service audits, reduced noise in dining room	

Change Idea #2 Improved/More enjoyable meal service

Methods	Process measures	Target for process measure	Comments
1) Meet with Resident Council and Food Services Committee re: pleasurable dining experience 2) Purchase new place settings to allow resident to have a better experience including China dishes	1) # of meetings 2) feedback provided 3) choice of dishes	Reduced noise in dining room, smoother more enjoyable meal service	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care provided by physiotherapy, exercise or Occupational Therapy	C	% / LTC home residents	In house data collection / Sept 2025-Oct 2025	63.00	66.40	LTC Division Overall for 2025 on this element is 66.4% to meet or exceed Extendicare overall LTC Division	

Change Ideas

Change Idea #1 Improve visibility of physiotherapy in the Home with Residents

Methods	Process measures	Target for process measure	Comments
1) Have Physio staff introduce themselves and their roles to Resident Councils at least annually 2) Utilize a communication board for Residents and Families - to be aware of when Physiotherapist is on site	Recognition of Physio staff in the Home, # of meetings attended	Better understanding and higher visibility of Physio department and their role in the Home	

Change Idea #2 Communicate role of Physio Department and provide opportunity for feedback

Methods	Process measures	Target for process measure	Comments
Physio department to attend Care Conferences when possible to meet with families	1) # of care conferences attended 2) # of suggestions provided 3) # of action items	improved resident and family satisfaction pertaining to the role of the Physio department	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To continue to improve the variety of spiritual and religious services in the Hme	C	% / LTC home residents	In-house survey / Sept 2025-Oct 2025	93.80	95.00	performance dropped slightly In 2025 and would like to maintain satisfaction rates	

Change Ideas

Change Idea #1 'Continue to add and develop new programming based on resident input as well as Home's census

Methods	Process measures	Target for process measure	Comments
1)Ask Resident council if there are additional church/religious services that they would like to see 2) Ask Resident Planning committee what other religious services they would like to see in the Home 3) Reach out to different churches/denominations and see what services may be offered 3) communicate to residents and families as new services become available	1) # of participants in each program 2) feedback from Residents Council and Resident Planning Committee	Larger variety of Spiritual services available to residents, Participation #s	

Change Idea #2 Add additional Hymn sings, spiritual readings

Methods	Process measures	Target for process measure	Comments
1) purchase resources for various denominations/services 2) communicate to resident and council that new services/ressources are available	1) # of added services and denominations 2) # of participants	# of added services, and increased variety of spiritual and religious services available in the Home	

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	15.64	15.00	to continue to improve and achieve or remain below Extendicare Target of 15%	

Change Ideas

Change Idea #1 Provide training to staff to enable them to identify the root cause of falls

Methods	Process measures	Target for process measure	Comments
Schedule education sessions with staff and teach them how to determine the cause of falls including the 5 Why's, to determine what unmet needs are, in order to prevent future falls.	Education provided to PSWs and Registered staff at staff meetings as well as post fall 2) Number of PSW's and Registered staff who are able to identify root Cause of falls	Preventing future falls or repeat falls	

Change Idea #2 Implement a comprehensive fall prevention program that integrates regular reviews of falls, personalized care plans, effective interventions and ongoing audits.

Methods	Process measures	Target for process measure	Comments
1) Continue to review falls weekly with interdisciplinary team 2) Review current fall preventions strategies currently implemented in the resident care plan 3) Discontinue interventions that aren't proving to be effective and trial new ones. 4) all audits are completed by a falls team member to monitor patterns, identify risks, and implement appropriate interventions after every fall.	1) Track the number of falls 2) Monitor the review and adjustment of fall prevention strategies in resident care plans. 3) Track the completion of fall audits.	100% of high-risk residents will have their fall prevention strategies reviewed at least monthly by end of Q2, 100% of fall audits will be completed post fall by a Falls team member by the end of Q2.	

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	1.67	1.67	To continue to achieve or exceed Extencicare Target of 17.3%	Medisystems, GPA Training

Change Ideas

Change Idea #1 GPA education for training for responsive behaviours related to dementia

Methods	Process measures	Target for process measure	Comments
To continue to provide GPA training to all staff	Total # of GPA Sessions provided, and #number of staff that complete the education	complete training/retraining in GPA for all staff by end of 2026	We have now trained 2 GPA coaches in house to facilitate the delivery of training to our staff

Change Idea #2 Medication Reviews for All Residents Currently Prescribed Antipsychotics

Methods	Process measures	Target for process measure	Comments
1) Continue to review medications for all residents who are currently prescribed antipsychotics, focusing on the rationale for their use. 2) Ensure a comprehensive review of the prescribed medications is completed Quarterly to confirm whether they are still necessary for residents without proper diagnosis 3) For those residents who do not have a documented diagnosis supporting the use of antipsychotics, initiate a gradual reduction or discontinuation process according to the reduction strategy, with prior approval of provider.	1) Track the number of residents reviewed quarterly 2) Track the number of residents reviewed that have no supporting diagnosis 3) Track the number of residents placed on a reduction strategy upon admission, and quarterly.	100% of residents without supporting diagnosis will have their medications reviewed by the end of Q4.	

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	0.00	2.00	The home will continue to meet or remain below the corporate target of 2%	

Change Ideas

Change Idea #1 Strengthen PSW education and knowledge on pressure injury prevention and early detection

Methods	Process measures	Target for process measure	Comments
1) Provide structured pressure injury prevention training to PSWs 2) Organize education focused on skin integrity, moisture management, and prevention best practices	# of PSWs who participate in skin and wound training	to continue to meet or exceed Extendicare Target, improved skin integrity	

Change Idea #2 Conduct Audits of Pressure Ulcer Care by Registered Staff focused on proper sterile techniques, and infection control.

Methods	Process measures	Target for process measure	Comments
1) Wound Care Champion to audit wound care being provided by registered staff for pressure ulcers	1) Track the number of pressure ulcer wound care audits completed	100% of Registered Nurses will be audited while completing pressure ulcer care by the end of Q4	

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	The home will continue with a zero restraint usage in the home and will remain below the corporate target	

Change Ideas

Change Idea #1 Review restraint use with all applications received through Ontario Health at Home. If a restraint is in use, begin communication before admission to inform the potential resident and family of our least restraint policy and the Home's use of alternatives to restraints

Methods	Process measures	Target for process measure	Comments
Admissions to review each application received. To flag restraint lead when a restraint is identified and send information to indicate that our Home is a least restraint home and will trial alternatives upon admission	# of applications monthly where a restraint is in use, # of communications sent back to applicant and family through OHA to explain our policy	Process and review of OHA applications for restraint use and communication followed to inform/educate our Policy	to continue to meet or exceed

Change Idea #2 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	