

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of recreation and leisure activities offered in the home	C	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	50.00	70.00	Extendicare Benchmark	

Change Ideas

Change Idea #1 Introduce more seasonal and thematic variations to program calendar.

Methods	Process measures	Target for process measure	Comments
1. Present ideas in dept. meetings and resident council meeting together interest. 2. Arrange for guest speakers, community collaborations, and experts to provide variety to content 3. Regularly refresh programs and content.	1. # of new events that vary by theme. 2. # of reoccurring programs and reduce programs that can become redundant	1. Increase total number of cultural, seasonal and thematic programs by 25% in 2026. 2. Implement at least 2 themed programs per month. 3. Introduce at least one new entertainer/speaker in 2026.	

Change Idea #2 Include a variety of 1:1 small, large group and outing into monthly calendar

Methods	Process measures	Target for process measure	Comments
1. Complete review # of group size offerings per month. 2. Complete a review of # of times residents are able to get into community. 3. Identify gaps and communicate with residents in calendar planning meetings. 4. make changes based on feedback."	1) Increase in variety of group size offerings throughout monthly program calendar. 2) Reduced number of Residents at risk each month. 3) Increase number of community outings. 4) Increase resident choice offerings via program planning meetings."	1) [#] of 1:1 programs will be increased monthly by 10 %. 2) [#] of small group programs will be increased monthly by 10 % 3) [#] of large group programs will be increased monthly by 10 % 4) RAR report will go from 10 to 5 as a result of changes to program offerings. 5) 2 mew Monthly outings to the community will be offered by December 31st, 2026	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of spiritual and religious services offered by the staff in the home"	C	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	52.00	70.00	Extencicare Benchmark	

Change Ideas

Change Idea #1 Hire a Spiritual Care Provider as a member of the interdisciplinary team.

Methods	Process measures	Target for process measure	Comments
1) Review [#] of residents in home and needs. 2) Determine hours and develop weekly routine.	1) [#] of referrals. 2) [#] of spiritual care assessments. 3) [#] of programs run by provider"	1) Hire SCP by September 30th 2026 2) Offer spiritual care programs [1/week] from SCP. 3) Increase satisfaction by 20 % in 2026"	

Change Idea #2 Integrate other approaches such as holistic, nature based and reflective practices.

Methods	Process measures	Target for process measure	Comments
1) Educate family and residents on spiritual care and delivery. 2) Facilitate various programs to support spiritual connection and growth.	1) [#] of education session offered. 2) [#] of new programs implemented. 3) Increased number of Spiritual Program Plans in Activity Pro. 4) [#] of Spiritual Care Programs/Month.	1) Provide education on Spiritual Care to family and residents by August 30th, 2026 2) Provide spiritual care programs in Program Planning Meetings to seek interest in Q2 3) Implement [4] of programs in calendars for Q2-4."	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication from the home leaders (Executive director, Director of care and managers) is clear and timely	C	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	52.40	70.00	Extendicare benchmark	

Change Ideas

Change Idea #1 Implement Town hall to inform and engage residents and family members on a regular basis i.e. when changes in the home are happening, changes to leadership team, declaration of outbreaks."

Methods	Process measures	Target for process measure	Comments
1) Send out newsletter on a regular basis to inform residents and families about important information. 2) Ask Resident and Family Councils what information they would like to see included and how often to send out. 3) Post newsletter on bulletin board in home	1) [#] of times newsletter was sent to residents and families 2) [#] of Resident and Family Council meetings information discussed 3) [#] of months newsletter was posted on bulletin board. [#] of occasions when residents and families were informed about changes in the home.	1) Newsletter will be sent out to all residents and families as of April 2026 2) Discussion with Resident and Family Council about newsletter will occur by April 30th 2026 3) Newsletter will be posted on bulletin board Monthly"	

Change Idea #2 Host ""Tea and Chats"" or social sit-down programs with residents, families, and leadership teams to inform and engage on a regular basis."

Methods	Process measures	Target for process measure	Comments
1) Add program monthly to programs calendar 2) Add reminders to monthly newsletters. 3) Advertise via poster throughout the home."	1) [#] of times program was implemented 2) [#] of people participated in program.	1) Program will be introduced and implemented as of April 31st, 2026"	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction: Would Recommend	C	% / LTC home residents	In-house survey / 2026	79.50	83.00	Internal Target	

Change Ideas

Change Idea #1 Improve overall opinion of home

Methods	Process measures	Target for process measure	Comments
1. Complete action plan for areas for low performance. 2. Review action plan monthly to ensure tasks are being completed.	1) # of action plan items completed each month 2) # of meetings completed by December 2026	1. Action plan is completed by end of Q1 2. All action plan items completed by December 2026	

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	13.09	10.00	Continued Improvement to theoretical best	

Change Ideas

Change Idea #1 Enhance lighting at bedside and in bathroom for residents who fall in the evening/ night

Methods	Process measures	Target for process measure	Comments
1) Fall lead/team to review/analyze falls data for residents who would benefit from enhanced lighting at bedside/bathroom 2) Order and install lighting 3) Monitor pre and post data for improvement	1) # of residents identified as benefiting from enhanced lighting 2) # of lights installed at bedside, and in bathroom"	1) Residents will be reviewed for enhanced lighting by July 31st, 2026 2) Environmental assessments of each of the identified resident rooms will be completed by May 30th, 2026 3) Lights will be ordered and installed by July 31st,2026 4) Review of fall data pre and post light installation data will be completed by June 30th, 2026"	

Change Idea #2 Utilize and maintain Fall Prediction and Prevention Report (FPPR) Tool

Methods	Process measures	Target for process measure	Comments
1) Review residents on list and ensure that strategies are in place to prevent falls 2) Monitor progress based on data from report	1) # of residents at high risk for falls 2) # of plans of care reviewed to ensure strategies in place 3) # of residents on list who did not experience a fall in the previous 30 days"	1) Residents listed on report as being at high risk of fall will have strategies reviewed by March 31st, 2026 2) Ongoing monitoring to ensure strategies are effective will be in place by April 30th,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	14.85	8.40	Continued Improvement to theoretical best	

Change Ideas

Change Idea #1 Enhance home team collaborative opportunities with Behavioural Support Lead (BSL) (often BSO team members in Ontario) 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."	The Behavioural Support Team and Home Leadership will be able to endorse increased collaboration and visibility in home by March 31st, 2026.	

Change Idea #2 Gentle Persuasive Approaches (GPA) Basics and GPA Bathing education for responsive behaviours related to dementia (in support of reduction of anti-psychotic use).

Methods	Process measures	Target for process measure	Comments
1. Engage with Certified GPA Coaches to roll-out home-level education and/or certify home staff as GPA Coaches to deliver education. 2. Deliver GPA Basics education to staff sessions. 3. Deliver GPA Bathing education.	1. # of staff certified as GPA Coaches (as net new Coaches). 2. # of staff participated in GPA Basics education and GPA Bathing education. 3. # of staff participated (who develop care plans or administer resident bathing) participated in GPA Bathing education. 4. Feedback from staff participants on the experience and usefulness of GPA Basics and GPA Bathing education to support resident care.	1. GPA Basics education will be provided for 50 % staff by December 31st, 2026 2. GPA Bathing education will be provided for 30 % staff by December 31st, 2026 staff, who develop care plans or administer resident bathing, 3. Feedback from staff on GPA education will be reviewed and actioned on by November 30th, 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	2.77	1.00	Continued Improvement to theoretical best	

Change Ideas

Change Idea #1 Education on Product section wound care.

Methods	Process measures	Target for process measure	Comments
1) Education sessions set up for all registered staff on products on wound care protocol. 2) Sessions to be arranged for all shifts 3) audits to be completed by wound care lead of home for correct usage of products"	# of education sessions # of audits completed monthly # of audits that identified areas for improvement monthly"	1) Education sessions on products and selection of products will be completed for all Registered staff by June 30th, 2026 2) Audits will show a 15% improvement in compliance by September 30th, 2026	

Change Idea #2 Focus on continence to keep skin clean and dry- toileting, appropriate brief selection"

Methods	Process measures	Target for process measure	Comments
1) The skin and wound lead and continence lead to look at the number of residents on a toileting routine and compare with wound list already generated from PCC. 2)Wound Care lead will work with the continence lead internally to ensure that the correct incontinence product is being used for each resident 3) Review restorative goals if on restorative toileting program 4) DOC to audit this process and part of the evaluation process of the program"	1. # of residents with skin issues # of residents with a toileting plan in place 2. # of brief audit checks completed	1) The leads for Skin/Wound and Continence will complete their resident review by June 30th, 2026 2) Review of correct sizing and type of incontinence products will be completed by 3) Annual review of continence program will be completed by July 30th, 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	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	1.64	1.00	Continued Improvement to theoretical best	

Change Ideas

Change Idea #1 Implement per unit tracking for all restraints to better analyze and review trends on each unit

Methods	Process measures	Target for process measure	Comments
1) Implement unit tracking tool to collect data to better analyze and monitor trends for restraints 2) Collect tracking tool monthly 3) Restraint lead to analyze results	1) # of unit tracking tools implemented by unit 2) # of tracking tools completed monthly 3) # of analysis completed by restraint team on results	1) Tracking tool implemented on each unit by April 30th, 2026/ 2) 100% of tracking tools will be completed accurately by December 31st, 2026 3) process for analysis of tracking tool results by restraint lead will be 100% in place by May 31st, 2026.	

Change Idea #2 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 move-in packages with Restraint information sheet included 2) # of meetings with Resident and Family council to discuss least restraint approach and risks of restraint use	1) 100% of move-in packages will have Restraint information sheet included for new move-in's by March 31st, 2026 2) Meetings with Resident and Family councils will be attended to discuss the least restraint approach by December 31st, 2026.	