

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #6	55.50	65	81.40	--	NA
In my care conference, we discuss what's going well, what could be better and how we can improve things. (Extendicare York)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Enhance the care conference process to ensure it is meaningful, collaborative, and focused on the residents.

Process measure

- 1) Track the number of residents who attended their care conferences 2) Track the number of residents who were satisfied with their care conferences.

Target for process measure

- 100% of residents will be notified of their care conferences ahead of time beginning Q2. 100% of care conferences will be followed up on to measure satisfaction by the end of Q4.

Lessons Learned

A Care Conference Committee was established, and residents are actively included in meetings; follow-up summaries to confirm resident and family satisfaction are planned for implementation in 2026.

Comment

We have met our target for 2025 and will continue to work towards further improvements in 2026.

Indicator #4	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
I am satisfied with the quality of care from doctors (Extendicare York)	63.00	70	61.90	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Improve the working relationships between physicians and residents

Process measure

- 1) Track the number of months the doctor schedules are made available to residents 2) Track the number of doctors provided with, and consistently wearing visible name tags during their visits. 3) Periodic auditing will be completed, and feedback will be gathered regarding the residents' satisfaction with the quality of doctor care, including the privacy of their visits.

Target for process measure

- 100% of doctor schedules will be made available to residents beginning Q2. 100% of doctors will wear visible name tags during all shifts and interactions with residents by the end of Q2. 75% of the resident council members will report an increased satisfaction with doctor care by the end of Q4.

Lessons Learned

Doctors’ schedules remain available at the nursing station for resident planning, the appointment booking system continues, doctors now wear visible name tags for easy identification, and residents are encouraged to request the option for visits in quiet, private spaces to maintain comfort and privacy.

Comment

We have not met our target for 2025. We will continue to work on improving the quality of care from doctors in 2026.

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Communication from the Home Leadership (Administrator, Executive Director, and other managers) is clear and timely (Extendicare York)	68.90	75	74.40	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Improve the communication between the Home leadership team and residents

Process measure

- 1) Track the completion, and accessibility of the organizational chart and updated leadership contact lists. 2) Track the completion of nameplates with photos for leadership team members outside their offices. 3) Track the occurrence and attendance of scheduled open-door days.

Target for process measure

- 100% of leadership contact lists and organizational charts will be updated and made accessible by end of Q2. 100% of leadership team members will have a nameplate outside their office displaying their name, title, and photo by the end of Q3. Open-door days will be trialed or implemented by the end of Q1.

Lessons Learned

Leadership visibility initiatives were successfully completed: updated lists and org charts were posted, nameplates with photos installed in February 2026, and trial “Meet the Leader” open-door days were trialed improved resident and leadership engagement.

Comment

We have not met our target for 2025; however, the 2025 survey results have greatly improved. We will continue to work towards achieving our target in 2026.

Indicator #2	Last Year		This Year		
	66.70	75	67.10	--	NA
Communication from the Home Leadership (Administrator, Executive Director, and other managers) is clear and timely (Extendicare York)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Improve the communication between the Home leadership team and family members

Process measure

- 1) Track the satisfaction of family members regarding the communication by the Leadership team 2) Track how many families received the organizational chart and leadership contact list in the welcome package. 3) Track the attendance of family members at “Meet the Leaders” sessions or open-door times.

Target for process measure

- 100% of family communication will be sent using a streamlined approach, with bullet points, visuals, and legends starting April 2025. 75% of family members will report being satisfied with the communication of the Leadership team by the end of Q3. 100% of families will receive the organizational chart and leadership contact list upon admission. Open-door days will be trialed or implemented by the end of Q1.

Lessons Learned

Family communications were streamlined with bullet points, visuals, and legends, and trial “Meet the Leaders” open-door sessions successfully fostered rapport and improved communication.

Change Idea #2 Implemented Not Implemented In Progress

Improve communication between the Home and families regarding new medication, tests, or lab work, including the purpose and any associated costs.

Process measure

- 1) Track the number of family members who are notified regarding new medication, tests, or lab work, including the purpose and any associated potential costs. 2) Number of audits completed to ensure compliance

Target for process measure

- 100% of residents and/or family members, if applicable, will be contacted regarding new medications, tests, lab work, and associated potential costs starting Q2. 100% of audits will be completed to ensure compliance with the communication plan starting in Q3.

Lessons Learned

Communication with SDMs/POAs regarding new medications, tests, or lab work—including purpose and costs—was reinforced by the leadership team during shift change report reviews, as required.

Comment

We have not met our target for 2025; however, the 2025 survey results have improved. We will continue to work towards achieving our target in 2026.

	Last Year		This Year		
Indicator #3	51.30	60	53.20	--	NA
I am satisfied with the quality of care from doctors (Extendicare York)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Improve the working relationships between physicians and family members

Process measure

- 1) Track the number of months the doctor schedules are made available to family members 2) Track the number of appointments that were rescheduled after the notification of the doctor's absence.

Target for process measure

- 100% of the doctor schedules will be made available at least 1 month in advance for the upcoming month beginning Q2. 100% of families will be notified when a doctor’s visit is cancelled or rescheduled through to the end of Q4.

Lessons Learned

Doctors’ schedules continue to be available at the nursing station, the appointment booking system remains in use, and families receive timely notice when visits need rescheduling.

Comment

We have not met our target for 2025; however, the 2025 survey results have improved. We will continue to work on improving the quality of care from doctors in 2026.

	Last Year		This Year		
Indicator #5	60.00	70	55.10	--	NA
I am satisfied with the quality of the cleaning within the resident's room (Extendicare York)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Improve the quality of the cleaning within the resident's room

Process measure

- 1) Track the number of audits completed 2) Track the number of times the audits were in compliance with the standardized cleaning checklist. 3) Track the number of staff members who were provided with feedback following the audit.

Target for process measure

- 100% of scheduled cleaning audits will be completed, 100% of staff members will receive feedback following their audits by the end of Q4.

Lessons Learned

Implemented

Change Idea #2 Implemented Not Implemented In Progress

Train and educate staff on the importance of the cleaning standards.

Process measure

- 1) Track the number of training sessions provided to staff. 2) Track the number of staff members who attended training sessions. 3) Track the number of meetings held to review audit findings.

Target for process measure

- 100% of training sessions / refreshers will be provided as scheduled, 100% of staff members will attend a meeting to review their audit findings by the end of Q4.

Lessons Learned

Implemented

Comment

We have not met our target for 2025. We will continue to work on improving the quality of the cleaning within the resident's room in 2026.

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
Indicator #7	1.80	1.50	1.44	--	NA
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 (Extendicare York)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

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

Process measure

- 1) Track the number of pressure ulcer wound care audits completed

Target for process measure

- 100% of Registered Nurses will be audited while completing pressure ulcer care by the end of Q4.

Lessons Learned

Wound Care Champion audits of registered staff completed.

Change Idea #2 Implemented Not Implemented In Progress

Provide Education on Infection Control and Wound Care Best Practices

Process measure

- 1) Track the number of staff who attended the education session for infection control and best practices

Target for process measure

- 100% of care staff scheduled to work will have attended the Skin and Wound Education Day by the end of Q3.

Lessons Learned

Held staff education day on hand hygiene, aseptic care, and early infection detection for pressure injuries with 95 total team members in attendance.

Change Idea #3 Implemented Not Implemented In Progress

Implement a comprehensive routine that integrates regular reviews of the new and worsening pressure ulcers, inclusive of personalized care plans, effective treatments and ongoing audits.

Process measure

- 1) Track the number of pressure ulcers reviewed at weekly Resident Care Council meetings 2) Track the completion of weekly skin assessments completed.

Target for process measure

- 100% of new and worsening pressure ulcers will be reviewed at resident care council meetings, and as needed by the Wound Care Champion through to the end of Q4.

Lessons Learned

Completed weekly pressure ulcer reviews, to ensure accurate care plans, and reviewed more effective interventions.

Comment

We have met our target for 2025 and will continue to work towards further improvements in 2026.

Safety | Safe | **Optional Indicator**

Indicator #8	Last Year		This Year		
	Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare York)	18.64 Performance (2025/26)	15 Target (2025/26)	19.36 Performance (2026/27)	-3.86% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

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

Process measure

- 1) Track the number of falls reviewed at weekly Resident Care Council meetings 2) Monitor the review and adjustment of fall prevention strategies in resident care plans. 3) Track the completion of daily and bi-weekly fall audits.

Target for process measure

- 100% of falls that occurred will be reviewed weekly at the Resident Care Council meetings by end of Q2, 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.

Lessons Learned

Falls were reviewed daily (mon-friday) with the nursing leadership team, prevention strategies were reviewed/updated.

Change Idea #2 Implemented Not Implemented In Progress

Provide Education on Fall Risks and Proper Interventions

Process measure

- 1) Track the number of staff members who attended the education session day

Target for process measure

- 100% of care staff scheduled to work will have attended the Falls Education Day by the end of Q3.

Lessons Learned

Staff education day on falls and prevention successfully held with strong participation with 95 total team members in attendance.

Change Idea #3 Implemented Not Implemented In Progress

Introduce a buddy system where staff members accompany high risk residents during care documentation.

Process measure

- # of falls that occur after the buddy system is implemented, compared to the # of falls before it's implementation.

Target for process measure

- 100% of high-risk residents will be reviewed for the opportunity to be paired with a staff member during care documentation time by the end of Q3.

Lessons Learned

Assignment of staff to accompany high-risk residents during care documentation is planned but not yet fully implemented. We will work on this in 2026.

Comment

We will continue to work towards our target in 2026.

	Last Year		This Year		
Indicator #9	11.82	10	18.02	-52.45%	17
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare York)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Medication Reviews for All Residents Currently Prescribed Antipsychotics

Process measure

- 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.

Target for process measure

- 100% of residents without supporting diagnosis will have their medications reviewed by the end of Q4.

Lessons Learned

Quarterly antipsychotic reviews completed, with reductions initiated for residents lacking supporting diagnoses under MD guidance.

Change Idea #2 Implemented Not Implemented In Progress

Provide GPA education training for staff members, to gain purposeful knowledge and develop skills that can be used in dementia care and responsive behaviors

Process measure

- 1) Track the number of staff members who attended the GPA training sessions as scheduled 2) Track the completion of certification for second GPA coach.

Target for process measure

- 100% of staff members will attend the GPA education session as scheduled by the end of Q4. 100% of GPA coaches will obtain their certification by the end of Q4.

Lessons Learned

GPA education rollout implemented, 102 team members attended sessions to date, and second coach recruited for additional on-site sessions in 2026.

Comment

We will continue to work towards our target in 2026.