

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of laundry services for my clothing and linens	C	% / LTC home residents	In-house survey / 2025	81.00	84.00	Striving for a 3.70% increase.	

### Change Ideas

Change Idea #1 Hold a lost and found day 2x/year.

Methods	Process measures	Target for process measure	Comments
1) Advertise a lost and found day. 2) Arrange items in a specified location for residents/families to come and look for missing items. 3) Obtain feedback from Resident and Family Councils on lost and found days.	1) [#] of lost and found days advertised per year. 2) [%] of missing items returned to resident/family member. 3) [#] of Resident and Family Council meetings where lost and found days discussed and feedback obtained. 4) [#] of improvements made based on feedback.	1) By December 31st 2 lost and found days will have occurred. 2) [%] of missing items will have been returned to residents and families by December 31, 2025. 3) Feedback from Resident and Family Councils will be obtained on the lost and found days by May.	

Change Idea #2 Communicate to families and residents about importance of having machine washable clothes and not delicates due to heat of commercial laundry systems.

Methods	Process measures	Target for process measure	Comments
1) Environmental Services Manager to attend Resident and Family Council to discuss the importance of having machine washable clothing due to heat of commercial laundry systems. 2) Send communication about types of clothing for commercial laundry systems in newsletter or town hall (not wool or cashmere etc.). 3) Environmental Services Manager to follow up with any concerns brought forth by families and residents about laundry services, following concerns process.	1) [#] of Resident and Family Council meetings attended where discussions held about laundry issues. 2) [#] of communications sent to residents and families. 3) [#] of townhalls held where laundry was discussed. 4) [#] of complaints that were actioned by support services manager/designate.	1) Support services manager/designate will attend Resident and Family Council meetings to discuss laundry concerns by May. 2) Communication about laundry services will be sent to residents and families every 3 months. 3) Laundry services will be discussed at townhall meeting by July. 4) Monthly complaints re: laundry services will improve by 5% by October.	

## 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	% / LTC home residents	In-house survey / 2025	84.70	85.20	Home is striving for the Extendicare Average.	

## Change Ideas

Change Idea #1 Ensure dedicated time (standing agenda item) during Resident Council meetings to discuss food complaints and recommendations.

Methods	Process measures	Target for process measure	Comments
1) Set allotted time on the agenda OR have separate sub-committee for Food Council / feedback on food. 2) Agreed upon actions that will be taken and specify timeline 3) Follow-up on improvement and reassess action if needed."	1) Food Committee will be provided allotted specified time during every Resident's Council meeting. 2) Feedback, recommendations and corresponding actions will be documented and monitored ongoing.	1) Food committed meetings will be held 10 times per year. 2) Recommendations will be documented and actioned on within 10 days and feedback on those actions obtained within 1 month post implementation.	

Change Idea #2 Hold food tastings prior to each Menu launch to obtain feedback with residents on types of food to be incorporated into next menu cycle.

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) Plan for event, ensure that home adheres to Residents nutritional plan of care when providing samples to Residents. 4) Order food items required for event	1) [#] of food tasting sessions held annually. 2) [#] of items accepted by Residents (and included on the menu) and [#] of items rejected by Residents. 3) Improvement of overall Resident satisfaction score.	1) 4 Food tasting sessions will occur each year. 2) 5% of new menu choices will be included as a results of tasting by October	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I can see a Doctor or Nurse Practitioner when I need to	C	% / LTC home residents	In-house survey / 2025	88.10	90.00	Home is striving for a 2.16% increase.	

**Change Ideas**

## Change Idea #1 Hire a Nurse Practitioner

Methods	Process measures	Target for process measure	Comments
1) Recruit an NP by using recruitment company	1) # of Nurse Practitioners hired	1) One Nurse Practitioner to be hired by January 2026	

## 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	10.08	9.80	Home striving for a 2.78% decrease.	

### Change Ideas

#### Change Idea #1 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 5 Why's, 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" 3) # of times staff were able to determine root cause.	1) Staff education on Post Fall procedure will be completed by September 1, 2026 2) By December 31, 2026, 100% of Falls - Post Incident Assessment will be completed as per policy	

## Change Idea #2 Re-education on Safe Resident Handling Policy with Staff.

Methods	Process measures	Target for process measure	Comments
1) Education on Safe Resident Handling program. 2) Competency and return demonstration of all safe resident handling practices will be completed on all PSWs and Registered staff 3) Random auditing of safe resident handling practices in the home. 4) Identify deficiencies and develop plan of action for gaps.	1) # of education sessions held for staff on Safe Resident Handling program 2) # of who completed Competency and return demonstration each month 3) # of audits completed. 4) # of deficiencies identified. 5) # of deficiencies corrected post implementation of action plan.	1) Staff education sessions will be 100% completed by July 31, 2026. 2) Audits of safe resident handling program will show 50% improvement by September 31, 2026, and 75% improvement by December 31, 2026. 3) Competency and return demonstrations will be completed for all PSWs and Registered staff by October 2026.	

**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	8.99	8.70	Home striving for a 3.23% decrease.	

**Change Ideas**

## Change Idea #1 Family education resources provided for appropriate use of anti-psychotics.

Methods	Process measures	Target for process measure	Comments
1. Provide family resource: Centre for Effective Practice (CEP) - How Anti-psychotic Medications are Used to Help People with Dementia: A Guide for Residents, Families and Caregivers. 2) Make resource available at nurses station for families.	1. # of CEP resources provided to families monthly. 2. # of antipsychotics de-prescribed as a result of increased family awareness.	1. Copies of CEP resource will be printed and available at nurses station by June 31, 2026.	

## Change Idea #2 Specialized education on anti-psychotics provided to Registered Staff.

Methods	Process measures	Target for process measure	Comments
1. Behavioural Support Lead (BSL) as part of the Mental Health & Dementia Care Program, Nurse Practitioner, Pharmacist or other team member with specialized education on anti-psychotics to provide education session(s) for registered staff on antipsychotic medications (i.e., indications, side effects, non-pharmacological approaches to care).	1. # of Registered Staff who attended specialized educational session(s) on antipsychotic medications.	1. 100% of active registered staff will have attended specialized education on antipsychotic medications by December 31, 2026.	

**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	1.51	1.45	Home striving for a 3.97% decrease.	

**Change Ideas**

Change Idea #1 Turning & repositioning re-education.

Methods	Process measures	Target for process measure	Comments
1) Educate staff on the importance of turning and repositioning to off load pressure. 2) Nursing staff to audit those residents that require turning and repositioning. 3) Review this during the Skin & Wound committee meetings for trends.	1) # of staff that have been educated. 2) # of audits completed. 3) # of reviews completed by Skin and Wound Committee.	1) 100% of active PSW's will have been educated on turning and repositioning. 2) Process for review, analysis and follow up of trends from tools will be 100% in place by December 31, 2026.	

## Change Idea #2 Mandatory education for all Registered Staff on correct staging of pressure ulcers.

Methods	Process measures	Target for process measure	Comments
1) Communicate to Registered Staff requirement to complete education. 2) Register Staff to complete online modules on wound staging by December 31, 2026. 3) DOC/designate to monitor completion rates.	1) # of communication to Registered Staff about the mandatory education. 2) # of Registered Staff who have completed the education on wound staging. 3) # of audits of completion rated completed by DOC/designate and follow up as required.	1) Communication on mandatory requirement will be completed by March 31, 2026. 2) 100% of Registered Staff will have completed education on correct wound staging by December 31, 2026. 3) Audits of completion rates will be completed monthly with required follow to occur by the 1st week of each month, and process is to be in place by May 31, 2026.	