Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #3 I am satisfied with the quality of care from dietitian(s) (Pinecrest Manor)	**42.90** Performance (2024/25)	**69.20** Target (2024/25)	**31.10** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

Booking care conferences on days dietician is in for residents who are high risk, dietary manager to attend all other conferences.

Process measure

- In order to measure the idea is working, the number of conferences dietary manager attends will be audited

Target for process measure

- High risk resident's will have the Dietician attend their care conference by the end of March

Lessons Learned

Unsuccessful
Challenge: Previous Dietitian was not very involved. Our dietitian is only in the building once a week which impacts the availability of the dietitian
attending care conferences in person.

Success: New Dietitian completes an analysis addressing any dietary concerns. Resident and Family concerns are communicated to the Dietitian utilizing dietary referral
Unsuccessful: Dietary Manager on personal leave created significant challenges with Dietary updates for resident and families.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Request feedback from resident’s council related to concerns they want addressed.

Process measure

- The recreation manager will track the number of concerns and the outcome of implementations.

Target for process measure

- The number of resident concerns brought to resident council will decrease to 10% by end of May

Lessons Learned

Successful
Recreation Manager improved the process for addressing concerns from resident council in a timely manner. Ensuring concerns are shared with the appropriate Manager and responses are completed within the required 10 days.

	Last Year		This Year		
Indicator #7	**84.60**	**75**	**72.40**	**--**	**NA**
Resident satisfaction - would recommend. (Pinecrest Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

My care conference is a meaningful discussion that focuses on what's working well, what can be improved, and potential solutions.

Process measure

- Schedules will be implemented and communicated. Target percentages will improve in this section.

Target for process measure

- 80 percent of care conferences will have family and residents in attendance in the next quarter, 100% of care conferences will be scheduled and communicated

Lessons Learned

Unsuccessful
Challenge with Management turnover causing inconsistent scheduling of the care conferences.
Residents and Families lack of interest to attend and or participate in the care conference process. We continue to try to engage in process.
March 31, 2025 implemented IPAC manager to set up Care Conferences with resident and families and to reschedule if necessary

	Last Year		This Year		
Indicator #2 Family satisfaction - would recommend. (Pinecrest Manor)	**88.90** Performance (2024/25)	**85** Target (2024/25)	**81.80** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

The resident has input into the recreation programs available.

Process measure

- Number of implemented suggestions would be measured as a comparison

Target for process measure

- Target percentages would increase on survey results in the next fiscal year

Lessons Learned

Unsuccessful
Manager turnover. New Manager started in April 2025 manager spent time getting to know our residents and their likes and dislikes over several months.
November 13, 2025 implemented the Resident Activity committee meeting, this gives the residents the opportunity to provide input to the next month's activities.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #4 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Pinecrest Manor)	**16.35** Performance (2024/25)	**15** Target (2024/25)	**16.20** Performance (2025/26)	**0.92%** Percentage Improvement (2025/26)	**15** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Re- Establish the Falls Team

Process measure

- Set monthly meetings and record minutes each month. Continued education to front line and new staff.

Target for process measure

- Increased in attendance for meetings and education targets are met.

Lessons Learned

Successful
Staff turnover created inconsistency with maintaining the fall team. Leadership team analyzed the challenges and determined holding regular monthly meetings at huddles would capture an interdisciplinary approach.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Determining root cause of resident falls

Process measure

- Number of audits completed monthly

Target for process measure

- Trend analysis to identify fall risk will be completed by June 2024

Lessons Learned

Unsuccessful
Fall team often unable to identify the root cause for the fall which can result in unsuccessful interventions to prevent further falls. Training to be provided.
Implemented the Buddy up program in August 31, 2025 to ensure PSWs have an enhanced awareness of resident needs in particular preventing falls which has been successful so far.

Comment

We are continuing to have falls prevention as our focus for the 2025 improvement plan.

	Last Year		This Year		
Indicator #6	**9.23**	**17.30**	**12.61**	**-36.62%**	**12**
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Pinecrest Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Medication reviews completed for all residents currently prescribed antipsychotics as indicated with monitoring program.

Process measure

- Number of residents reviewed monthly.

Target for process measure

- All residents currently prescribed antipsychotics will have a medication review completed within the next quarter

Lessons Learned

Successful
Monthly antipsychotic deprescribing meeting with BSO lead, RAI Coordinator (ADOC) and Pharmacist to refer triggered and non-triggered using antipsychotic without diagnosis of a psychosis.

Safety | Safe | Custom Indicator

Indicator #1

% of LTC residents with restraints (Pinecrest Manor)

Last Year		This Year		
2.30	**2.50**	**0.00**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Review current restraints and determine plan to try alternatives

Process measure

- # residents reviewed monthly # of meetings held with families/residents to discuss alternatives monthly

Target for process measure

- 100% of restraints will be reviewed and plans implemented for trialing alternatives by Sept 2024

Lessons Learned

We were successful in reducing the restraints.
Held resident care conference with resident and resident family. Reviewed resident care needs and discuss trial for eliminating restraint.
Trial was successful.

Safety | Effective | Custom Indicator

Indicator #5

Percentage of LTC residents with worsened ulcers stage 2-4 (Pinecrest Manor)

Last Year		This Year		
0.00	**2**	**0.00**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Review current bed systems/surfaces for residents with PURS score 3 or greater.

Process measure

- # of residents with PURS score 3 or greater # of reviews completed of bed surfaces/mattresses monthly # of bed surfaces /mattresses replaced monthly

Target for process measure

- A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by August 2024

Lessons Learned

Successful
November 30th implemented assessing the residents' overall health condition to prevent skin breakdown.
November 30th implemented the repositioning clock to assist staff with a quick reference regarding time to reposition the resident and what side for the resident to be on.

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 care from Doctors	C	% / LTC home residents	In-house survey / Sept 2024-Oct 2025	27.60	63.00	LTC Division Average	

Change Ideas

Change Idea #1 Improve Visibility of the physician in the home with residents and families

Methods	Process measures	Target for process measure	Comments
1) Order Extendicare Assist name tag for physician 2) Post on the Interdisciplinary office door a notice of next physician on site rounds	1) Name tag ordered 2) % of notices posted with physician visit included	1) Name will be ordered for physician and be in the home by April 30, 2025 2) Process for utilizing notification posted of visit scheduled will be 100% implement by June 30, 2025	

Change Idea #2 Tracking of resident in-person visits to ensure everyone has a visit once a quarter

Methods	Process measures	Target for process measure	Comments
1) Create a process to track physician visits to ensure each resident meets with the physician at least once a quarter 2) DOC to review quarterly to ensure visits are on track	# of residents who had in-person visit during the quarter # of reviews by DOC completed	Each resident will have an in-person visit with the physician at minimum 1 per quarter by September 30, 2025	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have input into the recreation programs available	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	33.30	65.60	Home Based Target	

Change Ideas

Change Idea #1 Continue with monthly Activity Program Planning meeting to inform and engage resident in program decision making

Methods	Process measures	Target for process measure	Comments
1) Add Activity Program Planning meetings on the Calendar 2) Share and Post minutes in common area	1) # of meetings throughout the year 2) # of residents participating	Program will be introduced and 100% implemented as of September 30, 2025	

Change Idea #2 Use real-time feedback tools such as evaluations of programs, seeking resident feedback on enjoyment and satisfaction of program in real time

Methods	Process measures	Target for process measure	Comments
1) Select up to 5 programs per month to audit 2) Audits to be completed monthly directly after programs to evaluate level of enjoyment/satisfaction 3) Review audits and implement program changes based on feedback	# of audits completed throughout the year # of programs /month audited # of program changes based on audits	5 Program audits will be completed monthly directly after programs to evaluate level of enjoyment/satisfaction beginning May 30, 2025. Changes to programs will be completed upon review of feedback starting Jun 1, 2025	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from physiotherapist	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	34.60	75.00	Continue to improve as we strive to achieve corporate target 85%	

Change Ideas

Change Idea #1 Improve visibility of the physiotherapist aide in the home with residents and families

Methods	Process measures	Target for process measure	Comments
PTA to meet at minimum annually with resident council to discuss role and services provided. Allow time for feedback and questions.	# of visits to Resident council by physio Review feedback from Resident council	PTA will attend Resident Council by September 30, 2025. All feedback will be reviewed and implemented as applicable by December 30, 2025	

Change Idea #2 Highlight the Physiotherapist and Physiotherapist Aide in monthly newsletter to increase awareness

Methods	Process measures	Target for process measure	Comments
1)Highlight in monthly newsletter about Physiotherapist Aide and Physiotherapist Aide, who they are, role, etc.	# of newsletters where Physiotherapist Aide was highlighted	Monthly newsletter will highlight Physiotherapist and Physiotherapist Aide and role by September 30, 2025	

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 Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	16.20	15.00	Corporate target	Achieva, Behavioural Supports Ontario

Change Ideas

Change Idea #1 Continue to focus on falls reduction with regularly scheduled meetings.

Methods	Process measures	Target for process measure	Comments
1) Schedule set monthly meetings for falls regularly through 2025. 2) Falls team to review falls data, record minutes and discuss fall prevention strategies for each high- risk resident including review of RAI MDS data 3) Falls team to continue to act as resource to front line staff	# of meetings scheduled annually # of residents reviewed monthly and fall prevention strategies	by May 2025 there will be scheduled monthly meetings for fall team in place. 100 % of high-risk residents will have received a review and have fall prevention strategies in place by September 30, 2025	

Change Idea #2 Education for front line staff for interventions to reduce falls

Methods	Process measures	Target for process measure	Comments
1. Provide education for frontline staff about interventions to prevent further falls 2. Falls team to review high fall risk residents monthly and update front line staff when changes made to interventions	# of frontline staff who received education on interventions and fall prevention # of reviews completed by falls team and # of changes made to interventions and communicated	100% of frontline staff will have received education on interventions and fall prevention by September 30, 2025. Process for falls team review of interventions for high fall risk residents and communication of changes to frontline staff will be fully in place by October 30, 2025	

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 Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	12.61	12.00	Continue to improve to theoretical best.	Medisystem, Behavioural Supports Ontario

Change Ideas

Change Idea #1 Continue to use Extendicare's Antipsychotic Reduction Program which includes using the Antipsychotic Decision Support Tool (AP-DST).

Methods	Process measures	Target for process measure	Comments
Review deprescribing antipsychotic tool monthly Ensure residents reviewed have action plan in place for deprescribing. Enter new admissions into tool if prescribed antipsychotics.	Percentage of residents taking antipsychotics without diagnosis # of reviews completed of AP-DST tool # of action plans in place # of new admissions entered in AP-DST tool monthly	100% of residents who have triggered antipsychotic indicator will have action plan in place by September 30, 2025. All new admissions who have prescribed antipsychotics will have information entered into tool and action plan in place within 3 months of admission.	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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	C	% / LTC home residents	Other / Oct-Dec 2024	0.00	0.00	Maintain current 0 worsened pressure injuries to ensure sustainability.	Solventum/3M, Wounds Canada

Change Ideas

Change Idea #1 Review specialized mattress surfaces for residents with PURS score of 3 or greater.

Methods	Process measures	Target for process measure	Comments
1) Create list all residents with PURS score of 3 or greater 2) Review specialized mattress surfaces and seating for identified residents 3) Replace specialized surfaces if needed. 4) Evaluate results quarterly at PAC meetings	# of residents with PURS score of 3 or greater # of residents with PURS score of 3 or greater with specialized mattress surfaces or seating # of mattresses or seating replaced # of times results reviewed at PAC meeting quarterly	100% of residents with PURS score of 3 or greater will have had a review of their mattress surfaces, if necessary, by December 30, 2025 Quarterly review of audit results and data at PAC meetings will be in place by June 30, 2025	

Change Idea #2 Implement turning clock for repositioning

Methods	Process measures	Target for process measure	Comments
1) Review residents at high risk for skin breakdown 2) Implement turning clock for repositioning and offloading of pressure. 3) Audit to ensure turning clocks are in place	# of residents identified as being high risk for skin breakdown # of turning clocks implemented # of audits completed	All residents identified as being at high risk for skin breakdown will have had a review completed by June 30, 2025 Turning clocks for the identified residents will be in place 100% by July 15, 2025 Starting July 30, 2025 there will be audits completed monthly with goal of 100% compliance by September 30, 2025	