Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #6 Resident Satisfaction Survey - I am satisfied with the quality of care from Doctors. (Burloak)	**63.40** Performance (2025/26)	**75** Target (2025/26)	**67.50** Performance (2026/27)	**--** Percentage Improvement (2026/27)	**NA** Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Communicate role of Medical Director and Physicians and give opportunities for feedback.

Process measure

- 1) Number of meetings with councils where medical director attended. 2) Number of suggestions provided by councils. 3) Number of CQI meetings where action items were discussed with Medical Director.

Target for process measure

- 1) Medical Director will attend Family Council by June 30, 2025. 2) Medical Director will attend Resident Council by June 30, 2025. 3. Action items and plan will be discussed at CQI committee with Medical Director by June 30, 2025.

Lessons Learned

The change idea was implemented successfully, and the home will continue to sustain and monitor the plan.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Improved visibility of Physicians in home with residents and families.

Process measure

- 1. Number of name tags ordered. 2. Number of introduction letters included in welcome packages. 3. Number of times Physicians attend Newcomer Event.

Target for process measure

- 1. Name tags will be ordered by June 30, 2025. 2. Introduction letters will be included in welcome packages by June 30, 2025. 3. Physicians will attend Newcomer Event by July 31, 2025.

Lessons Learned

The change idea was implemented successfully, and the home will continue to sustain and monitor the plan.

Change Idea #3 ☑ **Implemented** ☐ **Not Implemented** ☐ **In Progress**

Tracking of in-person resident visits to ensure every one has a visit.

Process measure

- 1) Number of residents per physician 2) Number of residents who had in person visit during quarter

Target for process measure

- 1) List will be developed by physician for tracking by June 30, 2025. 2) Each resident will have an in person visit with physician / NP at minimum 1 per quarter by June 30, 2025.

Lessons Learned

The change idea was implemented successfully, and the home will continue to sustain and monitor the plan.

Change Idea #4 ☐ **Implemented** ☐ **Not Implemented** ☑ **In Progress**

Communicate to residents' and family that physician can be available for a situational discussion upon request

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

In progress

Change Idea #5 ☐ Implemented ☐ Not Implemented ☑ In Progress

Communicate to residents' and family that physician can be available for a situational discussion upon request

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

In progress

Change Idea #6 ☐ Implemented ☐ Not Implemented ☑ In Progress

Communicate to residents' and family that physician can be available for a situational discussion upon request

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

In progress

Comment

A new Nurse Practitioner has been hired by the home and has joined the team to provide support during periods of physician absence to ensure continuity of care.

Indicator #1

I am satisfied with the quality of care from my Dietitian (Burloak)

Last Year		This Year		
60.50	**75**	**NA**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Increase awareness of role of dietitian in home with residents and families

Process measure

- 1) Number of meetings with Councils where Dietitian attended 2) Number of suggestions provided by councils 3) Number of CQI meetings where action items were discussed with Dietitian

Target for process measure

- Dietitian to attend resident and family council meeting by July 30 ,2025 Action plans for suggestions will be 100% completed and implemented by June 1, 2025. Dietitian will attend CQI meeting to discuss action plan by April 30, 2025

Lessons Learned

This change idea was successful, and we will continue to maintain the plan

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

2) Increase opportunities for Residents to discuss their dietary preferences and/or plan of care with the Dietary Manager/Dietitian within their home.

Process measure

- 1) Number of requests to meet with Dietary Manager/Dietitian 2) Number of meetings with Dietary Manager/Dietitian that occurred. 3) Number of action items received from feedback 4) Number of action items implemented

Target for process measure

- 1) Process for sending requests to Dietary Manager/Dietitian will be in place by April 30, 2025. 2) Meetings with Dietary Manager/Dietitian will be in place by April 30, 2025 3) Action items and plan will be discussed at CQI committee with Dietary Manager/Dietitian by April 30, 2025.

Lessons Learned

This change idea was successful, and we will continue to maintain the plan

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

Plan education sessions/lunch and learns with Residents with the Dietary Manager/Dietitian (areas of focus should be suggested by Residents)

Process measure

- 1) Number of education sessions held 2) Number of education advertisements posted 3) Number of residents who attended 4) Number of suggestions received

Target for process measure

- 1) three education sessions will be offered within the next 6 months. 2) Planned changes based on feedback and recommendations will be discussed at CQI committee with Dietary Manager/Dietitian by April 30, 2025.

Lessons Learned

This change idea was successful, and we will continue to maintain the plan

Change Idea #4 ☐ Implemented ☐ Not Implemented ☑ In Progress

Dietitian will met with the food committee x2 per year to review food preferences

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

In progress

Change Idea #5 ☐ Implemented ☐ Not Implemented ☑ In Progress

Registered dietitian will attend food committee x2 per to review and discuss menu options

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

In progress

Comment

The Food Service Manager will attend the resident care conferences and will share any high risk nutrition follow up needs with the Dietitian

Indicator #2

I have input into the recreation programs. (Burloak)

Last Year		This Year		
52.90	85	90.90	--	NA
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

1) Increase staffing to 1 team member/house

Process measure

- 1) Increased # of programs/week/month/quarter/year 2) Increased # of staff

Target for process measure

- 1) Post and hire qualified staff by April 30, 2025 2) Increase number of programs by 40% by June 30, 2025 3) Fill part-time/casual vacancy by April 30, 2025.

Lessons Learned

This change idea was successful, and we will continue to maintain the plan

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

2) Add time and day feedback to Monthly Program Planning Meetings to ensure feedback is being collected with respect to time of day and day of week, in addition to interests

Process measure

- 1) # of meetings throughout the year 2) # of change ideas provided in meeting that were implemented 3) # of residents participating on each home area

Target for process measure

- 1) Program planning meetings will be introduced and implemented monthly in each home area as of June 2025 2) Residents will meet monthly on each home area, providing feedback on program schedule by June 30, 2025

Lessons Learned

This change idea was successful, and we will continue to maintain the plan. There was a turnover in leadership, which required some adjustments, but the plan remains on track.

Change Idea #3 ☐ Implemented ☐ Not Implemented ☑ In Progress

Implement the use of public accessible transportation as the primary mode of travel for resident outings. This approach allow us to schedule more frequent outdoor excursions while maintaining a cost□effective and sustainable model.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

This plan is successful, it reduces transportation expenses, minimizes reliance on chartered vehicles, and opens opportunities for more residents to participate.

Comment

The Recreation Manager will regularly solicit feedback from residents and families regarding the program schedule to ensure that programming reflects their preferences and needs.

Safety | Effective | Custom Indicator

Indicator #5

Pressure ulcers: Percentage of residents who had a pressure ulcer that recently got worse

Last Year		This Year		
3.50	**2**	**1.52**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

(Burloak)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

1) Mandatory education for all Registered staff on correct staging of Pressure ulcers

Process measure

- 1) Number of communications to Registered staff mandatory requirement to complete education. 2) Number of Registered staff who have completed online modules on wound staging on a monthly basis. 3) Number of audits of completion rates completed by DOC/designate and follow up as required. "

Target for process measure

- 1) Communication on mandatory requirement will be completed by April 30, 2025 2) 100% of Registered staff will have completed education on correct wound staging by April 30, 2025 3) Audits of completion rates will be completed monthly with required follow up will occur by 1st week of each month and process is to be in place by April 30, 2025

Lessons Learned

Change idea was successful. All Registered staff were trained and currently ongoing with proactive approach for prevention

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Turning and repositioning re-education

Process measure

- # of staff that have been educated # of audits completed # of reviews completed by Skin and Wound committee

Target for process measure

- "1) 100% of PSW will have attended education sessions on turning and repositioning by [date]. 2) Check in with staff and will be correctly completed on a monthly basis by [date] 3) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by [date.]

Lessons Learned

Change idea was successful. Will continue to maintain plan.

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

Focus on continence to keep skin clean and dry- toileting, appropriate brief selection

Process measure

- # of residents with skin issues # of residents with a toileting plan in place # of brief audit checks completed # of education sessions provided # of residents on restorative toileting program.

Target for process measure

- 1) The leads for Skin/Wound and Continence will complete their resident review by June 30, 2025. 2) Review of correct sizing and type of incontinence products will be completed by June 30, 2025. 3) Education sessions for product selection will be completed by June 30, 2025. 4) Annual review of continence program will be completed by December 31, 2025.

Lessons Learned

Change idea was successful. Continue to reduce extended wear briefs.

Change Idea #4 ☑ Implemented ☐ Not Implemented ☐ In Progress

Designated PSW assigned to provide peer-to-peer support and education on the continence program, and to ensure the resident is using the appropriate brief size.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Staff demonstrated increased consistency in following the continence care process, resulting in improved resident comfort and dignity.

Change Idea #5 ☑ **Implemented** ☐ **Not Implemented** ☐ **In Progress**

Purchased and installed new Parglide equipment and provide training to staff on its proper use for residents' repositioning.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Rolling out the project one home area at a time presented challenges, particularly in ensuring that staff were fully trained before using the new equipment. Once training was completed and the equipment was consistently implemented, we observed a significant improvement in residents' skin outcomes

Comment

Will collaborate with residents and families regarding available product options.

Safety | Safe | Custom Indicator

Indicator #7

Restraints: Percentage of residents who were physically restrained (daily)

Last Year		This Year		
2.10	**2**	**0.00**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

(Burloak)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

10) Resident Services Coordinator will review each application received for restraints prior to admission.

Process measure

- 1.) # of applications received that have a restraint 2). # of communications sent back to applicant or designate and Ontario Health @Home to explain least restraint policy 3). # of acceptances received to trial alternatives upon admission

Target for process measure

- 1) Process for review of admission applications for restraints will be 100% in place by May 1, 2025.

Lessons Learned

The process was implemented successfully, and the plan will continue to be maintained.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

3) Provide information to families and residents on Least Restraint.

Process measure

- 1) # of admission packages with Restraint brochure included. 2) # of meetings with Resident and Family council to discuss Least Restraint and Risks.

Target for process measure

- 1). 100% of admission packages will have Restraint brochure included for new admissions by May 1, 2025 2). Meetings with Residents' and Family Councils will be attended to discuss Restraints by December 31, 2025

Lessons Learned

The process was implemented successfully, and the plan will continue to be maintained.

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

4) Provide resource for Registered Staff to use when discussing restraints with residents and families.

Process measure

- 1.) # of times FAQ was utilized monthly 2). # of sessions held to communicate with staff that FAQ was available as resource.

Target for process measure

- 1. FAQ resource will be 100% in place by April 30, 2025 2) Staff will be aware of new resource by April 1, 2025

Lessons Learned

The process was implemented successfully, and the plan will continue to be maintained.

Change Idea #4 ☐ Implemented ☐ Not Implemented ☑ In Progress

DOC/designate will attend resident and family council and provide education on least restraint

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

In progress

Comment

Introduce a dedicated RPN Float Nurse to support real-time follow-through on care interventions, monitor completion of assigned actions, and ensure individualized care plans are updated consistently and accurately.

Safety | Safe | Optional Indicator

Indicator #3

Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Burloak)

Last Year		This Year		
13.68	**12.50**	**19.59**	**-43.20%**	**15.70**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Review Activity programming during times when most falls occur.

Process measure

- 1) # of residents reviewed who are high risk for falls 2) % of program review completed 3) # of new programs implemented during peak times for falls 4) # of high risk residents who did not fall during month when activity was occurring

Target for process measure

- 1) Review of falls and times when occurring will be completed by June 30, 2025 2) Review of high risk residents program preferences will be completed by June 30, 2025 3) DementiAbility program will be implemented during shift change by June 30, 2025

Lessons Learned

This change idea was successful, and the team will continue to sustain and monitor the plan to ensure ongoing success despite the recent change in leadership

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

1) Reassess Falling Star program and re educate staff on program

Process measure

- 1) # of education sessions provided to PSW and Registered staff 2) # of audits completed on Falling star program monthly 3) # of audits on Falling star program with no deficiencies

Target for process measure

- 1) Education sessions for PSW and Registered staff will be completed by December 31, 2025. 2) Audits on Falling star program will begin by April 1, 2025.

Lessons Learned

Change ideas were successful; however continued focus on communication for high risk residents and proactive approach for prevention.

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

10) Increased communication during shift report for newly admitted residents and during outbreaks

Process measure

- 1) # of staff receiving reminders for resident fall risk 2) # of shift reports where registered staff communicated list of high risk residents 3) # of residents on enhanced monitoring per shift 4) # of residents who had enhanced monitoring entered as task in POC and plan of care updated.

Target for process measure

- 1) Reminders for staff will be communicated by April 1, 2025. 2. Shift report process for communicating high risk residents will be in place by April 30, 2025 3. Process for enhanced monitoring for those on isolation or newly admitted will be in place by April 30, 2025.

Lessons Learned

The change ideas were successfully implemented and contributed to improvements in care processes and team coordination. However, sustaining adequate staffing levels during the outbreak remained a significant challenge. The home was not able to consistently replace staff who were absent, nor increase the staffing complement as needed to respond to heightened resident care demands. These limitations impacted workflow efficiency and placed additional pressure on the existing team.

Change Idea #4 ☑ Implemented ☐ Not Implemented ☐ In Progress

Purchase new Parglide equipment and provide training to staff on its proper use for resident safety.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Rolling out the project one home area at a time created challenges, particularly in ensuring staff were fully trained before using the equipment. However, once training was completed and the equipment was implemented consistently, we observed a significant improvement in resident safety, including a notable reduction in both falls and overall fall risk.

Comment

Introduce a dedicated RPN Float Nurse to support real-time follow-through on care interventions, monitor completion of assigned actions, and ensure individualized care plans are updated consistently and accurately

Indicator #4

Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Burloak)

Last Year		This Year		
23.76	**17.30**	**3.10**	**86.95%**	**17.30**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

1) Implement Extendicare's Antipsychotic Reduction Program which includes using the Antipsychotic Decision Support Tool (AP-DST).

Process measure

- "1.) home team established 2). # of regular meetings for antipsychotic review monthly 3). Attendance to the Quality Labs 4.) Percentage of residents with an action plan inputted.

Target for process measure

- "1). Home team will be established by June 2025 2). Education and training completed by Sept 2025 3). Antipsychotic review meetings are occurring every 2 weeks 4). Residents triggering the Antipsychotic QI have an action plan inputted into the decision support tool within 3 to 6 months of admission.

Lessons Learned

This was successful by way of reviewing the resident's individual behaviour needs and addition of appropriate diagnosis to support anti-psychotic use. New admissions with use of anti-psychotics with no diagnosis.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Family education resources provided for appropriate use of Antipsychotics

Process measure

- 1.) # of CEP resources provided to families monthly 2.) # of antipsychotics d/c as a result of increased family awareness.

Target for process measure

- 1) CEP resources will be printed and available at nurses station by April 30st.

Lessons Learned

This was successful by discussion at resident individual care conferences including the pros and cons of the medication. The challenges are that families can be apprehensive to change or altering of anti-psychotic medication. regimen

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

Collaborate with the physician to ensure all residents using anti-psychotic medications have a medical diagnosis and rationale identified.

Process measure

- 1) # of medication reviews completed monthly 2) # of diagnosis that were appropriate for antipsychotic medication use 3) # of alternatives implemented

Target for process measure

- 1) 75% of all residents will have medication and diagnosis review completed to validate usage by June 30, 2025. 2.) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by April 30th.

Lessons Learned

Plan is successful and will continue to maintain.

Comment

Continue to monitor with ongoing education with the goal to decrease inappropriate antipsychotic use.