

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #3	45.80	50	77.10	--	NA
I have input into the recreation programs available (Extendicare Guildwood)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Implement monthly Program Planning Meetings to inform and engage residents in program decision making

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 will be introduced and implemented as of March 2025 2) Residents will meet monthly providing feedback on programs and selecting upcoming events

Lessons Learned

Success: Program Planning Meeting implemented with team before creating the month's calendar. Will discuss activities that residents enjoy.

Change Idea #2 Implemented Not Implemented In Progress

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

Process measure

- 1) # of audits completed throughout the year 2) Rate of satisfaction of program 3) # of Change actions

Target for process measure

- 1) 5 audits will be completed monthly directly after programs to evaluate level of enjoyment/satisfaction starting May 2025 2) There will be a 30% improvement with satisfaction of program by July 2025

Lessons Learned

Activity team will discuss with residents regarding the feedback for the previous calendar month. Adjustments will be made for following month as per resident request.

Comment

Continue to receive resident input prior to creating a monthly calendar to improve resident satisfaction

Indicator #1	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 food and beverages served to me (Extendicare Guildwood)	43.80	50	73.90	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Hold food tastings prior to each Menu launch to obtain feedback on types of food to be incorporated into next menu cycle. Could potentially be in collaboration with Recreation Department

Process measure

- 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

Target for process measure

- 1) 1-2 Food tasting sessions will occur each year by Dec 2025. 2) 10% - 25% of new menu choices will be included as a result of tastings as of Dec 2025.

Lessons Learned

We had 2 spring and fall food tasting events hosted by management team to select menu changes.

Comment

Continue to work with interdisciplinary team to host food tasting events for residents to incorporate their choices on during the new menu changes.

Indicator #2	Last Year		This Year		
I am satisfied with the laundry services in the home (Extencicare Guildwood)	36.80	50	70.50	--	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

Review process for labelling clothing

Process measure

- 1) # of staff attending session about process for labelling 2) # of resident and family council meetings attended by Support Services manager/designate 3) # of newsletters where labelling process was communicated

Target for process measure

- 1) Staff session about labelling process will be held by April 2025 2) Support Services manager/designate will attend resident and family council meeting by April 2025 3) Communication will be sent out about labelling process in newsletter by April 2025

Lessons Learned

Successes: residents were more satisfied with the new laundry process

Challenges: Process of delivering clothing back to resident room, occasionally misplaced.

Change Idea #2 Implemented Not Implemented In Progress

Hold a lost and found day 2x/year?

Process measure

- 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

Target for process measure

- 1) By December 31st 2 lost and found days will have occurred 2) 30% 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 July 2025

Lessons Learned

Lost and Found hosted twice in a year March & November 2025.

Comment

Increase the number of lost and found hosted in the year.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #4	14.81	13.50	12.61	14.85%	12
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extencicare Guildwood)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Ensure each resident at risk for falls has a individualized plan of care for fall prevention

Process measure

- 1) # of residents at risk for falls 2) # of plans of care reviewed & updated 3) # of new strategies determined 4) # of sessions held to communicate changes with staff

Target for process measure

- 1) Residents at risk for falls will be identified by April 2025 2) 100% of Care plans for high-risk residents will be reviewed and updated on an ongoing basis as of June 2025) Changes in plans of care will be communicated to staff as they are updated starting April 2025

Lessons Learned

Morse Fall Risk assessment completed to identify medium & high fall risk residents and interventions implemented as per resident needs. During PCC integration process Morse Fall Risk assessment transitioned to "Falls - Integrated Fall Risk Assessment" new assessments were completed for all residents.

Change Idea #2 Implemented Not Implemented In Progress

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 quarterly beginning May 2025 with 100% completed by Dec 2025 2) Audits on Falling star program will begin by April 2025

Lessons Learned

Falling star logo in place for residents identified as high fall risk.

Comment

Reminder for staff that all new admissions at risk (medium & high) will be placed on Falling Star Program for minimum 1 month and reassessed after.

	Last Year		This Year		
Indicator #5 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Guildwood)	7.18 Performance (2025/26)	6.50 Target (2025/26)	7.11 Performance (2026/27)	0.97% Percentage Improvement (2026/27)	7 Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Education for Registered Staff on antipsychotics

Process measure

- 1) # of registered staff who attended training session on antipsychotic medications.

Target for process measure

- 1) 75% of registered staff will have attended training on antipsychotic medications by June 2025

Lessons Learned

More education was provided to staff regarding managing behaviors example: GPA approaches, U-First, and PIECES.

Education on antipsychotic usage was provided in the form of huddles to front line staff.

Change Idea #2 Implemented Not Implemented In Progress

Enhance collaboration with Behavioral Supports Ontario (BSO) Lead and interdisciplinary team.

Process measure

- 1) # of interdisciplinary meetings BSO invited to attend 2) # of monthly referrals to BSO

Target for process measure

- 1) All interventions by registered staff will be used before BSO referral (100%) of time by December 2025

Lessons Learned

BSO lead present in morning meeting to discuss new changes and intervention for residents. Works collaboratively with frontline staff, physician, nurse practitioner, and pharmacist to revise plan of care for residents with behaviors.

Comment

Provide more education regarding antipsychotics

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
Indicator #6	4.96	2	1.52	--	NA
Pressure ulcers: Percentage of residents who had a pressure ulcer that recently got worse (Extendicare Guildwood)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

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

Process measure

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

Target for process measure

- 1) Communication on mandatory requirement will be completed by April 2025 2) 100% of Registered staff will have completed education on correct wound staging by July 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 July 2025

Lessons Learned

Staff were educated regarding correct staging and pressure ulcers via huddles. Most Days and Evening registered staff educated in the correct staging however nights and some casual staff are still pending. Resources were also placed in a binder in the nursing station to assist with correct wound staging.

Change Idea #2 Implemented Not Implemented In Progress

Turning and repositioning re-education

Process measure

- 1) # of staff that have been educated 2) # of audits completed 3) # 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 July 2025 2) Check in with staff and will be correctly completed on a monthly basis by July 2025 3) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by July 2025

Lessons Learned

Turning and repositioning education provided to staff through the form of a huddle intermittently throughout the year. 1:1 re-education provided for front line staff when new pressure injuries are identified.

Comment

Continue to provide education to staff regarding appropriate staging, and interventions.