

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #3	63.20	80	63.20	--	NA
I have input into the recreation programs available (Extencicare Haliburton)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Use real time feedback tools such as program evaluations or surveys seeking resident feedback on enjoyment and satisfaction programs in real time

Process measure

- Number of audits completed Number of programs implemented based on feedback

Target for process measure

- There will be a 10% improvement with satisfaction by December 2025 There will be at minimum 2 new programs implemented by December 2025 based on resident feedback

Lessons Learned

Feedback taken at Residents council and residents encouraged to give their input at the monthly meeting has been well received.

Comment

We plan to increase the resident specific program surveys handed out monthly and resident program evaluations- completed immediately after each program. We will also utilize the program evaluation audit tool to evaluate the staff on the program they are running.

Indicator #2 I am satisfied with the quality of care from the Doctors (Extencare Haliburton)	Last Year		This Year		
	44.40	80	84.60	--	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

Tracking of in person resident visits by MD/NP to ensure everyone has a visit

Process measure

- 1)Number of residents per MD/NP 2)Number of residents who had in person visits during quarter

Target for process measure

- list will be developed for tracking for 2025 by April 2025 Each resident will have an in person visit with MD/NP once per quarter by December 2025

Lessons Learned

Ensured each resident has a quarterly completed at minimum.
Inviting to more meetings with the families and residents.

Change Idea #2 Implemented Not Implemented In Progress

Improve visibilities in the home of the MD/NP with residents and families

Process measure

- Number of name tags ordered

Target for process measure

- name tags will be ordered for all MD/NP in the home by April 1, 2025

Lessons Learned

Physician attended Residents council. Feed back was well received. Introduction of new Medical Director. Plans to attend some council meetings throughout the year.

Comment

The Physicians will continue to attend all PAC meetings and some resident council meetings throughout the year.

Indicator #1	Last Year		This Year		
	I am satisfied with the quality of care from the Dietitian (Extendicare Haliburton)	63.20 Performance (2025/26)	80 Target (2025/26)	NA Performance (2026/27)	-- Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

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

Process measure

- Number of meetings with councils where dietitian attended

Target for process measure

- Dietitian will attend family and resident council by August 2025

Lessons Learned

Dietician attended resident council meetings. Residents enjoyed the attendance. Dietician sees residents weekly and reaches out to families via telephone when there is a need. The dietician also provides information for the IDTC which has received positive feedback.

Comment

This question was not on the 2025 Experience survey.

Indicator #6 Pressure Ulcers- Percentage of residents who had a pressure ulcer that recently got worse. (Extendicare Haliburton)	Last Year		This Year		
	<p>5.40 Performance (2025/26)</p>	<p>2 Target (2025/26)</p>	<p>0.00 Performance (2026/27)</p>	<p>-- Percentage Improvement (2026/27)</p>	<p>NA Target (2026/27)</p>

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/designate and follow up as required.

Target for process measure

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

Lessons Learned

Annual online education provided. We continue to look at education to be provided by external sources. Ensuring end of life palliative residents are receiving correct coding for wounds universal in the home.

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 October 2025. 2) Check in with staff and will be correctly completed on a monthly basis by October 2025 3) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by August 2025

Lessons Learned

Online education provided. Looking at other opportunities for education for 2026.

Comment

We will continue to focus on improving this indicator for 2026.

Safety | Safe | Optional Indicator

Indicator #4 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Haliburton)	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
	21.38	15	27.04	-26.47%	15

Change Idea #1 Implemented Not Implemented In Progress

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

Process measure

- 1) # of residents at risk for falls 2) # of plans of care reviewed 3) # of new strategies determined 4) # of plans of care updated

Target for process measure

- 1) Residents at risk for falls will be identified monthly starting June 2025. 2) Care plans for high-risk residents will be reviewed and updated by August 2025 3) Changes in plans of care will be communicated to staff by after each monthly meeting or more frequently as needed beginning June 2025

Lessons Learned

All residents at risk for falls are care planned. Working at early identification around time of admission. Fall prevention intervention added to all new admissions.

Change Idea #2 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 August 2025 2) Review of high-risk residents program preferences will be completed by August 2025

Lessons Learned

Continue working on adjusting the monthly calendar for activities planned late in the afternoon.

Change Idea #3 Implemented Not Implemented In Progress

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 August 2025. 2. Shift report process for communicating high risk residents will be in place by August 2025 3. Process for enhanced monitoring for those on isolation or newly admitted will be in place by August 2025

Lessons Learned

Falls discussed at shift report with oncoming staff. All new admissions receive universal fall protocols.

Comment

Continue tracking patterns for falls to develop relevant interventions on a monthly basis. Continue with interventions at time of admission for early detection. Continue liaising with RNAO for support generating new interventions.

Indicator #5	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Haliburton)	X	5	6.94	--	6.50

Change Idea #1 Implemented Not Implemented In Progress

GPA education for training for responsive behaviors related to dementia.

Process measure

- 1.) # of GPA sessions provided 2.) # of staff participating in education 3.) # of referrals to Regional Managers, LTC Consultants or Manager of Behavior Services & Dementia Care. 4.) Feedback from participants in the usefulness of action items developed to support resident care.

Target for process measure

- 1.) GPA sessions will be provided for 50% of staff by November 2025 2.) Feedback from participants in the session will be reviewed and actioned on by November 2025

Lessons Learned

We continue working on getting all staff trained and up to date. Sessions scheduled in 2026.

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 August 2025.

Lessons Learned

Education provided in the admission package. Medication reviews for each resident to ensure compliance.

Change Idea #3 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 October 2025.

Lessons Learned

Continue working on educating all Registered staff and use of non pharmacological interventions.

Comment

We continue to work with NP, Pharmacy and Families for a non-pharmacological approach wherever possible.