

Experience | Patient-centred | **Custom Indicator**

| Indicator #7 | Last Year   |  | This Year                           |  |   |
|--------------|---|--|-------------------------------------|--|---|
|              | Resident response: I have input into the recreation programs available (Extencicare Halton Hills) | <b>63.60</b><br>Performance<br>(2025/26) | <b>65.60</b><br>Target<br>(2025/26) | <b>79.60</b><br>Performance<br>(2026/27) | <b>--</b><br>Percentage<br>Improvement<br>(2026/27) |

**Change Idea #1**  Implemented  Not Implemented  In Progress

Recreation staff will work with the residents to have an increased input into the recreation program by increasing opportunities for communication.

**Process measure**

- Audits will be conducted to measure how the residents are attending the programs. Measure the participation rate of attendance at offered programs # of residents who had 1:1 visit # of activities implemented based on resident feedback

**Target for process measure**

- 1) Audits will be 100% completed by June 2025 2. Process for tracking and measuring participation rates for programs will be 100% in place by June 2025 3. All residents that do not attend large programs will have had a 1:1 visit by September 2025 4. 2 new activities /quarter will be implemented based on resident feedback by September 2025

**Lessons Learned**

Calendar planning implemented monthly to provide opportunities for residents to share their feedback on recreation activities on the calendar.

**Comment**

Reviewing activity events for the month to come at Residents Council meeting so feedback and ideas can be provided in the planning.

|  | Last Year             |                  | This Year             |                                  |                  |
|--|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| <b>Indicator #6</b>  | <b>80.80</b>          | <b>86.80</b>     | <b>84.70</b>          | <b>--</b>                        | <b>NA</b>        |
| Resident Experience, I am satisfied with the quality of cleanliness of the residents room (Extendicare Halton Hills) | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |

**Change Idea #1**  Implemented  Not Implemented  In Progress

To collaborate with the resident council on change ideas for improvement in cleanliness of resident rooms through review of audits

**Process measure**

- Number of audits completed. Number of education sessions conducted for housekeeping staff Number of resident council meetings where plan was discussed.

**Target for process measure**

- Residents will indicate improved satisfaction in the quality of cleanliness of resident's room Target is 86.8 percent on the 2025 satisfaction survey Oct 2025. 100% education to be completed by April 30, 2025. Target for audits 100% completion by July 15, 2025.

**Lessons Learned**

A major increase seen in the year for satisfaction in quality of cleanliness of residents rooms.

**Comment**

Through continued MBWAs which will monitor clutter, housekeeping cleanliness & connecting with residents and families for concerns.

| Indicator #1  | Last Year             |                  | This Year             |                                  |                  |
|---|-----------------------|------------------|-----------------------|----------------------------------|------------------|
|   | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |
| Family Experience: Communication from home leadership (Administrator, Executive Director, and Managers) is clear and timely. (Extendicare Halton Hills) | <b>75.40</b>          | <b>78.30</b>     | <b>61.10</b>          | <b>--</b>                        | <b>NA</b>        |

**Change Idea #1**  Implemented  Not Implemented  In Progress

Increase the frequency of family townhall meetings to improve communication and provide opportunity for feedback

**Process measure**

- # of townhalls meetings annually # of family members in attendance at each townhall # of concerns identified and acted on

**Target for process measure**

- 1. Townhall meetings to increase to 4 over the calendar year by December 2025. 2. There will be a 20% increase in attendance by family members by October 2025 3. Process for taking feedback and sharing of action plan with families will be in place by June 2025.

**Lessons Learned**

Quarterly town halls were implemented and was a success.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Provide timely updates from the home to residents and family

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Providing updates to families & residents via timely newsletters, memos & emails.

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

Inviting families and residents for the CQI meeting and provide updates

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

This is being done quarterly, inviting the Residents' Council & Family members.

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

Town Hall Meetings were started this year & will be done monthly.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

A successful implementation of the display communication TV board in the main lounge to provide continuous updates to the community.

**Comment**

Monthly town halls to continue communication between families and the team.

Safety | Effective | **Custom Indicator**

|   | Last Year                |                     | This Year                |  |                     |
|---|--------------------------|---------------------|--------------------------|--|---------------------|
| <b>Indicator #5</b>   | <b>0.80</b>              | <b>0.50</b>         | <b>1.83</b>              | <b>--</b>                              | <b>NA</b>           |
| Percentage of residents with restraints with daily restraints<br>(Extendicare Halton Hills) | Performance<br>(2025/26) | Target<br>(2025/26) | Performance<br>(2026/27) | Percentage<br>Improvement<br>(2026/27) | Target<br>(2026/27) |

**Change Idea #1**  Implemented  Not Implemented  In Progress

communicate facility is restraint free to residents, families and community LIHN hospital etc. Develop a restraint committee to review facility restraints.

**Process measure**

- number of residents reviewed monthly number of meeting held with family/resident to discuss alternatives. number of pamphlets printed

**Target for process measure**

- 100 percent of restraint's will be reviewed and plans implemented for trialing alternatives by September 2025 Pamphlet will be developed by June 2025

**Lessons Learned**

This is tracked by our Falls Lead & we only have one resident in our home on daily restraints, which is a lap tray.

**Change Idea #2**  Implemented  Not Implemented  In Progress

'Review current restraints and determine plan for trialing alternatives to restraints

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Meet with families or residents to discuss alternatives that could be trialed & determined as an action plan.

**Comment**

Re-educate staff on restraint policy during the monthly meetings & use of alternatives to restraints.

Safety | Safe | **Custom Indicator**

|   | Last Year             |                  | This Year             |                                  |                  |
|---|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| <b>Indicator #2</b>   | <b>6.70</b>           | <b>2</b>         | <b>2.50</b>           | <b>--</b>                        | <b>NA</b>        |
| 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 (Extendicare Halton Hills) | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |

**Change Idea #1**  Implemented  Not Implemented  In Progress

To have the skin/wound and continence champions in place to oversee program and increase expertise within the home.

**Process measure**

- Number of staff certified by SWAN program. Number of skin and wound education sessions held through the year. Number of Registered staff who attended the training # of identified gaps in program that were actioned and corrected

**Target for process measure**

- SWAN certified nurses to be in place by December 1st, 2025. 100% Education for staff to be completed by November 2025. Review of program will be completed and gaps identified and corrected by October 2025

**Lessons Learned**

Our quality indicators reduced below 2%, which is within the corporate target, in a few month time frame.

**Change Idea #2**  Implemented  Not Implemented  In Progress

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

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Skin/Wound team to review resident list to determine if surface meets their needs. Review of mattress/surface done upon admission or resident status change & making changes as required.

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

'2. Improve Registered staff knowledge on identification and staging of pressure injuries

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Provided an education session for registered staff with Solventum to identify and staging of pressure injuries.

**Comment**

Education sessions to be provided for all registered staff by September 2026 on product selection and staging for wounds.

Safety | Safe | **Optional Indicator**

| Indicator #3   | Last Year                |                     | This Year                |  |                     |
|--|--------------------------|---------------------|--------------------------|--|---------------------|
| Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Halton Hills) | <b>15.55</b>             | <b>15</b>           | <b>13.37</b>             | <b>14.02%</b>                          | <b>12</b>           |
|  | Performance<br>(2025/26) | Target<br>(2025/26) | Performance<br>(2026/27) | Percentage<br>Improvement<br>(2026/27) | Target<br>(2026/27) |

**Change Idea #1**  Implemented  Not Implemented  In Progress

Falls lead to arrange for education sessions for the staff and to reduce the number of falls from previous year.

**Process measure**

- Number of education sessions held for front line staff on fall prevention strategies. Number of fall audits completed. Number of updates to fall tracker completed.

**Target for process measure**

- 100% of education sessions to be completed by August 30th, 2025. Monthly tracker updates to begin in April 2025.

**Lessons Learned**

Staff were educated on safety rounds & noted to have had a positive impact on our number of falls (reduced within the quarter).

**Change Idea #2**  Implemented  Not Implemented  In Progress

Staff to do environmental assessments for all residents at high risk for falls on a regular basis.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Using the whiteboard to document the number of falls on the units to update the staff about the number of falls & quality indicator of falls.

**Comment**

Home is planning to enroll high risk residents for falls under restorative program and will review on progress monthly.

| Indicator #4   | Last Year                               |                                 | This Year                               |  |                                 |
|--|---|---------------------------------|---|--|---------------------------------|
| Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Halton Hills) | <b>6.71</b><br>Performance<br>(2025/26) | <b>5</b><br>Target<br>(2025/26) | <b>6.30</b><br>Performance<br>(2026/27) | <b>6.11%</b><br>Percentage<br>Improvement<br>(2026/27) | <b>5</b><br>Target<br>(2026/27) |

**Change Idea #1**  Implemented  Not Implemented  In Progress

Engaging BSO staff to continue to review the potential triggers for all residents on prescribed antipsychotic medications.

**Process measure**

- Number of residents that the BSO has on their list. Number of BSO referrals sent. Number of staff attending education.

**Target for process measure**

- BSO will begin tracking residents they are seeing and interventions put in place by April 2025. BSO referral training will be 100% completed by April 2025.

**Lessons Learned**

Medication reviews were completed for all residents currently on prescribed antipsychotics.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Provide educational material to families & residents on the use of antipsychotics and the importance of minimizing use during care conferences.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Our BSO staff review potential triggers for all residents on anti-psychotic medications.

**Comment**

Home to enhance BSO collaboration with the team through restarting monthly Responsive Behaviours meetings.

