

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #3	25.00	60	65.20	--	NA
I have input into recreation programs offered in the home. (Extendicare Kawartha Lakes)	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 resident meetings held throughout the year 2) # of program ideas implemented 3) # of Residents participating in the programs implemented

Target for process measure

- 1) Standard monthly resident program planning meeting to be introduced for April 2025 on onward. 2) Residents to be regularly encouraged to attend and provide ideas for programs daily basis as of April 2025 3) Staff will bring forward ideas from any residents who choose not to attend the meeting but, have ideas for change beginning April 2025.

Lessons Learned

Although we had challenges with consistent program planning meetings, the team continues to work towards sustaining this change idea to continue to improve the satisfaction

Change Idea #2 Implemented Not Implemented In Progress

Increase family awareness of resident initiated programs and participation

Process measure

- 1) # of success stories reported in the newsletter 2) # of posterboard displays

Target for process measure

- 1) Initiate newsletter stories starting with the April 2025 Newsletter 2) Initiate Posterboard displays by May 31, 2025

Lessons Learned

We will continue to raise awareness of this in the upcoming year

Indicator #2	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
I can provide feedback about the products used for me. (Extendicare Kawartha Lakes)	64.00	80	87.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

1. Host a Vendor fair where families and residents can ask questions about products and provide feedback. 2. Staff to meet with 25% of residents each quarter to have discussion regarding their incontinence/products

Process measure

- 1. # of vendor fair days held 2. Post event information on bulletin board, in newsletter and via email 3. % of positive responses based on feedback received. 5. # of resident interviews completed by staff quarterly

Target for process measure

- 1. Vendor day for families/residents will be held by June 31st/2025 2. Event information will be posted on bulletin board, placed in newsletter and sent in email by April 15, 2025 3. Follow up with resident and family council for feedback on event will be 100% completed by Sept 2025 4. Staff will have interviewed 100% of residents by December 2025

Lessons Learned

Both were implemented with success. The home will continue with meeting residents each quarter.

	Last Year		This Year		
Indicator #1	48.30	75	48.10	--	NA
Communication from home leadership is clear and timely (Extendicare Kawartha Lakes)	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. Welcome tea and cookie social monthly for all new admissions, their families and leadership team to engage in purposeful conversation and build a care rapport.

Process measure

- 1. # of times program was held 2. # of people participated in welcome tea/cookie social 3. # of phone calls placed to invite

Target for process measure

- 1. Tea and cookie social Program will be introduced and 100% implemented as of June 2025

Lessons Learned

It was challenge to get participation, although we were hopeful that new residents and family would participate we often found no participation. We may revisit this - as we believe it will help foster communication

Indicator #5 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Kawartha Lakes)	Last Year		This Year		
	20.60	15	18.30	11.17%	15
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Continue with tripping Thursday huddles on the units to review data and implement new interventions.

Process measure

- 1. # of education sessions provided to PSW and Registered staff on comfort rounding 2. # of education sessions provided to PSW and Registered staff on high fallers

Target for process measure

- 1. Education for PSW and registered staff will be ongoing, 100% completed by December 31/2025. Permanently apart of our huddle forward.

Lessons Learned

We have seen success with these huddles identifying root cause and implementing resident specific interventions to assist with continued improvement in this indicator

Change Idea #2 Implemented Not Implemented In Progress

1. Complete environmental assessments of resident spaces upon admission/quarterly post fall to identify potential harms and correct before falls occur.

Process measure

- 1. #of education sessions completed monthly with registered staff

Target for process measure

- 1. Educate 100% registered staff on how to complete environmental assessments by September 2025

Lessons Learned

Implemented as part of new post fall assessment which has improved corrective timely action

Comment

Continued education for staff on Fall Prevention and Injury Reduction

Indicator #6	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Kawartha Lakes)	11.02 Performance (2025/26)	10 Target (2025/26)	14.29 Performance (2026/27)	-29.67% Percentage Improvement (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 AP team established 2. Schedule regular meetings for antipsychotic review 3. Percentage of residents with an action plan inputted.

Target for process measure

- 1. Home team will be established by September 2025 2. Antipsychotic review meetings are scheduled monthly and reviewed quarter at CQI meetings by September 2025 3. 100% of Residents triggering the Antipsychotic QI will consistently have an action plan inputted into the decision support tool within 3 to 6 months of admission by December 2025.

Lessons Learned

One noted challenge is the increase of resident's being admitted to the home with an antipsychotic as part of their previous medication regime. With continued use of this tool we will continue to prioritize this area and focus on de-prescribing in collaboration with the prescribers.

Comment

Continue with reduction efforts - while also improving documentation for delusions and hallucinations supporting the use of antipsychotic medication for those clinically indicated.

Safety | Safe | **Custom Indicator**

Indicator #4	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
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 Kawartha Lakes)	0.00	0	1.70	--	NA

Change Idea #1 Implemented Not Implemented In Progress

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

Process measure

- 1. # of communication to Registered staff for requirement to complete education. 2. # of Registered staff who have online surge module

Target for process measure

- 1. Communication on mandatory requirement will be 100% completed by end of third quarter. 2. 100% of Registered staff will have online surge module completion by September 2025

Lessons Learned

Some challenges around staff retention however continued education remains a focus in the upcoming year

Indicator #7	Last Year		This Year		
	Restrains (Extendicare Kawartha Lakes)	3.60 Performance (2025/26)	2.50 Target (2025/26)	1.80 Performance (2026/27)	-- Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

1. Educate families upon admission of the serious risk of use restraints. A better understanding of the risks will hopefully reduce this QI

Process measure

- 1. Track the number of admissions and correlate it with the number of restraints and new admissions. 2. # of families who completed education on least restraint policy and available alternatives 3. # of families who had education on resident admission by falls lead /designate

Target for process measure

- 1. The home QI restraint will be below corporate bench march by September 2025 2. Process for ongoing education for families on least restraint policy will be 100% in place by June 2025.

Lessons Learned

Although continued challenges occur around restraint awareness with families, more particularly those who are admitted from the hospital, the home continues to promote a least restraint environment through ongoing education. This has allowed us to see an improvement with this indicator.