

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #4	20.60	50	60.00	--	NA
Resident and family satisfaction with the quality of care from social worker	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
(Extendicare Kirkland Lake)					

Change Idea #1 Implemented Not Implemented In Progress

Improve visibility of Social Worker in home with residents and families

Process measure

- 1) # of meetings with Councils where Social Worker attended 2) # of suggestions provided by councils 3) # of CQI meetings where action items were discussed with Social Worker 4) Social worker and role identified in revised resident handbook

Target for process measure

- 1) Social Worker will attend Family Council by June 30th 2025 2) Social Worker will attend Resident Council by June 30th 2025 3) Action items and plan will be discussed at CQI committee with Social Worker by September 30th 2025 4) Social Worker and role identified in revised resident handbook by May 30th 2025

Lessons Learned

Social worker actively engaged with the residents and families

Change Idea #2 Implemented Not Implemented In Progress

Social Worker to schedule visits with different residents each month

Process measure

- 1) # of residents visited monthly basis

Target for process measure

- 1) Social Worker will coordinate visit schedule by March 30th 2025 2) 60% of residents will have had a Social Worker visit by May 30th 2025

Lessons Learned

Monthly visits conducted by the social worker.

Comment

The home has improved on this indicator

Indicator #5 Resident satisfaction into input into recreational programs (Extencicare Kirkland Lake)	Last Year	50	This Year	--	NA
	Performance (2025/26)	Target (2025/26)		Percentage Improvement (2026/27)	Target (2026/27)
	27.00		65.00		

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 30th 2025 2) Residents will meet monthly on each unit, providing feedback on programs and selecting upcoming events throughout 2025

Lessons Learned

Program department hosts calendar planning with the residents monthly.

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) 3 of audits will be completed monthly directly after programs to evaluate level of enjoyment/satisfaction 2) There will be a 23% improvement with satisfaction of program on the 2025 resident satisfaction survey

Lessons Learned

Program Manager and activity staff regularly ask for feedback on the programs in the home.

Comment

The home has improved on this indicator

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Family satisfaction with the quality care from the physiotherapist (Extendicare Kirkland Lake)	14.30	50	63.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Improve visibility of physiotherapist in home with residents and families (and therefore communication)

Process measure

- 1) # of meetings attended # of feedback from Resident and Family Council 2) # of PT awareness emails shared with families

Target for process measure

- 1) PT will attend Family Council by September 30th 2025 2) OT will attend Resident Council by September 30th 2025 3) Action items and plan will be discussed at CQI committee with OT by November 30th 2025 4) PT awareness email shared with families by April 30th 2025

Lessons Learned

Indicator has improved with the physiotherapist following up with admissions and follow up with residents. Physiotherapist is more visible in the home.

Change Idea #2 Implemented Not Implemented In Progress

Tracking referrals made to PT on admission to ensure her ability to assess all residents

Process measure

- # of referrals sent to PT for new admission # of communications with families by PT for new admissions # of audits completed

Target for process measure

- 1) Monthly audits of PT admission referrals will take place ongoing throughout December 31st 2025

Lessons Learned

Home continues to monitor referrals to Physiotherapy to ensure initial and follow assessments are completed.

Change Idea #3 Implemented Not Implemented In Progress

Physiotherapy assessments and Assistive Devices Program (ADP) applications completed promptly.

Process measure

- 1) Audit each PT referral on a monthly basis to ensure they were assessed within 1 month of being referred. 2) Audit each ADP application on a monthly basis to ensure they were assessed within 1 month of being referred.

Target for process measure

- 1) Monthly audits of PT assessments vs. referrals and ADP application vs. referral time will take place ongoing throughout December 31st 2025

Lessons Learned

Physiotherapist is completing assessments and applications promptly.

Comment

The home has improved on this indicator

Indicator #6	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Resident satisfaction with the statement "In my care conference we discuss what is going well, what could be better, and how we can improve things"	67.60	75	32.10	--	NA
(Extendicare Kirkland Lake)					

Change Idea #1 Implemented Not Implemented In Progress

Obtain feedback on annual care conference process from residents and families

Process measure

- 1) # of survey questions 2) # of feedback responses received monthly 3) # of improvement actions implemented 4) # of Resident and Family council meetings attended where results discussed

Target for process measure

- 1) Survey questions will be developed by May 30th 2025 2) Process for post care conference feedback will be in place by June 30th 2025 3) Feedback/survey results will be shared with resident and family council with action for improvement by September 30th 2025

Lessons Learned

Home will ask for feedback post care conference from residents and families

Change Idea #2 Implemented Not Implemented In Progress

Review annual care conference process

Process measure

- 1) # of reviews of care conference process completed 2) # of modifications to agenda 3) % of positive feedback resident responses post care conference

Target for process measure

- 1) Review of care conference process, including changes to agenda will be completed by April 30th 2025 2) There will be a 50% improvement in overall positive responses post care conference by October 30th 2025

Lessons Learned

Reviewed and new procedure has been implemented to enhance a discussion with family and residents.

Comment

The home has amended its care conference procedure and strives to improve on this

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #2	22.10	15	13.20	40.27%	12
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Kirkland Lake)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Improving Post fall huddles

Process measure

- 1) # of staff who reviewed policy for post fall huddles 2) # of post fall huddles that were completed as per policy on a monthly basis by reviewing PCC FALLS MANAGEMENT - Post Fall Assessment - V 12

Target for process measure

- 1) Staff education on post fall huddles will be completed with 100% participation by June 30th 2025 2) By September 30th, 90% of post fall huddle documentation will be completed as per policy.

Lessons Learned

Staff education and increased awareness of the falls program and prevention strategies.

Change Idea #2 Implemented Not Implemented In Progress

Increased communication during shift report for newly admitted residents, residents with medication changes, residents with increased behaviours, residents with mobile decline, and during outbreaks

Process measure

- 1) Review and improve communication tools used to "remind staff of increased risk of falls" during the next Registered Staff meeting. 2) # of shift reports where registered staff communicated list of high risk residents 3) # of residents identified on shift report as requiring enhanced monitoring 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 30th 2025 2) Shift report process for communicating high risk residents will be in place by May 30th 2025 3) Process for enhanced monitoring for those on isolation or newly admitted will be in place by May 30th 2025

Lessons Learned

Discussed during daily meetings and during outbreaks to review risk and prevention strategies.

Comment

The home is improved on this indicator and is meeting the Extendicare Target

	Last Year		This Year		
Indicator #3	10.19	10	11.05	-8.44%	10
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Kirkland Lake)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Gentle Persuasive Approaches (GPA) education for training for responsive behaviours 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 Behaviour 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 80% of staff by October 30th 2025 2.) Feedback from participants in the session will be reviewed and actioned on by November 30th 2025

Lessons Learned

GPA education provided to employees and new BSO lead becoming GPA certified to teach GPA to staff.

Change Idea #2 Implemented Not Implemented In Progress

Continue to collaborate with the physician, nurse practitioner, clinical pharmacist, and specialists 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 April 30th 2025 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by May 30th 2025

Lessons Learned

Monthly meetings being held to review opportunities for antipsychotic reduction.

Comment

The home continues to strive to meet the Extendicare Target