

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #1	61.10	71	80.60	--	NA
I am satisfied with the variety of religious and spiritual programs available (Extendicare London)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Hire a Chaplain for the Home

Process measure

- 1) Number of spiritual programs/month 2) Number of residents attending Chaplain's programs 3) Number of days chaplain is available in home per week

Target for process measure

- 1) Chaplain will be in the home 3 days a week and will do 4 programs per day as of April 2025.

Lessons Learned

A Chaplain was successfully hired and retained, working 3 days per week, and currently implements 4 programs per day with an even balance of programs on each floor per week.

Change Idea #2 Implemented Not Implemented In Progress

Staff Education on use of Chaplain referrals.

Process measure

- 1) Number of staff educated. 2) Number of resident referrals sent to chaplain

Target for process measure

- 1) Chaplain will start responding to Chaplain referrals in April 2025 and follow up will be within 1 week of receiving 2) 100% of Education on spiritual referrals will be completed by April 30 2025

Lessons Learned

All staff have been educated on the use of spiritual referrals and these are being used in a variety of situations including end of life, spiritual guidance etc.

Indicator #6	Last Year		This Year		
	The resident has input into the recreation programs available (Extendicare London)	52.50 Performance (2025/26)	70 Target (2025/26)	72.40 Performance (2026/27)	-- Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Incorporate discussion at admission and annual IDTC's by asking residents and family members present for new program ideas

Process measure

- 1) Number of discussions held at IDTCs 2) Number of discussions held at resident council 3) Number of new activity suggestions implemented

Target for process measure

- 1) Discussions will be initiated at IDTCs in April 2025 2) New program ideas will be implemented starting May 2025 and there will be at least 1 new program idea implemented per quarter

Lessons Learned

Discussions with residents are held at the weekly Care Conferences and the monthly Residents' Council meetings to gather new program calendar ideas. New ideas are also shared in the newsletter and implemented into the monthly calendars.

Change Idea #2 Implemented Not Implemented In Progress

Communicate with families the various ways they can provide input into the monthly and quarterly Resident Program Planning programs for both residents and families.

Process measure

- 1) Number of discussions held at planning program 2) Number of new ideas generated from these planning programs and shared in the monthly newsletter

Target for process measure

- 1) 2 ideas generated will be included in each monthly newsletter beginning May 2025 2) Resident Program Planning dates will be shared and put into monthly calendar by April 2025

Lessons Learned

Monthly agenda item at Residents' Council to complete the Program Survey to generate new ideas for the calendar. Quarterly Resident and Family Program sessions are held to generate new ideas for the calendar. Results are shared and documented in the monthly minutes and in the Newsletter.

	Last Year		This Year		
Indicator #2	66.70	76	82.10	--	NA
I enjoy eating meals in the dining room (Extendicare London)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Enhance the environment by decorating, incorporating music, and repainting

Process measure

- 1) Number of noise complaints and/or number of comments received on increased satisfaction in dining

Target for process measure

- 1) Changes will be made to the dining room atmosphere by April 2025 2) There will a 25% reduction in noise complaints by October 2025

Lessons Learned

Changes have been made to both the 2nd and 3rd floor dining room. Painting/accessories on the wall and sheers. Residents love the new "homey" look. Implemented a comments box for residents to leave feedback and suggestions.

Change Idea #2 Implemented Not Implemented In Progress

Obtain regular feedback from Residents on dining room atmosphere and incorporate changes based on recommendations

Process measure

- 1) Number of meals attended for purpose of obtaining feedback on atmosphere 2) Number of recommendations made/changes requested and responded to with action

Target for process measure

- 1) Dietary or Designate will attend meals for this purpose in March and April 2025 2) Feedback received will be incorporated starting May 2025

Lessons Learned

This has been successful and constructive feedback received. Ongoing feedback being reviewed.

Safety | Safe | **Custom Indicator**

Indicator #5	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of Residents with Worsened Pressure Ulcers in the 7 days preceding their resident assessment (Extendicare London)	2.00	1	1.30	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Focus on moisturizing skin as prevention strategy to prevent skin breakdown

Process measure

- 1) Number of audits of products that identified areas for improvement. 2) Number of education sessions /shift 3) Number of PSW staff that attended sessions

Target for process measure

- 1) Education sessions will be provided on all shifts with 90% of PSW staff attendance by May 2025 2) Current products will be reviewed for compliance with established protocols by April 2025

Lessons Learned

Education about identifying and preventing skin breakdown which included the use of Moisturizing body lotion as a preventative measure for skin breakdown has been provided to all shifts, 112 out of the 124 active PSWs attended the education sessions 90.3%. Products were reviewed and scented moisturizer was changed to an unscented moisturizer with vitamin E for all residents in April.

Change Idea #2 Implemented Not Implemented In Progress

Ensure appropriate surfaces and seating for residents at risk of skin issues in collaboration with Physiotherapy



Process measure

- 1) Number education sessions provided for Registered staff 2) Number of residents requiring PT referrals 3) Number of referrals received by PT 4) Number of seating assessments completed number of surfaces reviewed 5) Number of specialty surfaces and pumps 6) Number of audits that showed areas for improvement

Target for process measure

- 1) Wound care lead to provide refresher education for all Registered staff on improving communication by May 2025 2) Standardized communication process will be 100% in place by May 2025 3) Seating assessments will be completed for 100% of at-risk residents by May 2025 4) 100% of surfaces for at risk residents will have been reviewed by May 2025

Lessons Learned

Education provided to the registered staff about the importance of sending a referral to Physiotherapist and variety of reasons referrals should be sent as well as the importance of sending referrals through PCC and not just verbal. Seating devices, roho cushions and air mattresses were audited and wound care lead met with Physiotherapist to review findings to improve any gaps.

Comment

In our next QIP we plan to have staff participate in Skin and Wound education - Wounds Canada Institute: Skin Health Program (SHP) for Personal Support Workers and launch Medline skin and wound products in the home starting with 2nd floor.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #3	17.11	10	15.29	10.64%	13
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare London)	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 an individualized plan of care for fall prevention

Process measure

- 1) Number of residents at risk for falls 2) Number of plans of care reviewed 3) Number of new strategies determined 4) Number of plans of care updated 5) Number of sessions held to communicate changes with staff

Target for process measure

- 1) 100% of 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 by May 2025 3) 100% of changes in plans of care will be communicated to staff by May 2025

Lessons Learned

All resident assessments completed using the MORSE FALLS assessment during admission, significant changes, and/or post-fall critical judgment. As of June 16th, Falls program has changed to the FRAT score. All residents are being re-assessed and this is ongoing. 100% Care plan reviews completed by April using the Falls Prediction & Prevention Report. Completed education for Fall prevention through post-fall huddles.

Change Idea #2 Implemented Not Implemented In Progress

Improve documentation and communication on changes to fall interventions

Process measure

- 1) Number of PSWs educated. 2) Number of Nurses educated. 3) Number of referrals received involving fall intervention changes 4) Number residents audited

Target for process measure

- 1) 100% of education for all PSWs and Nurses will be completed by April 30 2025. 2) 100% of audits of residents who have had changes to their fall interventions will be completed by May 2025.

Lessons Learned

As of April, now communicating all changes to Fall interventions through PointClickCare communications. Audits were completed for residents who had changes to their fall interventions.

Comment

In our next QIP we plan to Re-educate staff on Fall Prevention and Injury Reduction program and have MD complete Medication review of residents who are assessed as being at risk of falls

	Last Year		This Year		
Indicator #4	13.36	11	14.13	-5.76%	11
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare London)	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) in Dementia Care Education for all staff.

Process measure

- 1) Number of GPA sessions provided 2) Number of staff who have completed education and received their certificate 3) 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 90% of front-line staff by June 2025. 2) 100% of feedback from participants in the sessions will be reviewed and actioned by June 2025.

Lessons Learned

GPA Education sessions completed in every couple months with 12 staff each session and are ongoing until all staff have been educated. 30% of total staff in home have completed the course education sessions are ongoing. Feedback from participants has been reviewed and is positive.

Change Idea #2 Implemented Not Implemented In Progress

Collaborate with the physician to ensure all residents using anti-psychotic medications without a qualifying medical diagnosis and rationale identified are reviewed for possible deprescribing or diagnosing.

Process measure

- 1) Number of medication reviews completed 2) Number of diagnoses that were added to resident charts 3) Number of residents deprescribed / alternatives implemented

Target for process measure

- 1) 100% of residents without a qualifying diagnosis will be reviewed by May 2025. 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by July 2025.

Lessons Learned

12 medication reviews have been completed (all triggering residents). 3 residents were successfully deprescribed from antipsychotics use as of June 2025.

Comment

In our next QIP we plan to continue scheduling GPA sessions until all staff are educated, and we plan to provide Family education resources for appropriate use of anti-psychotics.