

Experience | Patient-centred | Custom Indicator

| Indicator #2 | Last Year | | This Year | | |
|--------------|--|--|----------------------------------|--|---|
| | I am satisfied with the quality of laundry services for personal clothing and linens (Extendicare Mississauga) | 75.30 Performance (2025/26) | 85 Target (2025/26) | 79.50 Performance (2026/27) | -- Percentage Improvement (2026/27) |

Change Idea #1 Implemented Not Implemented In Progress

Review of the current process for labelling personal clothing

Process measure

- Number of staff attending session about process for labelling

Target for process measure

- Staff session about labelling process will be held by December 31, 2025

Lessons Learned

The current process for labelling personal clothing at the time of admission is being reviewed to ensure consistency, clarity of responsibility, and compliance with established procedures.

Change Idea #2 Implemented Not Implemented In Progress

Communicate process of labelling personal clothing to Residents and Families

Process measure

- Number of meetings attended by Environmental Manager with resident and family council.

Target for process measure

- Environmental Manager will attend resident and family councils by April 30,2025.

Lessons Learned

The process for labelling personal clothing is being clearly communicated to residents and families to ensure understanding, shared responsibility, and transparency at the time of admission.

Change Idea #3 Implemented Not Implemented In Progress

Update Families on labelling process.

Process measure

- Number of communication to be sent out through townhalls, emails, resident and family councils.

Target for process measure

- Communications will be sent out quarterly and to be completed by December 31, 2025

Lessons Learned

Families have been updated on the labelling process, and this initiative has been fully implemented to promote awareness, shared understanding, and ongoing collaboration during admission.

Comment

The target was not fully achieved due to ongoing challenges with consistent labeling of personal clothing at the time of admission and occasional delays in communication with residents and families regarding the labeling process. In some cases, clothing items arrived after admission without proper identification, which contributed to gaps in the process. Moving forward, the home will continue to reinforce staff education, strengthen admission procedures for clothing labeling, and maintain regular communication with residents and families to improve compliance and work toward achieving the target.

| Indicator #5 | Last Year | | This Year | | |
|--------------|---|--|----------------------------------|--|---|
| | The resident has input into the recreation programs available. (Extencicare Mississauga) | 65.80 Performance (2025/26) | 80 Target (2025/26) | 71.90 Performance (2026/27) | -- Percentage Improvement (2026/27) |

Change Idea #1 Implemented Not Implemented In Progress

Monthly Program Planning Meetings to be implemented to engage residents in programs decision making

Process measure

- Number of meetings throughout the year

Target for process measure

- Residents will meet monthly on each unit, providing feedback and input on programs. This will be completed by December 31, 2025.

Lessons Learned

Successes included increased resident engagement, more meaningful program offerings aligned with resident preferences, and stronger collaboration between recreation staff and residents. Residents demonstrated greater participation when involved in decision making. Challenges included ensuring consistent attendance at meetings and capturing feedback from residents with communication or cognitive barriers.

Change Idea #2 Implemented Not Implemented In Progress

Involve families in program planning

Process measure

- The number of meetings and communication sent out to families on program plans

Target for process measure

- Communication to be done quarterly and completed by December 31, 2025.

Lessons Learned

Early successes include increased communication with families and positive feedback regarding opportunities to contribute ideas for programming. Families have expressed appreciation for being included in discussions. Challenges include coordinating availability, encouraging consistent participation, and ensuring feedback is gathered in a structured and timely manner.

Change Idea #3 Implemented Not Implemented In Progress

In- House communication to Residents on planned programs.

Process measure

- The number of monthly programs calendar displayed at the front entrance.

Target for process measure

- Programs will be displayed monthly until December 31, 2025.

Lessons Learned

Successes included improved resident awareness of planned programs through multiple communication methods such as calendars, newsletters, posters, notices, program planning meetings, resident council discussions, and daily reminders. This multi channel approach supported increased participation and engagement. Challenges included ensuring information reaches residents with cognitive or sensory barriers and maintaining consistency in daily verbal reminders across all shifts.

Comment

Although improvement was observed, the target has not yet been fully achieved. The home will continue to strengthen resident and family engagement in program planning by promoting monthly program planning meetings, encouraging participation during resident and family council meetings, and ensuring feedback is consistently collected and incorporated into activity calendars. Additional efforts will focus on improving communication methods for residents with cognitive or sensory barriers and reinforcing daily reminders across all shifts to support increased awareness and participation in recreational programs.

| Indicator #1 | Last Year | | This Year | | |
|--------------|---|--|----------------------------------|--|---|
| | I am satisfied with the quality of cleaning within the resident's room. (Extendicare Mississauga) | 80.00 Performance (2025/26) | 85 Target (2025/26) | 83.60 Performance (2026/27) | -- Percentage Improvement (2026/27) |

Change Idea #1 Implemented Not Implemented In Progress

Create auditing schedule to audit cleaning and sanitation of resident rooms.

Process measure

- Number of education sessions held for housekeeping on use of microfiber cleaning systems

Target for process measure

- 1) Education session for housekeeping staff will be held by April 31, 2025

Lessons Learned

Overall, progress on last year’s change ideas showed measurable improvement in key areas, with strong staff engagement and better process consistency; however, challenges included sustaining compliance across shifts and ensuring ongoing monitoring. Lessons learned highlighted the importance of clear accountability, regular audits, and continuous education to maintain gains.

Change Idea #2 Implemented Not Implemented In Progress

Managers to audit resident rooms.

Process measure

- The number of audits completed

Target for process measure

- The number of audits completed daily until December 31, 2025

Lessons Learned

Managers have begun auditing resident rooms regularly, resulting in improved oversight and quicker identification of gaps; however, consistency across all areas remains a focus. This progress reinforced the importance of visible leadership presence, clear follow up, and routine monitoring to sustain improvements.

Change Idea #3 Implemented Not Implemented In Progress

Environmental Manager to review deep clean schedules for resident rooms

Process measure

- the number of residents rooms which has a schedule and it being followed.

Target for process measure

- 100% of resident rooms will have a deep cleaning schedule by April 30, 2025

Lessons Learned

The Environmental Manager reviewed and strengthened the deep clean schedules for resident rooms, and the process has been fully implemented. This has improved structure and accountability, ensuring routine deep cleaning is completed as planned and monitored consistently.

Comment

Although improvement was observed, the target was not fully achieved. The home will continue to strengthen monitoring processes to ensure consistent cleaning practices across all shifts. Moving forward, leadership will maintain regular environmental audits, reinforce staff education on cleaning standards, and review audit results with the Environmental Services team to identify gaps and implement corrective actions. These actions will support continued improvement toward achieving the target and sustaining a clean and safe environment for residents.

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 Mississauga) | 11.50 Performance (2025/26) | 11.25 Target (2025/26) | 8.65 Performance (2026/27) | 24.78% Percentage Improvement (2026/27) |

Change Idea #1 Implemented Not Implemented In Progress

Team to continue with huddles on all units to review reasons for falls.

Process measure

- The number of post falls huddles completed monthly.

Target for process measure

- The number of post fall huddles completed which was trended and analyzed by December 31, 2025

Lessons Learned

Regular huddles are consistently conducted following every fall. This has strengthened communication, improved timely review of root causes, and supported immediate care plan adjustments. Success has been seen in increased staff awareness and accountability, with the key lesson being that consistent follow up and leadership presence are essential to sustain improvements.

Change Idea #2 Implemented Not Implemented In Progress

Staff will identify the residents who are at high risk for falls using the FPPR report

Process measure

- The number of staff education sessions completed on FPPR report.

Target for process measure

- 100% of registered staff education on FPPR tool by December 31,2025.

Lessons Learned

Staff continue to utilize the FPPR report on an ongoing basis to identify residents at high risk for falls and support timely, targeted prevention strategies.

Change Idea #3 Implemented Not Implemented In Progress

1) Determine high risk for falls /frequent fallers.

Process measure

- The number of identified high risk residents will have a care plan specific to fall needs.

Target for process measure

- The number of Residents who were identified as high risks for falls and the number of care plan updated by April 30th, 2025.

Lessons Learned

Successes included improved early identification of high risk residents and more proactive fall prevention planning. Challenges involved maintaining consistency in documentation and ensuring interventions were sustained across all shifts.

| | Last Year | | This Year | | |
|---|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| Indicator #4 | 12.47 | 12 | 12.50 | -0.24% | 10 |
| Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extencicare Mississauga) | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |

Change Idea #1 Implemented Not Implemented In Progress

Include Pharmacist in collaboration with the in-house team and family members in deprescribing plan

Process measure

- The number of Residents who were identified based on assessments with an MD order to deprescribe.

Target for process measure

- The number of residents who were identified and for whom an order was obtained by the MD to start deprescribing by December 31, 2025.

Lessons Learned

Successes included stronger interdisciplinary collaboration, improved medication reviews, and greater family engagement in care decisions. Challenges involved coordinating schedules for case discussions and ensuring timely follow up on agreed deprescribing plans.

Change Idea #2 Implemented Not Implemented In Progress

Identify the residents whose behaviors have worsened or new onset of behaviors.

Process measure

- The number of Cohen Mansfield score completed. The number of non-pharmacological interventions utilized

Target for process measure

- 100% of residents with a Cohen Mansfield score lower than 80 will have review completed by December 31, 2025 Residents requiring non-pharmacological interventions will have them in place before December 2025.

Lessons Learned

Successes included timely identification of residents with worsening or new onset behaviours, prompt completion of DOS assessments, urine testing, MO referrals, and immediate documentation. This supported early intervention and improved clinical oversight. Challenges included ensuring consistent follow up and documentation across all shifts.

Change Idea #3 Implemented Not Implemented In Progress

Collaboration with Registered Staff, RAIMDS coders and BSO teams to ensure accurate coding

Process measure

- The number of resident who are documented as exhibiting hallucinations/delusions within the observation period The number of collaborative reviews completed The number of gaps identified in coding and corrected

Target for process measure

- 100% of residents who were exhibiting hallucinations/delusions will be documented in progress notes, to be reviewed quarterly with annual analysis by December 30, 2025. There will be an improvement in coding accuracy by December 30, 2025

Lessons Learned

Successes included improved accuracy in coding through daily auditing and strong collaboration between Registered Staff, RAI MDS coders, and the BSO team. Errors identified during audits were addressed promptly, and PSWs involved were provided with education to prevent recurrence. This strengthened data integrity and supported more informed care planning. Challenges included maintaining consistency during high workload periods and ensuring ongoing education for new or rotating staff.

Change Idea #4 Implemented Not Implemented In Progress

n/a

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

n/a

Comment

Ongoing focus will be placed on strengthening consistency, reinforcing accountability, and enhancing interdisciplinary collaboration. Future plans include continued auditing, targeted education based on identified gaps, and regular review of outcome data to ensure sustained improvement and timely corrective action where needed.

