Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #1 Communication from home leadership is clear and timely (Extendicare Port Hope)	**42.90** Performance (2025/26)	**80** Target (2025/26)	**55.60** Performance (2026/27)	**--** Percentage Improvement (2026/27)	**NA** Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Have "Tea and Chats" social program with residents, families and leadership teams to engage on a regular basis

Process measure

- 1) # of times program was implemented 2) # of people participated in the program

Target for process measure

- Program will be fully introduced and implemented on a monthly basis as of April 2025

Lessons Learned

Our monthly tea and chat program was held 4 times in 2025- April, May, June, and July although they were a great opportunity for a social gathering of residents and our Leadership Team they did not achieve our desired outcome of improving communication. This led to the increase in our resident newsletters that were created and shared with residents as things were happening in the home. We also had quarterly Business Meetings with residents to continue to share information about the home. Meetings were held in March, June, September and December.

Indicator #2

I have input into recreation programs available. (Extendicare Port Hope)

Last Year		This Year		
41.30	**66**	**64.40**	**--**	**NA**
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. Will be held in both group and 1:1 settings

Process measure

- 1) # of meetings held throughout the year 2) # of change ideas provided in meetings that were implemented 3) # of residents participating in monthly meetings 4) # of newsletter articles sharing programs implemented from program planning meetings.

Target for process measure

- 1) Full Program will be introduced by April 2025 2) Residents will meet monthly to provide feedback and selecting upcoming events starting April 2025. 3) Program Staff will engage with 100% of residents who do not attend planning meetings on 1:1 basis to gain input beginning April 2025

Lessons Learned

Our Program team was able to facilitate 11 group program planning meetings while having one team member go to other residents who do not join in groups to discuss new program ideas. From these meetings and 1:1 visits 12 different programs were added to the monthly calendar. A few examples of these programs include crafts with recycled objects for earth day- art attack program, Cooking class for multicultural day and learning a new recipe, music in the park- in the courtyard so we didn't have to depend on the bus, Valentine's dance playing residents wedding songs, high tea for mothers day. These programs were also highlighted in our monthly newsletter. Although we did not reach our goal of 66% we will continue in 2026 with these meetings in hopes to continue to see further improvements.

Indicator #5

The Resident enjoys eating meals in the dining room (Extendicare Port Hope)

Last Year		This Year		
68.70	**77**	**73.80**	**--**	**NA**
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) Provide Education on improving the Resident Experience during meal-time

Process measure

- 1) # of in-services held for front line team on policies and expectations during meal service 2) # of staff who attended in-services 3) # of meal service audits completed

Target for process measure

- 1) 10 in-services will be held over the year 2) 75% of all front line staff will have attended the in-service by Dec 2025 3) # of meals observed by a member of management team using the Surge audit tool.

Lessons Learned

Our Dietitian Consultant and Dietary Manager facilitated 14 Pleasurable Dining In-services in 2025, with 79 Staff active staff members participating. We also enhanced our General Orientation around meal service to focus on pleasurable dining. Through 8 Orientation sessions we were able educated 40 new staff members. Although we did not meet our goal of 77% we did see an improvement in our score and continue to complete meal audits regularly. 30 audits were completed in 2025 with on the spot education to our team taking place to focus on pleasurable atmosphere.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #4	**5.26**	**2**	**2.97**	**--**	**NA**
Percentage of LTC residents who had a stage 2-4 pressure ulcer that worsened. (Extendicare Port Hope)	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) Mandatory education for all Registered staff on correct staging of Pressure ulcers

Process measure

- "1) # of communications to Registered staff mandatory requirement to complete education. 2) # of Registered staff who have completed online modules on wound staging on a monthly basis. 3) # of audits of completion rates completed by DOC/designate and follow up as required. "

Target for process measure

- 1) Communication on mandatory requirement will be completed by April 2025 2) 100% of Registered staff will have completed education on correct wound staging by June 2025 3) Audits of completion rates will be completed monthly with required follow up will occur by 1st week of each month and process is to be in place by August 2025

Lessons Learned

Our Registered staff were all assigned Skin & Wound education including staging during our PCC integration project in August of 2025. We are fortunate to have had our Nurse Practitioner complete her NSWOC program and works closely with our Skin & Wound Lead. Our Skin & Wound Lead in conjunction with some of our PSW champions completed education with our PSW team around skin care and the use of appropriate creams as prevention tool. There have been a number of sessions facilitated by Solventum attended by both our Registered staff and PSW team.

Comment

Although we remain slightly above the target we continue to focus on prevention of Pressure Injuries through continued education and training. Our Skin and Wound Lead is registered in the SWAN program to continue to build her knowledge and ability to support the rest of our registered staff.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #3 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Port Hope)	**17.43** Performance (2025/26)	**15** Target (2025/26)	**18.97** Performance (2026/27)	**-8.84%** Percentage Improvement (2026/27)	**15** Target (2026/27)

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

1) Implement 4 P's Rounding

Process measure

- 1) # of staff educated on the 4P Process 2) # of 4P cards provided to team members 3) # Resident Council and Family Council informed of the process

Target for process measure

- 1) 100% of frontline staff will be educated on the 4P process by May 2025 2) 4P cards will be distributed to staff by May 2025 3)Resident Council will be informed by June 2025

Lessons Learned

Our RPN Falls lead completed Education On Comfort Rounding and 4 P's to our Frontline team in April and May 2025. We designated 2 days a week for our Falls lead to focus on continued education and support with the PSW team focusing on ensuring individualized rest and toileting schedules were in place to support with reducing the number of falls occurring. Monthly data was shared with the team showing falls by home area and focusing on the time of day when we are seeing falls occurring. Weekly Wobbly Wednesday huddles continue as an interdisciplinary approach to determining cause of falls and to trial new interventions to support residents. Despite our efforts, our indicator has gone up and we continue to work with our frontline team and residents on Fall Prevention.

Comment

We currently have a RN student doing her project on Falls Prevention Focusing on Comfort Rounding. Included in this project she has created checklists for our Residents at High Risk for falls and our frontline team is completing this documentation on an hourly basis. The checklist details checking on 4P's and residents current activity. Checklists are provided to the ADOC at the end of each day and follow with team when required.