

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #3	40.00	85	68.40	--	NA
I have input into the recreation programs available. (Extendicare Port Stanley)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Activity Surveys

Process measure

- Activity aides will complete one to two surveys per activity aide per month. # on surveys completed per month. # Audits completed by Program Manager. # of residents engaged during audit.

Target for process measure

- Program Manager added audits and review monthly (1 review/month) started in January 2025 with department and residents during resident council. Audits remain in place by October 2025 with 1-2 surveys completed monthly.

Lessons Learned

The home improved by 28.4% with this indicator.

Change Idea #2 Implemented Not Implemented In Progress

Resident Council Program Review

Process measure

- # of satisfied residents with current programs. # of concerns/gaps brought up by residents. # Changes or adaptations brought up to residents.

Target for process measure

- Program manager to have on standing agenda monthly for all of 2025 beginning 1st quarter. Any change ideas will be updated the following month and tracked. Review of annual program in October 2025 will be 100% completed by November 15, 2025.

Lessons Learned

The home improved by 28.4% with this indicator.

Comment

This action plan/improvement plan will continue in part with our 2026 QIP as a family satisfaction survey goal.

	Last Year		This Year		
Indicator #2 I am satisfied with the variety of food and beverage options. (Extencicare Port Stanley)	69.20	85	80.00	--	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

In the second quarter of the calendar year, meal surveys are given to residents to rate the satisfaction of their meal and service.

Process measure

- # of surveys given to residents about meal and dining service satisfaction # of survey responses received # of surveys reviewed by Dietary Manager and Resident food council # of changes made as a result of survey feedback

Target for process measure

- Meal survey was developed February 20, 2025 and will go until May 20th, 2025. Surveys are sent twice a week to residents and started February 27th. Dietary Manager will begin review of survey results by end of Jun 5, 2025 at Resident food council meeting. Feedback areas for improvement will be discussed and acted on as decided by resident food council by July 4, 2025.

Lessons Learned

Improvements were seen with all 3 dietary questions. Scores were 80%, 80% and 84.2% above scores from the 2024 satisfaction surveys and above the company average/benchmark.

Change Idea #2 Implemented Not Implemented In Progress

Meal and Snack Routine review as standing monthly agenda item for Food council.

Process measure

- # of discussions at food council regarding meal and snack routine monthly # of changes requested # of changes implemented

Target for process measure

- Dietary Manager has added meal and snack routine to stand agenda for food committee on March 6, 2025, and will be discussed at food council and action plan decided on. 3 changes identified will be fully in place by September 30, 2025.

Lessons Learned

Improvements were seen with all 3 dietary questions. Scores were 80%, 80% and 84.2% above scores from the 2024 satisfaction surveys and above the company average/benchmark.

Comment

Will continue to work on improvements with dining services.

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Communication from home leadership (Administrator, Executive Director, and Managers) is clear and timely. (Extendicare Port Stanley)	69.20	85	66.70	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Increasing leadership communication at council meetings.

Process measure

- # of resident and family council meetings attended by leadership to share information # of changes communicated at resident and family council by leadership # of feedback/suggestions received from resident and family council # of feedback/suggestions implemented

Target for process measure

- Leadership will provide updates on changes at resident and family council quarterly starting as of June 30, 2025 Feedback will be tracked and at least 3 suggestions implemented as appropriate by September 30, 2025

Lessons Learned

Actively engaged in both councils at the home.

Comment

Currently the home is looking at providing more updates and communication to both councils. Following a detailed review of the satisfaction surveys, the home will focus on these identified areas.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #4	16.27	15	19.51	-19.91%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Port Stanley)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Re-implementation of Risk rounds

Process measure

- # of falls reviewed per month, # of risk rounds completed weekly on day and evening shift for high-risk residents # of plans of care updated with changes

Target for process measure

- Implementation of Risk rounds May 2025 occurring weekly on two shifts with 100% review of high-risk residents completed. Risk rounds to show 50% improvement in process by October 2025. Review Annual of fall prevention program will be 100% completed by November 2025.

Lessons Learned

Huddles held to discuss falls- examining what was working well, not working well.

Change Idea #2 Implemented Not Implemented In Progress

High focused quality meetings for Falls

Process measure

- # of education/in-services completed, # of new falls, # of referrals to physio, # of medication changes.

Target for process measure

- Focused quality meetings will begin May 2025. All falls to be reviewed on first meeting May 2025. All new falls addressed monthly June 2025. Annual review to be completed November 2025. there will be 100% completion of staff fall education by December 2025.

Lessons Learned

Huddles held to discuss falls- examining what was working well, not working well.

Comment

This quality indicator will be a continued focus area with the 2026 QIP.
Trend is 2nd half of the year decreasing.

	Last Year		This Year		
Indicator #5	18.60	17.30	17.98	3.33%	17.30
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Port Stanley)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Re-implementation of Risk Rounds for review of antipsychotics

Process measure

- # of residents taking antipsychotics. # of risk rounds completed. # of attendance at each risk round. # of residents who had antipsychotics deprescribed

Target for process measure

- Risk rounds to be 100% in place by May 2025 and alternating between day and afternoon shifts. Increased staff participation rate in risk rounds by 50% by October 2025. There will be a reduction in antipsychotics (dose or discontinued) by 10% as reviewed by September 2025.

Lessons Learned

Completed and trend is improving.

Change Idea #2 Implemented Not Implemented In Progress

To continue to use the Antipsychotic reduction programs which includes using the Antipsychotic Decision Support Tool (AP-DST)

Process measure

- # of referrals to BSO team. # of pharmacy medication reviews. # of new interventions implemented. # of residents who have reduced or discontinued medications.

Target for process measure

- Focused quality meetings for antipsychotic reduction will begin May 2025. 100% of interventions to be reviewed and measured on a monthly basis beginning May 2025 for residents without a diagnosis. Annual review to be 100% completed by September 2025.

Lessons Learned

Completed and trend is improving.

Detailed medication reviews completed with new admissions, behavioural assessments and end of life medication review with Physician/reg staff.

Comment

Significant improvement was seen in the last half of 2025. This indicator will remain as a focus area in the 2026 QIP.