

**Experience | Patient-centred | Custom Indicator**

	Last Year		This Year		
<b>Indicator #4</b>	<b>70.70</b>	<b>80</b>	<b>56.80</b>	<b>--</b>	<b>NA</b>
Percentage of residents responding positively to "I am satisfied with the quality of care from the Social Worker" (Extendicare Rouge Valley)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Social Worker to meet with new admissions and visit current residents each month to do wellness checks.

**Process measure**

- # of residents visited by Social Worker in month/ # of new admissions visited monthly

**Target for process measure**

- All new admissions to be approached by Social Worker starting May 1st,2025 and ongoing as new residents are admitted for 2025. 100% tracking of residents visited monthly to be implemented by June 2025 with all residents having a visit by Dec 2025.

**Lessons Learned**

This change idea took place monthly and was consistently done by SW. Many residents benefited from the wellness checks but unfortunately the target was not met.

**Comment**

Social Worker to attend residents council meeting on quarterly basis to improve visibility in home.

Indicator #6	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of residents responding to "I am satisfied with the variety of Religious and spiritual programs" (Extendicare Rouge Valley)	79.00	85	80.00	--	NA

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

During resident program planning, previous months religious and spiritual services held will be reviewed with residents for feedback.

**Process measure**

- # of times activity aides met with residents to obtain feedback about religious and spiritual programs. # of feedback/suggestions received and documented # of resident feedback implemented

**Target for process measure**

- 1) Activity aides will meet with residents for program planning meetings on a monthly basis starting May 2025 2) All religious and spiritual services held in previous month to be discussed and feedback received beginning May 2025. 3) 100% of feedback will be reviewed by Activity manager by June 2025 and will continue monthly. 4) At least 3 suggestions for improvement by residents will be implemented by Activity manager for Religious and Spiritual programs by August 2025.

**Lessons Learned**

This was consistently done monthly and residents were able to provide feedback. Did increase a bit from previous score but did not meet target.

**Comment**

Implement regular and structured religious practices such as group prayers and hymn sings.

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 responding positively to "I have input into the recreation programs available" (Extendicare Rouge Valley)	53.00	80	61.00	--	NA

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

Resident program planning to be scheduled monthly for the following months Activity calendar to maximize resident input for programs.

**Process measure**

- 1) number of program planning sessions held. 2) number of suggestions provided by residents for programs monthly 3) number of programs implemented based on resident feedback 4) number of audits completed monthly by Activity Manager of programs implemented

**Target for process measure**

- 1) Resident program planning sessions to be added to Activity calendar by May 2025 and distributed to all residents. 2) Monthly audits by Activity manager of a minimum 4 programs to begin by June 2025 3) Implement at minimum 4 new programs monthly starting May 2025 based on resident feedback 4) follow up with program staff on audit results and actions will be completed by July 2025 and ongoing monthly following audits.

**Lessons Learned**

This idea was consistently done monthly. Resident took part in planning and gave great suggestions. Target was not reached but however substantial improvement.

**Comment**

Resident Program manager to have resident focus group on current/new programs to be implemented or modified on a quarterly basis.

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
<b>Indicator #2</b>	<b>2.34</b>	<b>1.90</b>	<b>4.80</b>	<b>--</b>	<b>NA</b>
Percentage of LTC residents with worsened ulcers stages 2-4 (Extendicare Rouge Valley)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Review with Registered staff and utilize skin and wound photography program effectively.

**Process measure**

- # of Registered staff who completed education review session of skin and wound photography program # of residents reviewed weekly by skin and wound lead, # of staff who required 1:1 spot education .

**Target for process measure**

- 100% of Registered staff will have attended education review session on skin and wound photography program by June 30, 2025. Skin and wound lead will review all residents with wounds weekly as follow up starting June 2025. there will 100% improvement in use of skin and wound photography program by Dec 2025.

**Lessons Learned**

Reviews were done weekly and a bit of improvement in staging wound. Unfortunately, other issues such as missed assessments didn't help us meet target. We have moved away from the photography program as well.

**Comment**

To Educate 100% of the registered staff on the skin and wound tracker to ensure understanding of expectation and follow up by June 20, 2026.

**Safety | Safe | Optional Indicator**

	Last Year		This Year		
<b>Indicator #1</b>	<b>15.80</b>	<b>14</b>	<b>15.33</b>	<b>2.97%</b>	<b>12.50</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Rouge Valley)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Continue in-depth discussion and review residents that have frequent falls on a monthly basis.

**Process measure**

- Number of residents who frequently fall reviewed at monthly meetings. Number of interventions implemented Number for falls per month

**Target for process measure**

- Discussions and review process will continue on monthly basis to meet target goal of 14% by end of 2025. All residents who frequently have a fall will have a review completed and discussion about interventions monthly starting June 2025 and there will be a 50% decrease in the number of falls per quarter by December 2025.

**Lessons Learned**

Meetings were held each month consistently and great discussions were held. The behavioural unit falls did decrease from these meetings but unfortunately we didn't meet the overall home target.

**Comment**

2026 the home will focus on decreasing falls within the behavioural unit.

Indicator #3	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Rouge Valley)	<b>12.10</b> Performance (2025/26)	<b>9</b> Target (2025/26)	<b>4.51</b> Performance (2026/27)	<b>62.73%</b> Percentage Improvement (2026/27)

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

Interdisciplinary review of antipsychotic usage throughout the home.

**Process measure**

- # of residents each month who use antipsychotic medication without a diagnosis. # of interdisciplinary review meetings held monthly # of residents each month who are placed on the reduction program # of alternatives trialed

**Target for process measure**

- Interdisciplinary review of antipsychotic usage will be in place by June 2025, with plan to meet target of 9% by December 2025.

**Lessons Learned**

The review group was successful and met monthly consistently and resulted in surpassing target.