Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #2	**54.20**	**60**	**55.40**	**--**	**NA**
If I need help right away, I can get it. (Extendicare Southwood Lakes)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Creating education to all front-line staff regarding for regular rounding expectations

Process measure

- # of education sessions held on regular rounding expectations % of staff who attended sessions # of post education surveys completed by managers monthly # of gaps identified and follow up completed

Target for process measure

- 1) Education for front line staff will be completed by July 30 ,2025 with 100% completion rate. 2) 20 surveys will be completed by management team post education and will be completed by August 31, 2026. 3) 100% Follow up on identified gaps will be completed by September 2025.

Lessons Learned

Education completed with staff on the units

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Attend resident council to discuss response times and get feedback for improvement

Process measure

- # of times attended resident council to discuss call bell response process # of feedback received from residents # of concerns that require follow up and # follow up completed

Target for process measure

- By June 30 ,2025 Leadership will have attended Resident council and gathered feedback on response times. Follow up on identified concerns will have been 100% addressed by June 30, 2025.

Lessons Learned

Resident council stated some wait longer than others. Resident council informed that we are hiring more staff so the repose time will get better.

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

Initiate call bell audits on all 3 shifts

Process measure

- Number of Call bell audits completed per month by leadership team Number of gaps identified that required follow up.

Target for process measure

- 60 Audits to be completed and reviewed and gaps followed up by June 30,2025 with action to address in place and actions 100% completed by September 30,2025

Lessons Learned

Clinical coordinator completed audits on units randomly throughout the shifts.

Change Idea #4 ☑ Implemented ☐ Not Implemented ☐ In Progress

Upgrade completed on the Auscto system

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Completed upgrade and training of call bell reporting has been scheduled for March.

Comment

Plan for future improvement - Strengthen Team and Leadership Culture by promoting 'A call bell is everyone's responsibility'

Indicator #1

I am satisfied with the quality of care by the social worker. (Extendicare Southwood Lakes)

Last Year		This Year		
58.50	**65**	**74.50**	**--**	**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

Introduction to the social worker to new residents

Process measure

- # of new admissions monthly # of social worker visits with new admissions monthly

Target for process measure

- 100% of new admissions will have received visits from the social worker as of December 2025

Lessons Learned

We hired New Social worker in March 2025. Communication to residents and Family and staff of Lauren's Portfolio completed we have learned that we need to communicate more.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Social worker to provide their information to the new admissions.

Process measure

- # of new admissions monthly # of welcome letters given to new residents

Target for process measure

- Welcome letter will be developed by Social worker and process initiated by June 30,2025. 100% of new admissions to receive this new welcome letter from Social Worker by December 30, 2025

Lessons Learned

Completed insert to residents, family and staff regarding role responsibilities from 1:1's, working with the Behavior supports of Ontario and working with community partners for new admissions.

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

Social worker will facilitate resident and family support groups

Process measure

- 1) # of special populations at home 2) # of support groups offered 3. # of people in attendance

Target for process measure

- 1) Social Worker will coordinate schedule by June 30,2025 2) 20% of residents will participate in support group by June 2025

Lessons Learned

Social worker created support groups along with her student on pain/palliative care

Indicator #3

In my care conference, we discuss what is going well, what could be better and how we can improve things. (Extendicare Southwood Lakes)

Last Year		This Year		
59.00	**65**	**65.40**	**--**	**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

Create a Care Conference checklist surrounding discussions on what is going well, what could be better and what how can we improve

Process measure

- # of conference checklists completed by Charge nurse # of checklists submitted to DOC for review # of reviews completed by DOC

Target for process measure

- Checklist will be developed by May 30, 2025 Process for completing checklists and submitting for review will be 100% in place by June 30, 2025

Lessons Learned

We didn't create a checklist for this change idea we ask the question to the resident and family at the end of the conference which it noted in their medical chart of what we could do better and how we can improve.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Create letter for POA and resident as invitation to attend initial/yearly care conference

Process measure

- # of letters sent to POA/residents # of responses received to confirm attendance # of POA and # of residents in attendance at care conferences

Target for process measure

- Communication letter will be created By May 30th 2025 Process for tracking attendance and response rates will be fully in place by June 30, 2025. Target is for 50% improvement in attendance by family and residents at conferences by September 2025.

Lessons Learned

This was a success this year we now get communication back if families can attend or the resident is not able to attend.

Change Idea #3 ☑ **Implemented** ☐ **Not Implemented** ☐ **In Progress**

Obtain feedback on annual care conference process from residents and families

Process measure

- 1) # of survey questions 2) # of feedback responses received monthly 3) # of improvement actions implemented. 4) # of Resident and Family council meetings attended where results discussed

Target for process measure

- 1) Survey questions will be developed by May 30th 2025. 2) Process for post care conference feedback will be in place by June 30th,2025. 3) Feedback/survey results will be shared with resident and family council with action for improvement by Aug 31,2025

Lessons Learned

We created a feedback form for the resident and family this year. Challenge we found that it was not sustainable to keep up, 2026 we will work on this with a new letter going out to residents and family for feedback.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #5 Percentage of LTC residents with worsening stage 2 to 4 pressure injuries. (Extendicare Southwood Lakes)	**2.40** Performance (2025/26)	**2** Target (2025/26)	**1.60** Performance (2026/27)	**--** Percentage Improvement (2026/27)	**NA** Target (2026/27)

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

Mandatory education for Registered staff on correct staging, wound measurement and product selection.

Process measure

- # of education sessions scheduled # of registered staff who attended training # of audits post education completed on wound assessments

Target for process measure

- 1) 100% of registered nursing staff will have completed training by ET nurse by June 30,2025 2) Audits on wound assessments will start July 2025 by SWAN for 4 weeks and there will be 100% accuracy by September 30,2025

Lessons Learned

Successful with this training for the Registered staff. ET trained nurse delivered training to the Staff on the floor, we also had staff attend online training and enrolled 1 more RPN into the SWAN program.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Turning and repositioning re-education

Process measure

- # of staff that have been educated on turning and repositioning # of audits completed by Night Registered staff weekly for residents who require turning as per their plans of care % of audit reviews completed by Skin and Wound committee # of actions /follow up required

Target for process measure

- 1) 100% of PSW will have attended education sessions on turning and repositioning by June 30,2025 2) Audits completed by night Registered staff for turning and repositioning will show no gaps identified by July 31,2025 3) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by August 31st, 2025

Lessons Learned

Wound lead completed this education we will continue with this education for 2026

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #4 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Southwood Lakes)	**11.33** Performance (2025/26)	**10** Target (2025/26)	**9.54** Performance (2026/27)	**15.80%** Percentage Improvement (2026/27)	**9** Target (2026/27)

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

Identify residents who require slider sheets for safety.

Process measure

- 1)Number of residents who have experienced a fall in last 3 months and require a slider sheet 2) Number of slider sheets provided 3) # of PSWs who attended education on how to use slider sheets 4) # of audits completed post education and # of deficiencies.

Target for process measure

- 50% of resident that have slider sheets will have less falls by June 30th 2025.2) 70% pf residents will have reduced falls with slider sheets by Dec 31,2025 100% PSW's trained by June 30,2025

Lessons Learned

Fall lead completed audit of residents with new list provided in each unit.

Change Idea #2 ☐ Implemented ☐ Not Implemented ☑ In Progress

Enhance the falling star program

Process measure

- 1) Gather # of education sessions provided to PSW/HCA and Registered staff 2) Gather # of audits completed on Falling star program monthly.3) # of audits on Falling star program with no deficiencies

Target for process measure

- 1) Education sessions for PSW/HCA and Registered staff will be completed by May 31,2025 2) Audits on Falling star program will begin by July 1st,2025 with 50% improvement noted by September 30,2025

Lessons Learned

The key challenge for this program is maintaining consistent accountability through ongoing audits, developing a strong and unified team culture at home, and positioning the team to become champions while continuously elevating the program's standards and performance.

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

1) Educate staff on how to do environmental risk assessment 2) Staff to complete an environmental risk assessment monthly in each resident's room deemed at risk for a fall

Process measure

- 1) # of staff education sessions completed on environmental risk assessment 2) # of environmental risk assessments completed monthly

Target for process measure

- 1)Staff education on completing an environmental risk assessment will be completed for 100% of staff by May 31,2025 2) Process for Environmental risk assessments being conducted on a monthly basis for each high risk resident will be in place by April 30,2025

Lessons Learned

Fall lead completed this assessment this is also embedded as an assessment in PCC

Change Idea #4 ☑ Implemented ☐ Not Implemented ☐ In Progress

Enhance weekly fall huddles

Process measure

- 1) # of staff who reviewed policy for post fall huddles. 2) # of post fall huddles that were completed as per policy on a monthly basis 3) % of staff requiring follow up post education

Target for process measure

- 1) Staff education on post fall huddles will be completed by April with 80% participation. 2) By June 1st 100% of post fall huddle documentation will be completed as per policy.

Lessons Learned

This has been the success of our quality indicator by having the weekly huddles in each unit we collaborate on how to prevent the fall.

	Last Year		This Year		
Indicator #6 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Southwood Lakes)	**9.97** Performance (2025/26)	**9** Target (2025/26)	**12.41** Performance (2026/27)	**-24.47%** Percentage Improvement (2026/27)	**11** Target (2026/27)

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

Identify residents triggering for first time use of antipsychotic medications.

Process measure

- Process measures- review audits every 30 days that identify such residents. Number of reviews completed with NP and Medical Director

Target for process measure

- Weekly review with NP and Medical Director will start by June 30,2025 with a 10% decrease in retriggered residents by September 30,2025

Lessons Learned

Succuss with completing this list. BSO, SW worked alongside of physician and medical director worked on identified residents who did not have a diagnosis or looking at tapering off of the antipsychotic

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

All residents should get a note about behaviors 2x/week from frontline staff/BSO.

Process measure

- # of reviews of behaviour notes completed by RIA manager # of residents who had medication review and # of residents who had antipsychotic medication reduced as a result.

Target for process measure

- 1-2 residents will have antipsychotic medications reduced by June 30,2025 Review of behaviour notes for 100% of residents with previous behaviours will be completed by RIA manager by June 30,2025

Lessons Learned

This has been a success with staff making notes with any behaviors with in 21 days of admission. This success of the documentation was able to give the physician data for the use or not the use of the antipsychotic.

Comment

We will look at the Antipsychotic (AP) Deprescribing Algorithm and review with the BSO team to work on the reduction of use in our home.