

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #6	60.00	85	68.20	--	NA
Resident Experience - In my Care conference, we discuss what's going well, what could be better and how we can improve things. (Extendicare St. Catharines)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Obtain feedback on the annual care conference process

Process measure

- 1) # of survey questions 2) # of feedback responses received monthly. 3) # of improvements actions implemented.

Target for process measure

- 1) Survey questions will be developed by April/2025 2) Process for post care conference feedback will be in place by April/2025 3) Feedback survey results will be shared with resident/family council with action improvements by September/2025.

Lessons Learned

Success: Improvement seen in this indicator. Feedback from surveys, were positive. Improved 8.2%

Change Idea #2 Implemented Not Implemented In Progress

Obtain feedback at each care conference.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Challenges: At times residents do not want to attend their own care conference.

Comment

Overall good success with improving in this indicator.

Indicator #5	Last Year		This Year		
Resident Experience - I enjoy eating in the dining room (Extendicare St. Catharines)	60.70	85	62.10	--	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

Provide Education on improving the Resident Experience during meal service.

Process measure

- 1) # of in-services held to review Meaningful Mealtimes Customer Service Program. 2) # of staff who attended in-services by July/2025. 3) # of times redirection though audits or observation provided by management team during meal service.

Target for process measure

- 1) 100% of Nursing & PSW staff are re-trained on Meaningful Mealtimes by August/2025 2) New employees hired are provided the education at orientation. 3) Average of three (3), meal services per week will be observed by a member of the management team with the purpose of providing on the spot redirection.

Lessons Learned

Challenge: Staff struggle with small changes within the meal service process.

Change Idea #2 Implemented Not Implemented In Progress

Implemented change with serving cereal for breakfast and soup for lunch in dining rooms.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Success. Implemented small change in serving process.

Comment

Will continue to work on this indicator.

	Last Year		This Year		
Indicator #7	61.10	75	70.80	--	NA
Resident Experience I am satisfied with the schedule of religious and spiritual care programs. (Extendicare St. Catharines)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Obtain feedback from Residents & Family regarding the current schedule for religious and spiritual care programs.

Process measure

- 1) # of survey questions. 2) # of feedback responses received monthly. 3) # of improvement actions.

Target for process measure

- 1) Survey questions will be developed by March 30/2025. 2) Feedback/survey results will be shared with resident/family councils with action for improvement by July 2025.

Lessons Learned

Success: Survey question slightly changed on survey this year, improved by 9.7%

Change Idea #2 Implemented Not Implemented In Progress

Changed timing with religious programs.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Challenge: Implemented new spiritual care programs based on feedback however families seem unaware of the programs.

Comment

Will continue to obtain feedback from Residents and families. Great feedback from Residents and families.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #2	17.79	15	16.17	9.11%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare St. Catharines)	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 implement Post 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 additional education sessions provided by lead on a monthly basis

Target for process measure

- 1) Staff education on post fall huddles will be completed with 100% participation by June30/2025. 2) By June 30/2025 of post fall huddle documentation will be completed as per policy.

Lessons Learned

We successfully implemented the post fall huddles and have seen improvements in this indicator.

Change Idea #2 Implemented Not Implemented In Progress

Implemented falling star logo with high risk residents.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Challenge: Outbreaks continue to be a challenge for residents who are high risk for falls.

Comment

Will continue to work on this indicator

Indicator #4	Last Year		This Year		
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare St. Catharines)	13.84	13	13.01	6.00%	13
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

GPA Education for Responsive Behaviors related to Dementia

Process measure

- 1) # of GPA sessions provided 2) # of staff participating in education 3) Feedback from participants in the usefulness of action items developed to support resident care.

Target for process measure

- 1) GPA sessions will be provided to 100% of staff by December 15/2025. 2) Feedback from participants in the sessions will be reviewed and actioned on by November 30/2025.

Lessons Learned

Success: Over 75% of PSW employees were provided with GPA education in 2025.

Change Idea #2 Implemented Not Implemented In Progress

Enhanced collaboration between Behavior Support Team & PSW/Registered Staff.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

PSW continue to struggle with implementing different strategies provided by the BSO Team.

Comment

Will continue to provide on-going GPA education to all employees.

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
Indicator #3	0.80	0.50	2.36	--	NA
Percentage of LTC residents with worsened ulcers stage 2-4. (Extendicare St. Catharines)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Adopt a new point of care(POC) alert processes to notify nursing staff of by exception issues for early identification of skin issues.

Process measure

- 1) # of staff that have been educated. 2) # of audits completed. 3) # of alerts that were completed on a monthly basis.

Target for process measure

- 1) Staff are educated on the new process by June 30/2025 2) Registered staff will complete # of audits by June 30/2025 3) Alerts will be 100% implemented by August30/2025.

Lessons Learned

Continuing to work with Reg. staff on adopting alert processes for early identification of skin issues.

Change Idea #2 Implemented Not Implemented In Progress

Focus on continence products, education provided to PSW on proper brief selection.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

On-going education is required with PSW

Comment

Slightly over in this indicator, will continue to work on this indicator.

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
% of residents with restraints (Extendicare St. Catharines)	0.80	0.50	0.80	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Provide information to families and residents on Least Restraint.

Process measure

- 1) # of admission packages with Restraint brochures included. 2) # of meetings with Resident/Family councils to discuss Least Restraints and Risks.

Target for process measure

- 1) 100% of admission packages will have restraint brochure included for new admissions. 2) Meetings with Resident/Family councils will be attended to discuss Restraints by September/2025.

Lessons Learned

Success: We continue to have only one resident trigger in this indicator.

Change Idea #2 Implemented Not Implemented In Progress

Provided education & resources to Registered Nurses to use when discussing restraints with families and residents.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Registered Nurses have a better understanding when explaining to families.

Comment

Continue to provide on-going education to families.

