

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

	Last Year		This Year		
Indicator #6	70.50	80	76.80	--	NA
Percentage of residents responding to: "I have input into the recreation programs available" (Extendicare Starwood)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Request for Resident Input for More Flexible Schedule during monthly resident's council meeting.

Process measure

- 1. # Residents who attended planning meetings monthly. 2. # of calendar planning meetings held with residents monthly 3. # program ideas suggested by residents 4. # of ideas implemented

Target for process measure

- 1. To achieve 10% improvement in resident satisfaction by end of 2025 2. there will be at least 6 calendar planning meetings with residents to discuss programs by October 2025. 3. There will be at least 3 program suggestions by residents which are implemented by November 2025

Lessons Learned

Based on residents' feedback, the Home adjusted recreation and activity schedules to allow more flexible hours, including the addition of new evening programs

Change Idea #2 Implemented Not Implemented In Progress

Request for families input during monthly town hall meeting

Process measure

- 1) # of monthly town hall meetings held with families 2) # of suggestions received and # reviewed 2) # of suggestions implemented 3) # of ideas shared with residents at calendar planning meeting

Target for process measure

- Monthly town hall meetings with families where program suggestions discussed will be held by June 2025. Feedback will be collected and reviewed within 2 weeks of town hall meeting by Program manager beginning June 2025. There will be at least 3 new programs implemented based on resident and family feedback by December 2025.

Lessons Learned

Completed

Comment

The Home plans to prioritize a different domain of residents' experiences in 2026.

	Last Year		This Year		
Indicator #5	73.50	80	76.00	--	NA
Percentage of residents responding to: "I am satisfied with the schedule of religious and spiritual programs currently offered". (Extendicare Starwood)	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 and adjust program schedules to better accommodate residents' preferences

Process measure

- 1. Track # of participation and attendance at religious and spiritual before and after schedule adjustments. 2. # of feedback received 3. # changes implemented

Target for process measure

- 1. Assess attendance patterns and preferences to optimize scheduling for higher number of residents participation by August 2025. 2. Feedback on spiritual preferences will begin by March 31 with at least 50% of feedback implemented by December 2025

Lessons Learned

To better meet residents' preferences and needs, new evening programs and activities were introduced in 2025.

Change Idea #2 Implemented Not Implemented In Progress

Expand the variety of religious and spiritual programs

Process measure

- 1. # of external faith-based organizations participating in programs. 2. # of different programs required to meet resident needs 3. % of positive feedback on programs implemented

Target for process measure

- 1. Analysis of current program and resident needs will be 100% completed by May 1, 2025, 2. There will be collaboration with at least 3 Local religious organizations by May 2025. 3. There will be at least 10% improvement in feedback by October 2025.

Lessons Learned

To better meet residents' preferences and needs, new evening programs and activities were introduced

Comment

The Home plans to prioritize a different domain of residents' experiences in 2026.

Indicator #4	Last Year		This Year		
Percentage of residents responding to: " I am satisfied with the care I receive" (Extendicare Starwood)	82.10	90	82.90	--	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 additional training for staff to improve residents' care quality.

Process measure

- 1. # of residents who are satisfied with their primary care staff. 2. # of education sessions provided on DementiaAbility to Staffs. 3. # of Staff who completed training

Target for process measure

- 1. 90% of staff will have completed training on DementiaAbility by May 2025. 2. There will be improvement to 90% in satisfaction of residents to care they receive by October 2025

Lessons Learned

Through monthly meetings and targeted education for nurses and PSWs on quality care expectations, the Home improved performance by 0.9%.

Change Idea #2 Implemented Not Implemented In Progress

Develop survey to ask residents for their feedback on the care provided

Process measure

- # of surveys completed on a quarterly basis # of residents who are satisfied with the care they receive # of areas actioned based on feedback

Target for process measure

- Process for Quarterly Survey to track residents' satisfaction of the care will begin April 1, 2025. There will be a 10% improvement in number of concerns raised by June 2025 and 25% improvement by September 2025

Lessons Learned

2025 Survey indicated an improvement.

Comment

The Home plans to prioritize a different domain of residents' experiences in 2026

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #1	1.90	1	1.95	--	NA
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 (Extencare Starwood)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Scheduled Weekly skin assessments for high-risk residents for early detection and prevention 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. Conduct Quarterly Progress and assessment review by May 27. 2. Complete 100% Staff training on skin assessments and early intervention by June 30, 2025. 3. By September 30, 2025 there will be 100% completion rates

Lessons Learned

The Home was able to achieve the benchmark set by Extendicare through thorough skin assessments and by preventing pressure injuries whenever skin breakdown was observed.

Change Idea #2 Implemented Not Implemented In Progress

Establish a turning and repositioning schedule while residents are in bed.

Process measure

- 1) # of staff that have been educated 2) # of audits completed 3) # of reviews completed by Skin and Wound committee

Target for process measure

- 1) Train all Registered Nurses and PSWs on proper repositioning techniques by May 2025 2) Conduct compliance audits to ensure adherence to the repositioning protocol every month beginning June 30,2025 3) Review QI Pressure ulcer data Monthly starting April 1, 2025

Lessons Learned

Residents were routinely repositioned every two hours as a preventive measure against skin breakdown and pressure ulcers

Comment

Our home will continue to work on this indicator for 2026.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #2	13.24	11	11.01	16.84%	NA
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extencicare Starwood)	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 /Reassess Falling Star program and reeducate staff on program

Process measure

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

Target for process measure

- 1. 100% of Education sessions for PSW and Registered staff will be completed by June 2025 2. Audits on Falling star program will begin by July 2025 with 100% compliance by December 2025.

Lessons Learned

Through strong collaboration between nurses and PSWs, the Home successfully met its targeted goal.

Change Idea #2 Implemented Not Implemented In Progress

Staff training and education on fall prevention strategies, recognizing fall risk factors and providing individualized care plans for residents.

Process measure

- 1) # of education sessions. 2) # of residents at high risk. 3) # of plans of care reviewed to ensure strategies in place. 4) # of residents on list who did not experience a fall in the previous 30 days.

Target for process measure

- 1) Training on Fall Predication and Prevention report will be completed by June 30. 2) Residents listed on report as being at risk of fall will have strategies reviewed by End of each Month. 3) Ongoing monitoring to ensure strategies are effective will be in place by July 30, 2025

Lessons Learned

Staff were educated after every fall to enhance safety measures and reduce recurrence.

Comment

The Home will continue to prioritize this indicator in 2026, with the goal of reducing fall rates and enhancing the overall quality of resident care.

	Last Year		This Year		
Indicator #3 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Starwood)	12.47	8	5.70	54.29%	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 Extendicare's Antipsychotic Reduction Program which includes using the Antipsychotic Decision Support Tool (AP-DST).

Process measure

- 1. # Medication reviews completed monthly 2. # of diagnosis that were appropriate for antipsychotics 3, # of alternatives implemented

Target for process measure

- 1. Antipsychotic review meetings are occurring quarterly beginning by April 2025 2. Residents triggering Antipsychotic QI have an action plan inputted into the decision support tool within 3 to 6 months of admission starting in April 2025.

Lessons Learned

Home continued to work on AP-DST

Change Idea #2 Implemented Not Implemented In Progress

GPA education for training for responsive behavior's related to dementia.

Process measure

- 1) # of staff who attended GPA training

Target for process measure

- 1) GPA sessions will be provided for 15-20 staff by Dec. 2025

Lessons Learned

The Home appointed two BSO leads, enhancing the program's effectiveness. Close monitoring of residents' behaviors, combined with timely interventions, helped prevent the need for antipsychotic medications

Comment

Home will continue working on this indicator for 2026.

