

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

	Last Year		This Year		
<b>Indicator #4</b>	<b>43.80</b>	<b>66.90</b>	<b>63.60</b>	<b>--</b>	<b>NA</b>
In my care conference we discuss what is going well, what could be better and how we can improve things. (Stirling Heights)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Encourage resident/POA/Family to attend their annual care conference.

**Process measure**

- 1) # of residents/POA where residents attend 2) Number of residents/POA who complete the pre care conference survey 3) number of care conferences where plan of care was discussed with the resident/POA

**Target for process measure**

- 1) Residents/POA will continue to be encouraged to attend their annual care conference effective immediately 2) Survey questions will be developed by March 01/2025 3) plan of care to be discussed at all care conferences effective March 01, 2025

**Lessons Learned**

100% implement Pre-Care conference questions were developed and are reviewed with the resident by the Resident Service Coordinator prior to the care conference. This has enabled residents the opportunity to discuss the year, and ensure items they want to discuss or questions they have are addressed at the care conference. The leadership team continues to work closely with our interdisciplinary team, to ensure the resident care conference is meeting the expectation and needs of the resident/POA. Resident's/POA's receive written communication of the care conference, and reminder just prior to by the RSC.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Introduction of the new PCC Interdisciplinary Resident Care Conference Tool

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Increase of person-centered questions, allowing essential information to be discussed with resident and family.

**Comment**

POA's satisfaction with the resident's care conference in 2025 is 93.2%, a 11.8% increase from 2024 results and above the 2025 LTC Division overall at 88.6%

Indicator #3	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
I have input into the recreation programs available (Stirling Heights)	69.20	75.50	66.70	--	NA

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

1) Enhance monthly Program Planning meetings to engage residents in program decision making 2) use real time feedback tools such as evaluations of programs, seeking resident feedback on enjoyment satisfaction of programs in real time.

**Process measure**

- 1) # of meetings throughout the year 2) number of change ideas/programs provided in meeting that were implemented 3) #of residents participating in each home area 4) #of audits completed through the year 5) rate satisfaction of program 6) number of change ideas

**Target for process measure**

- 1) Program will be introduced and implemented as of March 2025 2) Residents will meet on each home area providing feedback on programs and selecting upcoming events 3) #of audits will be completed monthly directly after programs to evaluate level of enjoyment/satisfaction 4) There will be aimprovement with satisfaction of program by May 2025.

**Lessons Learned**

100% implemented, however we continue to look at improved methods in increasing participation in the program planning meetings being held on the home areas, to enable residents to see they have a voice and a role in selecting programs of interest and importance to them. Successfully hired an additional program assistant, increasing the number and diversity of programs, to meet the needs and satisfaction of the residents.

**Change Idea #2**  **Implemented**  **Not Implemented**  **In Progress**

The Recreation Department hired an additional F/T Recreation Assistant

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Increased level of engagement of our resident's, dedicated assistants on the Resident Home Areas to support residents with low social scores(ISC) and Resident at risk.

**Comment**

Increase independent recreation opportunities with the home and increase focus on BSO dementiability ideas and opportunities in each home area's dementiability centers.

	Last Year		This Year		
<b>Indicator #1</b>	<b>67.30</b>	<b>72</b>	<b>87.90</b>	<b>--</b>	<b>NA</b>
Communication from home leadership is clear and timely (Stirling Heights)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Enhance "Stirling Echo" Newsletter to inform and engage residents and family members on a regular basis 2) Have social sit down with resident/families and leadership/interdisciplinary team members on a regular basis

**Process measure**

- 1) number of times newsletter was sent to residents and families 2) number of resident and family councils meetings information discussed 3) number of meetings held monthly one resident home areas with delegated leadership/interdisciplinary team members

**Target for process measure**

- Newsletter will be sent out to all residents and families effective immediately. discussion with resident and family council about newsletter will occur by March 2025 3)Newsletter will be posted on bulletin board effective immediately 4)Develop schedule for resident/families and leadership/interdisciplinary team members by March 2025.

**Lessons Learned**

100% implemented, success in this area, brought enhanced awareness to the Newsletter, Newsletter readily available and posted within the home areas. Leadership was invited to Resident Council meetings and home area meetings to inform residents of important information specific to them, supporting home leadership communication in a clear and timely manner. Satisfaction increased from 67.3 to 69.4, however, did not meet benchmark of 72.00. Challenges are for those residents that choose not to participate in the leadership update meetings, nor read the newsletter. For these residents who have interest in this communication, one on one visits were offered.

**Change Idea #2**  Implemented  Not Implemented  In Progress

"Stirling Talks" Education Series for resident's and families, was offered every other month, offering key topics, i.e.. Advanced Care Planning A Person Centered Care Approach presented by Stirling's Medical Director, Skin and Wound Care in LTC by Stirling's SWAN, Continence Matters by Prevail, Antipsychotic Drug Use and Dementia 101 by Stirling's Psychogeriatrician

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Excellent opportunity to bring and resident's and Families together, with topic addressing key interests and needs within the home.

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

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**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Excellent opportunity to bring and resident's and Families together, with topic addressing key interests and needs within the home.

**Comment**

Stirling Talks Education Sessions will spotlight Leadership to encourage open communication and information sharing with the people we serve.

Indicator #2	Last Year		This Year		
	I am satisfied with the quality of cleaning in the residents room (Stirling Heights)	<b>65.60</b> Performance (2025/26)	<b>73.30</b> Target (2025/26)	<b>97.70</b> Performance (2026/27)	<b>--</b> Percentage Improvement (2026/27)

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

1) Education provided to residents and family regarding the daily clean, high touch and deep clean of resident room and auditing process

**Process measure**

- 1) ESM attends Resident Council Annually 2) ESM attends Family Council annually 3) ESM attends Meet and Greet(as per schedule) during a RHA monthly recreation planning meeting to inform of important information and to ask question 4) ESM Newsletter submission.

**Target for process measure**

- 1) ESM attends Resident Council biannually by Dec 2025 2) ESM attends Resident Council biannually attended by Dec 2025, 3) Newsletter submission submitted at a minimum biannually by Dec 2025.

**Lessons Learned**

Great outcomes within this indicator, Target 73.3, Current Performance 97.70. The deep clean audits have demonstrated an consistent improvement and education sessions has increased visibility of the Environmental Service Manager and housekeepers and confirmation of the services they provide

**Change Idea #2**  Implemented  Not Implemented  In Progress

2) Review deep clean schedules for resident rooms

**Process measure**

- 1) # of times deep clean schedule reviewed 2) # of resident rooms who have had deep cleaning completed 3) # of audits completed of resident rooms to ensure deep cleaned. 4) # of deficiencies noted based on audit results.

**Target for process measure**

- 1) Environmental Services Manager will review deep clean schedule by March 17, 2025 2) 100 % of resident rooms will be deep cleaned as per their deep clean schedule. 3) There will be 25 % completion of deep clean audits per RHA 4. 100% of noted deficiencies will be actioned planned with target completion date.

**Lessons Learned**

Resulted in a better understanding by resident's and family members on what a deep clean is, and the frequency this occurs. Increase level of Resident/Family Satisfaction

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

ESM attended both the Resident and Family Council meeting, once during the year and as invited.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Resident and Family Council, very responsive to this opportunity, good questions, leading to a better understanding and expectations of the service.

Increase level of Resident/Family Satisfaction

**Comment**

ESM continues with regular audits and follow up with the residents's/POA/s to ensure high level of satisfaction.

Indicator #8 Restraints: Percentage of residents who were physically restrained (daily) -	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
	0.98	0	0.00	--	NA

(Stirling Heights)

**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 brochure included. 2.) # of meetings with Resident and Family council to discuss Least Restraint and Risks.

**Target for process measure**

- 1). 100% of admission packages will have Restraint brochure included for new admissions by Feb 28, 2025 2). Meetings with Resident and Family councils will be attended to discuss Restraints by March 31, 2025

**Lessons Learned**

An enhanced level of understanding for our Stirling Community, successfully met the benchmark and Extendicare's, 0 restraint use in the home.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Trial alternatives to each restraint in use

**Process measure**

- 1.) # of Alternatives trialed per month 2.) # of reviews completed

**Target for process measure**

- 1.) 100% of the restraints in the home have had alternatives trialed and documented March 31, 2025.

**Lessons Learned**

Successfully implemented, 0 use of restraints in the home

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

Resident Service Coordinator reviews all LTC applications, confirming no uses of restraints of new move ins

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Successfully prevented the use of restraints, through introduction of alternative interventions.

**Comment**

Successfully met benchmark of 0%. Ongoing focus and education on 0% use of restraints. Will continue to educate all staff on restraint policy and alternative to restraint use.

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
<b>Indicator #7</b>	<b>1.00</b>	<b>0.50</b>	<b>1.54</b>	<b>--</b>	<b>NA</b>
Pressure ulcers: Percentage of residents who had a pressure ulcer that recently got worse -	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

(Stirling Heights)

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

1) Focus on continence to keep skin clean and dry- toileting, appropriate brief selection

**Process measure**

- # of residents with skin issues # of residents with a toileting plan in place # of brief audit checks completed # of education sessions provided # of residents on restorative toileting program

**Target for process measure**

- 1) The Skin/Wound Lead and Continence Lead will complete their resident review by May 14, 2025. 2) Review of correct sizing and type of incontinence products will be completed by April 02, 2025 3) Education sessions for product selection will be completed by June 02, 2025 4) Annual review of continence program through Program Evaluations and Preval by April 09, 2025.

**Lessons Learned**

100% implemented, Prevail Education provided to staff and families was beneficial and appreciated.

**Change Idea #2**  Implemented  Not Implemented  In Progress

8) Focus on moisturizing skin, as prevention strategy to prevent skin breakdown

**Process measure**

- # of education sessions /shift # of audits completed monthly # of audits that identified areas for improvement monthly

**Target for process measure**

- 1) Education sessions on products and selection of products will be completed for all Registered staff by May 01, 2025 2) Audits will show a 90% improvement in compliance by October 01, 2025

**Lessons Learned**

100% implemented

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

"Stirling Talks" Education Series for resident's and families, was offered on Skin and Wound Care in LTC by Stirling's SWAN.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Resulted in a better understanding for our Stirling Community of the Skin and Wound Program, treatments and processes.

**Comment**

Successfully met benchmark of 2%, increase of increase from 1% in 2024 to 1.54 in 2025. Swan nurse was off on a medical leave for several months in 2025. 2026 will focus on building competence within the front linenursing team, through skill development/education supported by the SWAN nurse.

**Safety | Safe | Optional Indicator**

Indicator #5	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Stirling Heights)	16.09	15	13.84	13.98%	13

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

Implement new Fall Prediction and Prevention Report developed by Extendicare

**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 April 02, 2025 2) Residents listed on report as being at risk of fall will have strategies reviewed by April 16, 2025 3) Ongoing monitoring to ensure strategies are effective will be in place by April, 23, 2025

**Lessons Learned**

100% implemented, effective tool managed by the home's fall's lead, supported by monthly regional quality labs.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Ensure each resident at risk for falls has a individualized plan of care for fall prevention

**Process measure**

- 1) # of residents at risk for falls 2) # of plans of care reviewed 3) # of new strategies determined 4) # of plans of care updated 5) # of sessions held to communicate changes with staff

**Target for process measure**

- 1) Residents at risk for falls will be identified by April 02, 2025 2) Care plans for high risk residents will be reviewed and updated by April 16,2025 3) Changes in plans of care will be communicated to staff by April 23, 2025

**Lessons Learned**

100% implemented, falls lead reviewed all residents at high risk and for all residents who fall, care plans reviewed by falls lead in collaboration with the home area team, changes made in care plans when indicated and communicated to the team.

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

2) Implement 4 P's rounding

**Process measure**

- 1) # of staff educated on the 4P's process 2) # of 4P cards provided 3) Resident council and family council informed of process

**Target for process measure**

- 1) 100% of front line staff will be educated on 4P process by April 18, 2025 2) 4P cards will be distributed to staff by April 23, 2025 3) Resident council and Family council will be informed of process by April 01, 2025, Family Council April 28, 2025.

**Lessons Learned**

100% implemented

**Change Idea #4**  Implemented  Not Implemented  In Progress

Falls Lead and Physiotherapist did a Stirling Talk of Falls Prevention, Falls Prevention article went into the Stirling Newsletter

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Increased Falls Awareness within the Stirling Community.

**Comment**

Successfully met benchmark, and celebrated a 4.1% improvement over 2024.

	Last Year		This Year		
<b>Indicator #6</b>	<b>14.53</b>	<b>13.50</b>	<b>13.69</b>	<b>5.78%</b>	<b>13.60</b>
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Stirling Heights)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Family education resources provided for appropriate use of Antipsychotics

**Process measure**

- "1.) # of CEP resources provided to families monthly 2.) # of antipsychotics d/c as a result of increased family awareness.

**Target for process measure**

- 1) CEP resources will be printed and available at nurses station by April 23, 2025 2) Stirling Annual Education to Resident/Family, Residents May 5, 2025/Families May 26, 2025.

**Lessons Learned**

100% implemented, CEP resources were printed and available. Overall the most successful interventions were the Stirling Talk's Education sessions available to Stirling residents/POA by Stirling's Medical Director and Psychogeriatrician to discuss the appropriate use of Antipsychotics. Complete medication/diagnosis review of all residents prescribed antipsychotics and validation, successful in bringing further awareness to the team/Resident/POA and review of alternatives were appropriate.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Collaborate with the physician to ensure all residents using anti-psychotic medications have a medical diagnosis and rationale identified.

**Process measure**

- 1) # of medication reviews completed monthly 2) # of diagnosis that were appropriate for antipsychotic medication use 3) # of alternatives implemented

**Target for process measure**

- 1) 75% of all residents will have medication and diagnosis review completed to validate usage by date 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by May 31, 2025.

**Lessons Learned**

Complete medication/diagnosis review of all residents prescribed antipsychotics and validation, successful in bringing further awareness to the team/Resident/POA and review of alternatives were appropriate.

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

Stirling's Psychogeriatrician, presented on Antipsychotics and Dementia 101, at our Stirling's Educational Series

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

### **Lessons Learned**

Provided excellent information to our Stirling Community, enabling our Resident's and Family members a better understanding and a decreased use of antipsychotics within the home, for those residents without a diagnosis.

### **Comment**

5.78% improvement from 2024, and remains a 2026 priority