

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #1	50.00	75	63.00	--	NA
Communication from home leadership (Executive Director, and Managers) is clear and timely currently 50% goal 75% (Summit Place)	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 opportunity for managers to give updates at Resident council

Process measure

- Number of managers invited Number of managers attended Number of areas for follow up that were addressed

Target for process measure

- By December 2025 managers will have expected participation in at minimum 50% of meetings All Feedback areas that are discussed will be actioned and addressed by applicable manager by September 2025

Lessons Learned

Managers can be invited to attend Resident Council meetings to provide updates.

Change Idea #2 Implemented Not Implemented In Progress

Maximize utilizations of public Bulletin boards

Process measure

- number of posted communications, Number of inquiries due to info provided on the boards

Target for process measure

- Staff member will be assigned board updates by April 2025. There will be at least 12 monthly board updates that include "last updated on" by March 2026.

Lessons Learned

All bulletin boards in the home have been reviewed. An area has been established for posting of information for residents and families.

	Last Year		This Year		
Indicator #3	53.00	75	94.30	--	NA
In my care conference, we discuss what's going well, what could be better and how we can improve things. Currently 53%, goal is 75% (Summit Place)	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 annual care conference process

Process measure

- 1) # of reviews of care conference process completed 2) # of modifications to agenda 3) % of positive feedback resident responses post care conference

Target for process measure

- 1) Review of care conference process, including changes to agenda will be 100% completed by April 30, 2025 2) There will be a 25 % improvement in overall positive responses post care conference by September 30, 2025

Lessons Learned

The home has reviewed the process for care conferences.

Indicator #2	Last Year		This Year		
I feel my goals and wishes are heard and considered in my care. 41.7%: (Summit Place)	41.70	75	77.40	--	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

Resident goals and wishes will be acknowledged and discussed at care conferences and on-going.

Process measure

- # of care conferences held where goals and wishes were discussed, # of care plans updated to reflect goals and wishes of resident # of follow up care plan audits completed

Target for process measure

- Care conference agenda will be revised to include discussion about goals and wishes by April 30, 2025. 100% of resident care plans will include goals and wishes as of September 30, 2025 Audits of care plans will begin by May 1, 2025 with 100% care plans being accurate by September 30, 2025.

Lessons Learned

Resident goals and wishes are discussed at care conferences.

Change Idea #2 Implemented Not Implemented In Progress

Programs and services will be person centered focused

Process measure

- # of recreation assessments completed # of completed Nutritional assessments # of care plan reviews completed

Target for process measure

- 100% assessments completed will include person-centered details for nutrition and recreation by August 30, 2025. Audit of care plans to review goals and wishes will be 100% completed by September 30, 2025

Lessons Learned

All programs and services are based on resident's individual needs.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #4	16.34	15	23.25	-42.29%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Summit Place)	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 4 P's rounding

Process measure

- # 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 May 31, 2025 2) 4P cards will be distributed to staff by May 31, 2025 3) Resident council and Family council will be informed of process by May 31 2025

Lessons Learned

We are adding this change idea to our 2026 QIP.

Change Idea #2 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 Prediction and Prevention report will be completed by April 30, 2025 2) Residents listed on report as being at risk of fall will have strategies reviewed by April 30, 2025 3) Ongoing monitoring to ensure strategies are effective will be in place by April 30, 2025

Lessons Learned

New Falls Program and tools were implemented at the end of 2025.

Comment

Falls prevention is a priority for our home for 2026.

	Last Year		This Year		
Indicator #5 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Summit Place)	12.50	12	2.94	76.48%	2.50
	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 training for responsive behaviours related to dementia

Process measure

- 1.) # of GPA sessions provided 2.) # of staff participating in education 3.) # of referrals to Regional Managers, LTC Consultants or Manager of Behaviour Services & Dementia Care. 4.) Feedback from participants in the usefulness of action items developed to support resident care.

Target for process measure

- 1.) GPA sessions will be provided for 35% by Dec 31, 2025 2.) Feedback from participants in the session will be reviewed and actioned on by Dec 31 2025

Lessons Learned

Staff will be supported and encouraged to engage in ongoing education related to responsive behaviors and dementia care.

Change Idea #2 Implemented Not Implemented In Progress

Virtual behavioural rounding support

Process measure

- 1.) # of rounding sessions scheduled 2.) # of behavioural rounding completed /month 3.) # of audits completed when required

Target for process measure

- 1.) Behavioural Lead will contact team supports to arrange virtual education by April 2025 2.) Behavioural rounding will be completed monthly during Indicator reviews with regional Team starting May 2025 3.) Audit process, when required, will be in place for compliance of process by June 30, 2025

Lessons Learned

Home (internal)cameras will be monitored to support observation of resident behaviors and to identify opportunities for improved care and preventative strategies.

Comment

Continuous education and collaboration with the pharmacy team to ensure optimal results.