

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #1	77.30	80	75.00	--	NA
I am satisfied with the quality of laundry services for my clothing and linens (Extendicare Timmins)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

The laundry carts will be re labelled

Process measure

- Number of laundry carts re labelled to ensure room numbers are accurate % of clothing that is put into the appropriate labelled laundry carts and delivered correctly

Target for process measure

- By April 30, 2025 100% of laundry carts will be re labelled with accurate room numbers There will be a 50% improvement in accuracy of clothing in laundry carts and delivered correctly by June 30, 2025.

Lessons Learned

All carts labelled.

Change Idea #2 Implemented Not Implemented In Progress

An auditing process will be implemented to ensure the right clothing is in the right wardrobe and in the right spot on the laundry cart for delivery

Process measure

- The number of complaints received for missing clothing and or clothing in the wrong resident room The number of laundry carts and resident rooms audited weekly, The number of deficiencies identified during audits and actioned

Target for process measure

- Auditing of the laundry carts and of the residents' wardrobes in their rooms will start on April 1, 2025 There will be a 50% improvement in missing clothing by June 30, 2025 There will be a 50% improvement in complaints about missing clothing by September 30, 2025.

Lessons Learned

PSW champions conducting audits. SSM retired, once new SSM in place will also be conducting audits.

Comment

Job routines for valet revised re clothing delivery time, ongoing auditing.

	Last Year		This Year		
Indicator #2	75.70	85	64.30	--	NA
I enjoy eating meals in the dining room (Extendicare Timmins)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Implementation of a new dining room process and meal suite

Process measure

- Number of staff trained on Meal suite and new dining room process Number of audits completed post education and follow up action required

Target for process measure

- The home will fully implement Meal suite in the home by September 2025 100% of staff who support meal service will have received education on Meal suite and new dining process prior to September 2025. Audits of meal service will begin as of October 2025 for 4 weeks with gaps identified being actioned.

Lessons Learned

Meal suite was launched Late July 2025 and staff educated on meal suite. Improvement noted after survey was completed in September.

Change Idea #2 Implemented Not Implemented In Progress

Obtain regular feedback from Residents on dining room atmosphere and incorporate changes based on recommendations

Process measure

- Number of meals attended for purpose of obtaining feedback on dining experience Number of recommendations made by residents Number of follow up action implemented

Target for process measure

- 10 meals will be attended per year with purpose of evaluating atmosphere by managers by Dec 2025. 2) 50% of recommendations will be actioned on by December 2025

Lessons Learned

Discussed at food committee and resident council monthly.

Comment

Auditing of dining room and staff education on dining room process.

Indicator #6	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
There is someone I can talk to about my medications (Extendicare Timmins)	77.90	85	80.30	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Education for Registered staff on CNO standards and Extendicare Medication policies

Process measure

- % of Registered staff on all shifts who completed education on CNO standards and Medication policies # of times registered staff were informed about when to communicate with residents about medications # of audits completed monthly post education

Target for process measure

- The home will educate 100% of registered staff on communicating to the residents the medications they are taking and any changes in their medication by May 1st 2025. Random audits will be conducted post education to gather feedback from residents with 50% improvement noted by July 30, 2025

Lessons Learned

Education continues on the medication policies, home to continue with this.

Comment

Education and auditing of medication management program

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #4	19.42	15	18.79	3.24%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extencicare Timmins)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

The PSWs will be in the resident areas as fall buddies when documenting so as to monitor residents who are at high risk for falls

Process measure

- The Number of staff who received the education Number of falls per month

Target for process measure

- The fall buddy program will be fully implemented with all PSWs by May 2025 with a decrease in falls by 10% by September 2025

Lessons Learned

Have seen success with the fall buddies in decreasing falls in the home.

Comment

Falls prevention strategies review for residents in isolation

Indicator #5	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extencicare Timmins)	11.29 Performance (2025/26)	10 Target (2025/26)	11.79 Performance (2026/27)	-4.43% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Monthly medication reviews of residents who trigger for antipsychotic usage

Process measure

- The number of medication reviews completed per month for antipsychotic usage in the home.

Target for process measure

- Standardized monthly medication review process in place May 2025

Lessons Learned

Home has had monthly reviews, has experienced failed reductions. Home to continue reviewing opportunities for deprescribing of antipsychotics.

Comment

Increase meeting frequency to review antipsychotics, staff education on GPA and Stop and Go approaches.

Safety | Safe | **Custom Indicator**

Indicator #3	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
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 (Extendicare Timmins)	1.63	1.50	1.78	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Provide accurate wound assessment and product selection education for all registered staff

Process measure

- # of staff education sessions provided to registered staff # of audits completed monthly # of audits that identified areas for improvement monthly

Target for process measure

- Education sessions on products and selection of products will be completed for all Registered staff by June 30, 2025 2) Audits will show a [50 %] improvement in compliance by December 30, 2025

Lessons Learned

Education was provided to registered staff in 2025.

Comment

ongoing education with registered staff, auditing