

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

	Last Year		This Year		
Indicator #2	46.20	85	100.00	--	NA
I have input into the recreation programs available (Extendicare Tri-Town)	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 monthly Program Planning Meetings to inform and engage residents in program decision making

Process measure

- # of Monthly meetings # of change ideas provided in meeting that were implemented # of residents participating on each home area

Target for process measure

- Program planning meetings will be introduced and 100% implemented as of July 2025. Residents will meet monthly beginning July 2025, Feedback received on programs will be reviewed monthly following each meeting. At least 2 programs implemented based on feedback received by September 2025.

Lessons Learned

100% satisfaction

Comment

Home will continue to discuss at resident council meetings as well as during IDRCC.

Indicator #3	Last Year		This Year		
	54.50	70	81.80	--	NA
In my care conference we discuss what's going well and what could be better and how we can improve things (Extendicare Tri-Town)	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 residents to attend their annual care conference

Process measure

- Number of annual care conferences where residents attend # of care conferences where plan of care was discussed with resident

Target for process measure

- Residents will be encouraged to attend their annual care conferences beginning April 1, 2025. There will be a 25 % improvement in this indicator by December 2025.

Lessons Learned

On time, give time to express selves, ask what can we do that is better

Comment

On time, give time to express selves, ask what can we do that is better

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
I can provide feedback about the products used for me (contenance care) (Extendicare Tri-Town)	71.40	80	100.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Invite Product vendor to Resident council and Family council meeting to discuss products

Process measure

- Will have vendor attend 1 family and resident council meeting per year to hear feedback on products.

Target for process measure

- Product vendor will attend resident council and family council by June 2025 Action plan will be in place for feedback items by July 2025 Follow up on action plan will be communicated to resident and family councils by September 2025.

Lessons Learned

noted 100% satisfaction.

Comment

Home reaches out to the Vendor when additional support is required.

Safety | Safe | **Optional Indicator**

Indicator #4	Last Year		This Year		
	Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Tri-Town)	19.05 Performance (2025/26)	15 Target (2025/26)	22.34 Performance (2026/27)	-17.27% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Complete environmental assessments of resident spaces upon admission and if a current resident at risk of falls to identify potential harms and correct before falls occur.

Process measure

- number of education sessions completed monthly with registered staff number of environmental assessments completed monthly number of action items implemented to address identified gaps

Target for process measure

- A list of residents who are a high fall risk will be created by May 30, 2025 100% of registered staff will have completed education for environmental assessments by June 30,2025 Beginning July 2025, there will be a minimum of 10 environmental assessments completed on a monthly basis for those residents at risk of falls Results of assessments will be reviewed by falls team beginning August 2025 and action plan implemented to address identified gaps.

Lessons Learned

- huddles
- bi-weekly fall meetings
- Risk assessments
- Root cause analysis on all falls

Change Idea #2 Implemented Not Implemented In Progress

Enhance lighting at bedside and in bathrooms for residents who fall between 7 pm- 7 am

Process measure

- 1) # of residents identified as benefiting from enhanced lighting 2) # of room assessments completed 3) # of lights installed at bedside, and in BR

Target for process measure

- Residents will be assessed for lighting needs by May 2025. Lights will be ordered by June 2025 for 20 resident rooms and installed by Sept 2025 There will be a 10% decrease in falls for residents with enhanced lighting by Dec 2025

Lessons Learned

- huddles
- bi-weekly fall meetings
- Risk assessments
- Root cause analysis on all falls

Comment

Home has initiated an extensive falls management program and is seeing positive results

	Last Year		This Year		
Indicator #5	8.13	7	8.15	-0.25%	6
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Tri-Town)	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

- Home team established Schedule regular meetings for antipsychotic review Attendance to the Quality Labs Percentage of residents with an action plan

Target for process measure

- Home team will be established by end of third quarter Education and training completed by beginning of fourth quarter Antipsychotic review meetings are occurring monthly Residents triggering the Antipsychotic QI have an action plan inputted into the decision support tool within 3 to 6 months of admission

Lessons Learned

Remains a focus for all team members

Change Idea #2 Implemented Not Implemented In Progress

GPA education for training for responsive behaviors related to dementia.

Process measure

- Number of GPA sessions provided Number of staff participating in education Number of referrals to Regional Managers, LTC Consultants or Manager of Behavior Services & Dementia Care. Feedback from participants in the usefulness of action items developed to support resident care.

Target for process measure

- GPA sessions will be provided for 75% staff by end of third quarter Feedback from participants in the session will be reviewed and actioned on by October 2025

Lessons Learned

GPA training was completed during the year

Comment

Ongoing discussions at IDRCC, weekly during rounds. NP is involved on a daily basis.