

Experience | Patient-centred | Custom Indicator

Indicator #2	Last Year		This Year		
	I am satisfied with the quality of care from the doctors. (Extendicare Van Daele)	65.00 Performance (2025/26)	70 Target (2025/26)	100.00 Performance (2026/27)	-- Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Communicate role of Medical Director and Physicians and give opportunity for feedback

Process measure

- number of CQI meetings where action items were discussed with Medical Director and provider number of action items implemented

Target for process measure

- Action items and plan will be discussed at CQI committee with Medical Director by April 30, 2025 and then again by September 30, 2025. At least 2-3 action items will have been implemented by September 30, 2025

Lessons Learned

1) encourage providers to meet with Resident council annually 2) encourage providers to wear name tags while in the home to increase visibility and awareness

Change Idea #2 Implemented Not Implemented In Progress

Improve visibility of physicians in home with residents and families

Process measure

- # of name tags ordered, % of communication boards with physician visits included

Target for process measure

- Name tags will be ordered for all physicians in home by April 30, 2025 Process for utilizing communication board for posting of visit schedules will be 100% implemented by June 30, 2025

Lessons Learned

1) encourage providers to wear name tags while in the home to increase visibility and awareness 2) encourage the sharing of providers schedules with Residents for appointments 3) encourage providers to speak directly with residents and families

Change Idea #3 Implemented Not Implemented In Progress

Improve the working relationships between physicians and residents

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

1) have Provider's schedule available at the nursing station for resident awareness, allowing for preparation and planning. 2) Ensure all medical doctors wear visible name tags to allow residents to easily identify who the doctors are and foster a more personal connection.

Comment

We will continue to encourage Provider to introduce themselves to resident and families and identify themselves with Extendicare name tags and provide a schedule to the Nurse's station to facilitate communication with resident and families.

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
I am satisfied with the quality of care from the Dietitian (Extendicare Van Daele)	69.60	75	NA	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Higher visibility of Dietitian in the Home

Process measure

- # of meetings with residents and # of food service committee meetings attended.

Target for process measure

- The Dietitian will attend 2 Food Service committee meetings/council meetings by September 30, 2025

Lessons Learned

Some challenges were observed with tracking the number of residents seen by Dietician, but we will continue to work on improving in 2026.

The Dietician works part time, and not all residents and families recognize her role. We will continue to provide education to residents and families as well as her role.

This question was not asked in the Resident/Family survey this year.

Comment

Encourage the wearing of Extendicare Name Tag and introducing her role when speaking wiht residents and families.

Indicator #3 I am satisfied with the quality of Care of the Social Worker (Extendicare Van Daele)	Last Year		This Year		
	50.00	70	100.00	--	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

Recruit and onboard a Social Worker

Process measure

- # of FTE for Social Worker # of meetings held with Resident council and CQI committee # of updates given re: Social Worker

Target for process measure

- 1 Social Worker to be successfully recruited and fully onboarded by September of 2025. ED will attend Resident council and CQI committee to give update re: Social Worker position by June 2025

Lessons Learned

Recruitment did not occur - as focused Recruitment for other areas of the Home.

Change Idea #2 Implemented Not Implemented In Progress

Social worker will assist with Resident transition to the home on admission.

Process measure

- # of resident admissions, # of CQI meetings where admission process was discussed with Social Worker # of times Social worker met with new resident upon admission

Target for process measure

- Action items and admission process will be discussed at CQI committee with Social Worker by October 30, 2025 100% of new admissions will have assistance by social worker with transition within first 24 hours of admission. Transition plan process will be fully implemented by Social Worker by October 30, 2025.

Lessons Learned

as the recruitment did not occur, we were unable to implement the transition piece.

Comment

We will revisit the recruitment plan for Social worker at the Home level and implement this measure as required.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #4	14.10	13.50	15.64	-10.92%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Van Daele)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Education for PSW and Registered staff on post Fall huddles

Process measure

- Number of education sessions provided to PSWs and Registered staff Number of PSW's and Registered staff who completed education on Post fall huddles. Number of audits completed to ensure post fall huddles are occurring.

Target for process measure

- Education sessions for 100% PSW and Registered staff will be completed by December 31, 2025 Audits of documentation will show a 75% improvement in completion of post fall huddles by December 31, 2025.

Lessons Learned

Organize an education for all staff to regarding falls, understanding risk factors for falls, and learning preventive strategies and interventions

Change Idea #2 Implemented Not Implemented In Progress

Complete environmental risk assessments of resident spaces to identify potential harms and correct before falls occur

Process measure

- Number of education sessions completed monthly with registered staff for environmental risk assessments Number of environmental risk assessments completed post education Number of gaps that were identified and corrected.

Target for process measure

- 100% of registered staff will have completed education on environmental risk assessments by September 2025. By September 2025 registered staff will complete environmental risk assessments every month for 100% of residents deemed high risk. By December 30, 2025 there will be 0 gaps identified during environmental risk assessments .

Lessons Learned

environmental assessments are now completed post fall to identify if environmental factors played into the root cause of falls. this practice continues

Change Idea #3 Implemented Not Implemented In Progress

Implement a comprehensive fall prevention program that integrates regular reviews of falls, personalized care plans, effective interventions and ongoing audits.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

1) Continue to review falls weekly with interdisciplinary team at resident care council meetings 2) Review current fall preventions strategies currently implemented in the resident care plan 3) Discontinue interventions that aren't proving to be effective and trial new ones. 4) Ensure fall audits are completed by a falls team member to monitor patterns, identify risks, and implement appropriate interventions after every fall.

Comment

Root cause analysis is required and identified post fall. We will continue to strive to meet or exceed Extendicare's target of 15% for falls.

	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 (Extendicare Van Daele)	11.35 Performance (2025/26)	11 Target (2025/26)	1.67 Performance (2026/27)	85.29% Percentage Improvement (2026/27)	1.67 Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

GPA education for training for responsive behaviours related to dementia

Process measure

- Total # of GPA Sessions provided, and # number of staff that complete the education

Target for process measure

- GPA sessions will be provided for 60% of staff by end of third quarter. There will be at least 1 certified GPA coach within the home by September 2025.

Lessons Learned

All staff will be trained/retrained in GPA and will continue in 2026 - sessions running minimum every 2nd month

Scheduler to schedule/back fill staff for the first 2 quarters

Change Idea #2 Implemented Not Implemented In Progress

Trained a 2nd GPA coach in 2025 to enable sessions to run in house without relying on 2nd external person to run the training

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

2 BSO staff now trained as GPA coach to enable us to run GPA programs in house without external stakeholders

Comment

GPA sessions will be offered to staff a minimum of every 2 months until all staff have been trained/retrained.

