

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

	Last Year		This Year		
<b>Indicator #1</b>	<b>46.90</b>	<b>75</b>	<b>73.80</b>	<b>--</b>	<b>NA</b>
I am satisfied with quality of care from my doctors (West Oak Village)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

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

**Process measure**

- 1) # of meetings with Councils where Medical Director attended 2) # of suggestions provided by councils 3) # of CQI meetings where action items were discussed with Medical Director

**Target for process measure**

- 1) Medical Director will attend Family Council by September 2025 2) Medical Director will attend Resident Council by September 2025 3) Action items and plan will be discussed at CQI committee with Medical Director by May 2025

**Lessons Learned**

Physicians spent time with family and resident council to explain role in LTC and how they support residents care.

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

Improve visibility of physicians in home with residents and families

**Process measure**

- 1) # of name tags ordered 2) % of communication boards with physician visits included

**Target for process measure**

- 1) Name tags will be ordered for all physicians in home by March 2025 2) Process for utilizing communication board for posting of visit schedules will be 100% implemented by May 2025

**Lessons Learned**

Also noted physicians put effort into spending time with residents and speaking to families.

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

Tracking of in person resident visits to ensure everyone has a visit

**Process measure**

- 1) # residents per physician 2) # of residents who had in person visit during quarter

**Target for process measure**

- 1) List will be developed by physician for tracking by May 2025 2) Each resident will have an in person visit with physician at minimum 1 per quarter by December 2025

**Lessons Learned**

Noted increase in visits that were longer in length.

**Comment**

Continue with current plan as it has been effective.

	Last Year		This Year		
<b>Indicator #3</b>	<b>38.50</b>	<b>75</b>	<b>52.00</b>	<b>--</b>	<b>NA</b>
I am satisfied with the variety of religious and spiritual programs available. (West Oak Village)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Hire a Spiritual Care Provider as a member of the interdisciplinary team

**Process measure**

- 1) # of referrals 2) # of spiritual care assessments 3) # of programs run by provider (increase)

**Target for process measure**

- 1) Hire SCP by June 2025 2) Offer spiritual care programs [2x/week] from SCP 3) Increase satisfaction by 30% in 2025

**Lessons Learned**

Spiritual Care Provider was hired but only remained with home for 3 months, home still continues to recruit.

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

Integrate other approaches such as holistic, nature based, and reflective practices

**Process measure**

- 1) # of education session offered 2) # of new programs implemented 3) Increased number of Spiritual Program Plans in Activity Pro 4) # of Spiritual Care Programs/Month

**Target for process measure**

- 1) Provide education on Spiritual Care to family and residents by June 2025 2) Provide spiritual care programs in Program Planning Meetings to seek interest in Q1 3) Implement [#] of programs in calendars for Q2-4

**Lessons Learned**

Working with community groups to add more holistic programs.

**Comment**

Will continue to recruit for Spiritual Provider, also look at alternative holistic community programs. Will engage current spiritual providers to add additional programs

Indicator #2	Last Year		This Year		
I am satisfied with the quality of care from physiotherapist. (West Oak Village)	<b>40.50</b>	<b>75</b>	<b>68.80</b>	<b>--</b>	<b>NA</b>
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Improve visibility of Physiotherapy in home with residents and families

**Process measure**

- Number of times PT attended Family and Resident council # of feedback received from Resident and Family Council and actioned

**Target for process measure**

- 1) PT will attend Family Council by June 2025 2) PT will attend Resident Council by June 2025 3) Action items and plan will be discussed at CQI committee with OT by May 2025

**Lessons Learned**

PT attended resident and family council to provide feedback on how they support residents in LTC.

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

Highlight Physiotherapist in monthly newsletter to increase awareness

**Process measure**

- 1) # of newsletters where Physiotherapist was highlighted 2) # of newsletters sent to residents and families 3) Newsletter posted on bulletin board.

**Target for process measure**

- 1) Monthly newsletter will highlight Occupational Therapist and role by April 2025 2) Newsletters will be sent to residents and families by April 2025 3) Newsletter will be posted on bulletin board by April 2025

**Lessons Learned**

PT information was added to newsletter.

**Comment**

Continue with current plan as it has been effective.

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
<b>Indicator #7</b>	<b>0.83</b>	<b>0.50</b>	<b>1.60</b>	<b>--</b>	<b>NA</b>
Percentage of residents who were physically restrained (daily) Q2 FY 2025/26 CCRS eReports unadjusted (West Oak Village)	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 tracking for all restraints to better analyze and review trends on each unit.

**Process measure**

- 1.) # of tracking tools completed monthly 2.) # of analysis completed by restraint team on results.

**Target for process measure**

- 1). Tracking tool implemented by September 2025 2). Process for analysis of tracking tool results by restraint team will be 100% in place by September 2025

**Lessons Learned**

Audit was completed to tack all resident with restraints.

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

Trial alternatives to each restraint in use (change in environments, sensory rooms, etc.

**Process measure**

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

**Target for process measure**

- 100% of the restraints in the home have had alternatives trialed and documented by December 2025

**Lessons Learned**

Committee meets monthly to review alternatives and also when request is made.

**Comment**

Continue with current plan as it has been effective.

Indicator #6	Last Year		This Year		
	Percentage of residents who has pressure ulcer that recently got worse - Q2FY 2025/26, CCRS eReports - unadjusted (West Oak Village)	<b>5.83</b> Performance (2025/26)	<b>2</b> Target (2025/26)	<b>0.80</b> Performance (2026/27)	<b>--</b> Percentage Improvement (2026/27)

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

Mandatory education for all Registered staff on correct staging of Pressure ulcers

**Process measure**

- 1) # of communications to Registered staff mandatory requirement to complete education. 2) # of Registered staff who have completed online modules on wound staging on a monthly basis. 3) # of audits of completion rates completed by DOC/designate and follow up as required.

**Target for process measure**

- 1) Communication on mandatory requirement will be completed by May 2025 2) 100% of Registered staff will have completed education on correct wound staging by October 2025 3) Audits of completion rates will be completed monthly with required follow up will occur by 1st week of each month and process is to be in place by June 2025

**Lessons Learned**

Provided multiple session on staging, noted reduction of mis-staged wounds.

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

Turning and repositioning re-education

**Process measure**

- 1. # of staff that have been educated 2. # of audits completed 3. # of reviews completed by Skin and Wound committee

**Target for process measure**

- 1) All PSW will have attended education sessions on turning and repositioning by October 2025. 2) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by December 2025

**Lessons Learned**

Ongoing

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

Ensure residents at risk of skin issues have appropriate surfaces.

**Process measure**

- # education sessions provided for Registered staff # of residents requiring wound care referrals # of referrals received by wound care # of surfaces reviewed # of specialty surfaces and pumps

**Target for process measure**

- 1)Wound care lead to provide refresh education for Registered staff on improving communication by October 2025 2) All surfaces for at risk residents will have been reviewed by October 2025

**Lessons Learned**

All residents at risk of skin issues were provided therapeutic surfaces. This is ongoing.

**Comment**

Continue with current plan as it has been effective.

Safety | Safe | **Optional Indicator**

Indicator #4 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (West Oak Village)	Last Year		This Year		
	<b>14.29</b>	<b>13</b>	<b>13.09</b>	<b>8.40%</b>	<b>10</b>
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  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 2025 2) Care plans for high-risk residents will be reviewed and updated by June 2025 3) Changes in plans of care will be communicated to staff by June 2025

**Lessons Learned**

All care plans reviewed and updated to ensure effective interventions in place. With each fall care plans is reviewed and update as needed.

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

Re implement Post fall huddles

**Process measure**

- 1) # of staff who reviewed policy for post fall huddles 2) # of post fall huddles that were completed as per policy on a monthly basis

**Target for process measure**

- 1) Staff education on post fall huddles will be completed with 100 % participation by September 2025 2) By December 2025 , 100 % of post fall huddle documentation will be completed as per policy.

**Lessons Learned**

Process in place, each fall has a huddle post fall to review.

**Comment**

continue with current plan as it has been effective.

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 (West Oak Village)	<b>26.80</b> Performance (2025/26)	<b>17.30</b> Target (2025/26)	<b>14.85</b> Performance (2026/27)	<b>44.59%</b> Percentage Improvement (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**

- 1.) Home team established 2). Schedule regular meetings for antipsychotic review 3). Attendance to the Quality Labs 4.) Percentage of residents with an action plan inputted

**Target for process measure**

- 1). Home team will be established by April 2025 2). Education and training completed by April 2025 3). Antipsychotic review meetings are occurring every month 4). Residents triggering the Antipsychotic QI have an action plan inputted into the decision support tool within 3 to 6 months of admission.

**Lessons Learned**

Ongoing, monthly meetings to review.

**Change Idea #2**  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 staff by December 2025 2.) Feedback from participants in the session will be reviewed and actioned on by September 2025

**Lessons Learned**

140 plus staff received GPA training, ongoing

**Change Idea #3**  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 who take anti-psychotic will have medication and diagnosis review completed to validate usage by December 2025 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by December 2025

**Lessons Learned**

Ongoing, monthly meetings to review.

**Comment**

Continue with current plan as it has been effective.

