

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

Indicator #11	Last Year		This Year		
	Would you recommend this home? (Extendicare Kapuskasing)	<b>70.80</b>	<b>85</b>	<b>73.90</b>	<b>--</b>
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1  Implemented  Not Implemented

To improve the overall resident experience in the home

**Process measure**

- Number of residents who would recommend our home to others.

**Target for process measure**

- To be determined with next Satisfaction survey in October 2024.

**Lessons Learned**

Increasing satisfaction with resident's who have different abilities and interests, but we managed to increase level of recommendation

**Comment**

Successful in increasing percentage and we strive to continue to improve our overall results.

	Last Year		This Year		
<b>Indicator #12</b>	<b>95.50</b>	<b>100</b>	<b>66.70</b>	<b>--</b>	<b>NA</b>
Would you recommend this home? (Extendicare Kapuskasing)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

To improve the overall family experience in the home

**Process measure**

- Percentage of family members who would recommend our home to others.

**Target for process measure**

- To be determined with next Satisfaction survey in October 2024.

**Lessons Learned**

Families value communication and assurance of resident's status, and we continue to work on communication strategies.

**Comment**

Last year was 62.5% and this year increased to 66.7%. We continue to strive for improvement in our overall satisfaction results.

Indicator #5	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
My care conference is a meaningful discussion that focuses on what is working well, what can be improved, and potential solutions (Extendicare Kapuskasing)	<b>41.00</b>	<b>65</b>	<b>82.40</b>	<b>--</b>	<b>NA</b>

**Change Idea #1**  Implemented  Not Implemented

To improve Interdisciplinary Care Conference Meetings and ensure that they are meaningful, focused and resident centered.

**Process measure**

- 1. The number of in house meetings held. The number of family and residents in attendance.

**Target for process measure**

- Invitation to the May in house meetings will be sent to Residents and families in April 2024.

**Lessons Learned**

IDTC's are scheduled at the 6 weeks mark for new admissions and yearly for all residents. The meetings occur in person unless other virtual/phone is required, and residents are encouraged to attend able. The challenge was to create a schedule and to re-establish the communication line with families, successful. Otherwise, we saw great success in this area.

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
I am updated regularly about any changes in my home. (Extedicare Kapuskasing)	<b>68.80</b>	<b>85</b>	<b>68.80</b>	<b>--</b>	<b>NA</b>

**Change Idea #1**  Implemented  Not Implemented

To improve the communication in the home between Residents and families within the home having more opportunities for meetings

**Process measure**

- 1. Number of town halls held. 2. Number of families attending the town hall meetings3. Number of newsletters distributed..

**Target for process measure**

- Town hall meetings, Monthly Newsletter and communication board will begin in May 2024.

**Lessons Learned**

Families and residents were more satisfied with the communication and appreciated the family forum as well as the IDTCs. This will continue going forward.

Indicator #2	Last Year		This Year		
	I am satisfied with the quality of care from doctors. (Extendicare Kapuskasing)	<b>40.90</b> Performance (2024/25)	<b>65</b> Target (2024/25)	<b>61.90</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

To improve the working relationship between with families and physicians by offering more opportunities to connect with physician.

**Process measure**

- 1. Number of Residents seen by MD monthly 2. number of family requests to speak with the MD.

**Target for process measure**

- Plan to be reviewed at the next PAC meeting in April 2024. Referral form will be developed and implemented by May 31st 2024

**Lessons Learned**

Bi-weekly rounds completed by Dr and residents are assessed as needed. Increased communication between residents and families have improved the working relationship.

Indicator #1	Last Year		This Year		
	Communication from home leadership is clear and in timely manner (Extendicare Kapuskasing)	<b>62.50</b> Performance (2024/25)	<b>85</b> Target (2024/25)	<b>77.80</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

To improve the communication in the home between Residents and home leaders by having more opportunities for meetings

**Process measure**

- 1. Number of town halls held. 2. Number of residents attending the town hall meetings3. Number of newsletters distributed.

**Target for process measure**

- Town hall meetings, Monthly Newsletter and communication board will begin in May 2024.

**Lessons Learned**

1 family forum was held, very well appreciated by families another in planning stage, increased communication with families and IDTC very helpful  
Encouraging residents to attend resident council

**Comment**

Home improved indicator by ensuring IDTC's are held and there is continuous communication. We will continue with this process.

Indicator #4	Last Year		This Year		
	I have an opportunity to provide input on food and beverage options (Extendicare Kapuskasing)	<b>40.00</b> Performance (2024/25)	<b>85</b> Target (2024/25)	<b>100.00</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Invite families to the food committee meetings to provide input to the food and beverage options.

**Process measure**

- 1. Number of family members who attend the food committee meetings 2. Number of suggestions provided by family for food and beverage options 3. Number of suggestions implemented

**Target for process measure**

- Invite family members to the food committee meeting to begin in April, 2024.

**Lessons Learned**

Family members have been satisfied with the increased input into food and beverage options. We saw a significant improvement as a result. Processes will continue.

Indicator #10	Last Year		This Year		
	The resident has input into the recreation programs available. (Extendicare Kapuskasing)	<b>0.00</b> Performance (2024/25)	<b>50</b> Target (2024/25)	<b>77.80</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

The home will initiate a monthly program calendar club

**Process measure**

- 1. Number of Residents who attend the meetings 2. Number of suggestions received for activity calendar 3. Number of suggestions implemented as a result of the feedback received.

**Target for process measure**

- Monthly program calendar club to begin meeting in April 2024

**Lessons Learned**

The monthly calendar is posted on the activity board, in each resident's room and also discussed at resident meetings.



**Safety | Safe | Optional Indicator**

	Last Year		This Year		
<b>Indicator #8</b>	<b>22.50</b>	<b>15</b>	<b>28.00</b>	<b>-24.44%</b>	<b>15</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Kapuskasing)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Conduct Environmental Risk Assessments of resident spaces to identify potential fall risk areas and address areas for improvement

**Process measure**

- Number of completed Environmental Risk Assessments. Number of identified deficiencies corrected. Number of Nursing Team members who receive the education

**Target for process measure**

- Education for all Nursing Team members to be completed by May 31st 2024. Environmental Risk Assessments to be completed following every fall.

**Lessons Learned**

Staff continue to receive ongoing education and support to identify potential risks, monthly reviews are used to create action plans as a tool to reduce number of falls and implement interventions.

**Comment**

Interdisciplinary team meets to review, discuss and implement interventions to reduce number of falls. Ex: bed/chair alarms, fall mats and staff training. Additional staffing was also implemented. We plan to continue to work on this in 2025.

Indicator #9	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Kapuskasing)	20.26	17.30	17.27	14.76%	15

**Change Idea #1**  Implemented  Not Implemented

Medication reviews completed for all residents currently prescribed antipsychotics

**Process measure**

- # of resident reviewed monthly # of plans of care reviewed that have supporting diagnosis # of reduction strategies implemented monthly

**Target for process measure**

- All residents currently prescribed antipsychotics will have a medication review completed by July 2024

**Lessons Learned**

Residents are reviewed during annual review, and as needed. Bi-weekly reviews are performed by BSO, MD and pharmacist to ensure effectiveness. Non-pharmaceutical tool was also implemented when possible. These strategies were successful, and we saw improvement in this indicator. Strategies will continue.

Safety | Safe | **Custom Indicator**

Indicator #6	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of long-term care home residents in daily physical restraints over the last 7 days (Extendicare Kapuskasing)	0.00	0	1.90	--	NA

**Change Idea #1**  Implemented  Not Implemented

Review restraint use with all applications received through the NELHIN. If a restraint is in use, begin communication through the NELHIN before admission to inform the potential resident and family on our least restraint policy and the home's use of alternatives to restraints.

**Process measure**

- # of applications monthly where a restraint is in use # of communications sent back to applicant and family through LHIN to explain our least restraint policy.

**Target for process measure**

- Process for review of LHIN applications for restraint use and communication followed to inform/educate on our policy will be in place by July 2024.

**Lessons Learned**

Policy is provided in admission's package and reviewed thoroughly with family ensuring understanding of potential dangers.

**Comment**

We will continue to strive for improvement and have included this in our 2025 workplan.

Indicator #7	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
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 Kapuskasing)	0.00	0	1.90	--	NA

**Change Idea #1**  Implemented  Not Implemented

To decrease the risk of LTC Home acquired pressure injuries

**Process measure**

- Number of Residents with PURS of 3 or greater. Number of Residents who develop an acquired pressure injury Number of worsened pressure injuries.

**Target for process measure**

- All residents will be reviewed with preventative measures in place by December 31th 2024.

**Lessons Learned**

We continue to adhere to policies and procedures to reduce developed and/or worsening pressure injuries. We did increase in our results but will continue to work on improvement in our 2025 workplan.

**Comment**

We will continue to work on this indicator for 2025.