Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #7 Resident Satisfaction - Would I Recommend the Home (Extendicare Maple View)	**88.40** Performance (2024/25)	**100** Target (2024/25)	**86.40** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Celebrate this indicator result by creating a program to elaborate on examples of why they would recommend our home and create a quality board with all the reasons.

Process measure

- # program sessions held # residents participated # of positive examples posted on board.

Target for process measure

- 85% of our residents will participate in this celebration and creation of our board by May 30, 2024.

Lessons Learned

A Quality board is visible in the front lobby adjacent to the elevators. Resident and Family survey results are visible plus other quality program indicators. Family Council monthly Administrator report updates are completed with information of the Home's operational and financial information; same information is presented at resident council.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Tour book developed so that there is consistent messaging of Home's activities etc.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

positive feedback recieved from other COmmunity health partners i.e Hospital and Home & Community services

Comment

Revisiting the resident information boards on the resident home areas -- the quality of information and the visible board itself was successful and will continue.

	Last Year		This Year		
Indicator #3 Overall, I am satisfied with communication from home leadership. (Extendicare Maple View)	**75.40** Performance (2024/25)	**85** Target (2024/25)	**45.50** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Discuss this indicator at Resident Council meeting and at townhall meetings to gain better insight on how the Home can improve communication within the home.

Process measure

- # meetings held # residents involved in discussion. # of suggestions provided by residents on improving communication # of suggestions implemented

Target for process measure

- The discussion of this indicator at Resident Council will occur by April 30, 2024. Overall improvement by next satisfaction survey Oct 2024.

Lessons Learned

We continue to communicate at resident council and hold Town Hall meetings for staff. Resident Council meeting is held monthly except during summer months and Town Hall meetings at a minimum quarterly except through seasonal vacation time.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Rounding tool for the management /leadership team - checklist and sign off

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Rounding tool implemented for all managers - Jan 2025, Revising the rounding tool to be department specific; Management /Leadership have a copy of the rounding tool and are aware of expectations. will continue to monitor.

Comment

Our goal is to increase visibility of the management/leadership team at Resident and Family Council, rounding in all departments. We now have to date a full management/leadership structure for approx. 1year. Two New ADOCs in the last three months.

	Last Year		This Year		
Indicator #8	**72.40**	**85**	**78.70**	**--**	**NA**
Resident Satisfaction: I am updated regularly about any changes in my home. (Extendicare Maple View)	**Performance (2024/25)**	**Target (2024/25)**	**Performance (2025/26)**	**Percentage Improvement (2025/26)**	**Target (2025/26)**

Change Idea #1 ☑ Implemented ☐ Not Implemented

Plan Town Hall meetings where all residents and families can attend.

Process measure

- # of residents attending Town Hall meetings will increase each month # of town hall meetings held # of suggestions/feedback received # of suggestions implemented

Target for process measure

- Process of inviting residents and families to Town Hall meetings to be in place by September 2024

Lessons Learned

The same Townhall meeting updates are shared at Family & Resident Council plus the staff town hall meetings. Copies are available and distributed throughout the facility.

Change Idea #2 ☑ Implemented ☐ Not Implemented

A spreadsheet has been created that lists all internal committee meetings and expected time periods for those meetings in 2025

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

copy of the meeting spreadsheet finalized Feb 2025 - now plan to distribute to Family /Resident Council - post internally for staff and resident - on Quality Board and Board in service entrance area plus the front entrance of the Home by March 5th 2025

Comment

We did see some improvement in results this year and will continue with our strategies to further improve.

	Last Year		This Year		
Indicator #9 There is a good choice of continence care products. (Extendicare Maple View)	**56.00** Performance (2024/25)	**80** Target (2024/25)	**85.40** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Have Prevail visit the home to provide information for residents about available continence products and allow opportunity for questions.

Process measure

- Number of residents happier by next survey # audits conducted by prevail and internal staff. # of residents attending sessions with Prevail # of questions asked about continence products

Target for process measure

- Information session for residents will be arranged and completed by June 2024

Lessons Learned

Improvement with 2024 resident & Family satisfaction survey results. 82/6% in 2023 compared to 85.4% - stated that the product keeps them dry and comfortable

Change Idea #2 ☑ Implemented ☐ Not Implemented

Create one or two lead positions for measuring and assessment for right product fit and comfort.

Process measure

- # of resident in the proper product # of residents measured and reassessed # of train the trainer sessions provided by Prevail # of follow up audits completed monthly

Target for process measure

- 100% of Residents will be measured and reassessed by July 2024 New position(s) will be hired by ? and training provided by Prevail by ?

Lessons Learned

One lead PSW staff position in place due to turnaround of staff. An ADOC now lead position in place for Skin Wound & Incontinence. Program meetings scheduled to discuss action plan and quality improvement actions moving forward

Comment

Strategies were successful and we saw improvement in this indicator in 2024.

	Last Year		This Year		
Indicator #6 Percentage of resident's unhappy with the number of friends they have within the home (Extendicare Maple View)	**71.30** Performance (2024/25)	**75** Target (2024/25)	**NA** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

Development of a resident "Welcoming Committee" from resident council

Process measure

- # residents wishing to participate in this program # of packages distributed monthly

Target for process measure

- 100% of new admissions will have a Welcome package given to them starting July 2024.

Lessons Learned

the admission process was revisited and revised in November 2024 - the welcoming committee planned to establish in April 2025

Change Idea #2 ☑ Implemented ☐ Not Implemented

Place new admissions at the dining table with resident of same age, likes and abilities

Process measure

- # of residents placed at table with like-minded individuals thus changing our focus away for placing residents based on assistance needed # of new admissions reviewed monthly by BSO and Program staff

Target for process measure

- Process for placing new admissions at table with resident of similar interests will be in 100% in place by August 2024

Lessons Learned

This criteria is taken into consideration at the time of table rotation

Comment

This question was not included in our 2024 survey based on feedback from residents across Extendicare, so we are unable to compare results. We did however have improvements within the home. Admission process revised in November - hired another social worker as coordinator of the admission process; 21-day process developed with role definition and checklist - ongoing quality improvement initiative.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #4 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Maple View)	**21.07** Performance (2024/25)	**15** Target (2024/25)	**20.65** Performance (2025/26)	**1.99%** Percentage Improvement (2025/26)	**15** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Conduct environmental assessments of resident spaces to identify potential fall risk areas and address areas for improvement.

Process measure

- # of environmental assessments completed monthly # of identified deficiencies from assessments that were corrected monthly.

Target for process measure

- Environmental risk assessments of resident spaces to identify fall risk will be completed by June 2024.

Lessons Learned

Physiotherapist was conducting the majority of environmental assessment - now included in the admission process.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Improve our Fall Prevention Committee membership by including staff from all 3 shifts and all departments to assist in managing falls occurring in late evening and nights.

Process measure

- # staff attended information sessions # new staff interested in becoming a member of the Falls Reduction committee.

Target for process measure

- Information session for staff will be held by May 1, 2024.

Lessons Learned

Difficulty with providing education onsite due to frequent interruptions
Staff that were planned to attend education would be reassigned to vacant shift assignment

Change Idea #3 ☑ **Implemented** ☐ **Not Implemented**

Re-establish our monthly Nursing Restorative/PT meetings to ensure we are focusing on our residents who are at high risk for falls.

Process measure

- # meetings held monthly.

Target for process measure

- Our team will have first meeting by Feb 30, 2024 and monthly thereafter.

Lessons Learned

monthly informal meetings were held -- plan for structured interdisciplinary meetings moving forward.

Comment

Planning educational session offsite for a full day

	Last Year		This Year		
Indicator #5	**15.00**	**14.50**	**12.06**	**19.60%**	**10**
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Maple View)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Medication reviews completed for all residents currently prescribed antipsychotics.

Process measure

- # of residents 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

5 to 6 residents monthly

Comment

monthly interdisciplinary team meetings - medical director in attendance

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #1	**0.00**	**0**	**2.60**	**#Error**	**NA**
% of LTC resident with restraints. (Extendicare Maple View)	**Performance (2024/25)**	**Target (2024/25)**	**Performance (2025/26)**	**Percentage Improvement (2025/26)**	**Target (2025/26)**

Change Idea #1 ☑ Implemented ☐ Not Implemented

Review current restraints and determine plan for trialing alternatives to using a physical restraints..

Process measure

- # residents reviewed monthly # of meetings held with families/residents to discuss alternatives monthly # of action plans in place for reduction of restraints in collaboration with family/resident. monthl

Target for process measure

- 100% of restraints will be reviewed and plans implemented for trialing alternatives by May 2024

Lessons Learned

Monthly interdisciplinary meetings scheduled every 2nd week to review residents, tracking spreadsheet in place which has been helpful.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Review restraint use with all applications received through the LHIN. 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 restraint.

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

- 100% LHIN applications will be reviewed for restraint use and communication followed to inform/educate on our policy.

Lessons Learned

This was a successful change idea and helped to increase communication and awareness about restraints. We will continue to utilize this strategy .

Indicator #2	Last Year		This Year		
% of LTC residents with worsened ulcers stages 2-4 (Extendicare Maple View)	**2.50** Performance (2024/25)	**2** Target (2024/25)	**0.80** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Re-educate Registered and PSW staff on basic skin care and wound care.

Process measure

- # education sessions held.

Target for process measure

- 100% of staff will be re-educated on skin/wound policy by Sept 2024.

Lessons Learned

Continuous clinic huddles on resident home areas; Push assessments completed by RN staff with mentoring/overseeing of the Skin/Wound Lead.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Review current bed systems/surfaces for residents with PURS score 3 or greater.

Process measure

- # of residents with PURS score 3 or greater # of reviews completed of bed surfaces/mattresses monthly # of bed surfaces /mattresses replaced monthly.

Target for process measure

- A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by August 2024.

Lessons Learned

Mattress replacement approx. over 70 completed in 2024; Air mattresses available in the Home based on criteria

Change Idea #3 ☐ Implemented ☑ Not Implemented

Continue with our early detection of potential pressure ulcers by re-starting of utilizing Arjo's Provizio scanning device to measure the moisture level under the skin of the heels and sacrum to identify residents who have high risk for developing a pressure injury if interventions are not implemented.

Process measure

- # residents scanned monthly # residents with a high delta score with implementation of interventions # residents discharged from program as successfully decreased scanning score.

Target for process measure

- Once this is re-started - Wound care RN will provide a monthly summary to Skin/Wound Committee, CQI meetings and others as identified by the committees.

Lessons Learned

Provizio project on hold: But the skin/Wound Lead monitors daily and monthly tracks residents in need of her expertise and follow up with the interdisciplinary team every week.

Comment

Education workshop offsite full day is being planned for April re: Wound champions approx up to 12 or more direct staff