

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

Indicator #7	Last Year		This Year		
	68.20	85	75.60	--	NA
Percentage of Resident who responded, "I would recommend this home to others." (Extendicare Medex)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Improve the overall admissions process to improve resident and family satisfaction, which will be reflected through answers on the annual resident and family satisfaction survey with recommendations of the home to others.

Process measure

- # of surveys returned post admission with positive feedback, # of surveys returned post admission with negative feedback, # of initial IDTCs that resident and their family are satisfied with, # of resident scans surveys completed within 3 months of admission

Target for process measure

- will have 75% of surveys returned by residents and their families by October 31, 2024 with an overall improvement in results.

Lessons Learned

We have made significant progress in enhancing the admissions experience for new residents and their families. While some initiatives were planned for completion in 2024, we are actively finalizing them in 2025. The welcome video has been created and is set for launch, providing key contacts and essential information. The enhanced welcome email, including important resources, is in progress and will be sent soon.

Additionally, we provide early drop-off option for personal belongings to create a more comfortable environment. These initiatives reflect our commitment to ensuring a smooth and welcoming transition for all new residents and families.

Indicator #1	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
I am satisfied with the food and beverages served to me. (Extendicare Medex)	46.60	68.90	57.00	--	NA

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

Evaluation of present services for food and beverages

Process measure

- # of interviews held # of Audits completed

Target for process measure

- Interviews and surveys to be completed by April 30, 2024 on all residents with a CPS scores of 0 to 2

Lessons Learned

We have customized Extendicare's Menu.

4 Medex Specific Menu were created - 1 for each season.

All Recipes were reviewed and adapted to Extendicare Medex's specific needs.

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

Enhance residents' dining experience by diversifying menu options, implementing themed meal days and incorporating at least one new culturally inspired dish per week.

Process measure

- # of new culturally inspired dishes # of residents who provide positive feedback on post meal survey

Target for process measure

- Achieve a 30% increase in resident satisfaction scores related to the variety and cultural diversity of meals by December 31, 2024

Lessons Learned

By customizing Extendicare Medex menu based on resident needs in our home, we had the chance to add diverse Recipes.

As we now change our menu 4 times per year, we are able to have a bigger variety of choices based on resident feedback.

We also invited Residents to share with us their favorite recipes and add those to the menu rotation.

Indicator #2	Last Year		This Year		
	63.20	79.30	64.60	--	NA
I am satisfied with the quality of laundry services for my personal clothing (Extendicare Medex)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Improving the labelling process for personal clothing to enhance efficiency, organization, and resident satisfaction.

Process measure

- # of surveys completed # of lost or misplaced items reported

Target for process measure

- 80% of those surveys will be satisfied with the quality of personal clothing laundry services by June 30, 2024

Lessons Learned

Successes

- 1.Increased awareness among staff and residents' families about the importance of proper labeling
- 2.Faster identification and return of personal clothing.

Challenges:

- 1.Ensuring compliance among all shifts, especially casual staff who may not be as familiar with the process., To rectify this, we streamlined a new job routine for staff to follow

Change Idea #2 ☒ Implemented ☐ Not Implemented

Revamped personal clothing drop off procedure

- 1.Introduced new instruction for personal clothing drop off
- 2.Implemented purple sheets for updating resident information and to capture the details of who is dropping off the sheets for proper tracking.

Implemented new procedure to easily identify unlabeled clothing at home.

Any clothing received in the laundry without a label will be photographed immediately and placed on a designated "Unlabelled Items" cart. The photo will be automatically uploaded to a shared online album, accessible via a secure link, residents, families and staff can easily view unlabelled items and help identify any missing clothing

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Successes

- 1.Greater staff compliance with the new drop-off procedure, leading to a more organized and streamlined laundry labeling process
- 2.Enhanced communication between staff, residents, and families by providing a shared online album for easy identification of missing clothing

Challenges

- 1.Technical challenges related to uploading and maintaining the shared online album at times.

Indicator #5	Last Year		This Year		
	17.14	15	13.38	21.94%	12
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Medex)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Reduce the number of falls or risk of injury from falls for residents who have been identified as having multiple falls. Implement resident specific strategies to address the root cause analysis.

Process measure

- # of residents who have fallen with specific details will be evaluated weekly. Compare # of residents with improved risk or number of falls related to early identification and intervention from weekly GROW meetings

Target for process measure

- Frequent fallers will be identified and reduced by 75% before September 1, 2024

Lessons Learned

With the implementation of weekly GROW meetings, we have been able to identify residents who are at risk of falls or multiple falls and have been able to come up with strategies in collaboration with both day and evening shifts on how to reduce the fall or the risk of injury of falls through resident specific approaches to care and identifying the root cause of analysis, when able. This has allowed us to maintain our current indicator and remain at target. The challenge of this indicator is the unpredictability of falls in the long-term care environment and identifying possible triggers to the reasons behind the fall for newer admissions when the residents are less familiar to the staff. We do place falls prevention in place for the first 30 days of all new admissions, however sometimes the root cause for these falls has not been identified until one occurs.

Indicator #6	Last Year		This Year		
	17.56	17.30	11.79	32.86%	10
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Medex)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Continue to reduce the use of antipsychotic medications and to remain under 10% for our target indicator.

Process measure

- # of residents taking an antipsychotic will be reviewed weekly with the Grow team. # of resident on a reduction program including new admissions will be evaluated monthly by the Lead to the program. Will be fully implemented by end of April 2024

Target for process measure

- Process will be reviewed monthly, and targets reviewed quarterly with a goal to meet or exceed Extendicare's target by September 30, 2024

Lessons Learned

With the assistance of our physicians in house and our pharmacy consultant, the home has been successful in reducing and eliminating antipsychotic usage to residents in our home. The weekly follow up at GROW meetings has also moved into our weekly GREW meetings which is a team of individuals who discuss residents who have or may exhibit behaviours or show signs of withdrawal due to dementia. This team is using the dementiability approach (person centered) approach to care in enriching the lives of residents through implementing programs with purpose and meaning. This has assisted in meeting needs and further reducing the need or use for these medications.

Safety | Effective | Custom Indicator

Indicator #3	Last Year		This Year		
	0.55	0	0.05	--	NA
Percentage of long-term care home residents in daily physical restraints over the last 7 days (Extendicare Medex)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

To maintain current indicator at or below 1% for the upcoming calendar year. Continue to use current process within the home that has been successful.

Process measure

- # of residents who have a restraint and reason for the restraint will be reviewed monthly. Ensure the plan of care is appropriate for the use of the restraint.

Target for process measure

- Maintain current indicator at 1.0% with goal to eliminate restraints and reach 0% by December 31, 2024

Lessons Learned

The current process has been in place for over 2 years and has been effective in maintaining our restraints in home to less than 1%.

Safety | Safe | Custom Indicator

Indicator #4	Last Year		This Year		
	1.10	1	1.31	--	NA
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 Medex)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Maintain current indicator and continue to reduce by June 2024 with some change ideas from our current process. Will focus on early detection and reducing risk of wound infection.

Process measure

- # of residents with existing pressure injuries to include inherited and acquired will be tracked weekly by the Wound Care Champion. 100% of all new admission or readmission will be assessed by the WCC and registered staff for early implementation of positioning device and skin care regime within 72hrs of admission/readmission.

Target for process measure

- Will improve current target and continue to exceed Extendicare's target by end of Dec 2024.

Lessons Learned

We have been able to add a second SWAN certified RPN to our home on a full-time basis. Both SWAN nurses are also a part of collaborating with OH@Home and the admissions process to the home. This has been effective in ensuring that all files for new admissions are reviewed and the appropriate treatments and relieving devices are in place prior to the day of admission at the home. The SWAN nurses also assess all new admissions on day one of arrival. This has been effective in not only addressing wounds that they may arrive with and as part of the file, but other wounds that may have not been documented prior to the arrival at the home or potential risks of breakdown where the appropriate measures are initiated. Due to this process we continue to meet our target.

