

Experience | Patient-centred | Custom Indicator

Indicator #4	Last Year		This Year		
	75.00	85	81.00	--	NA
Percentage of residents who respond positively to the question "I would recommend this home to others" (Extendicare Limestone Ridge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Establish regular quality and satisfaction assessments during food committee meetings, focusing on reviewing meals, beverages, and dining services.

**Process measure**

- # of quality and satisfaction assessments during food committee meetings # of actions/improvements made as a result of quality and satisfaction assessments

**Target for process measure**

- Enhance residents' overall experience and foster collaboration with meal, beverage, and dining services through an improved review process, set to commence in May 2024 during the Monthly Food Committee Meetings.

**Lessons Learned**

Food Committee meetings remained part of Resident Council for 2024. We will review for 2025.

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

Collaborate on implementing an enhanced home communication and update process for residents.

**Process measure**

- # of measures to enhance communication # of redevelopment sessions and resources provided. # of townhalls completed related to home updates and redevelopment

**Target for process measure**

- Improve communication within the home for residents regarding updates and redevelopment activities. Planned implementation by May 2024.

**Lessons Learned**

Multiple avenues for communication to residents were made available and were beneficial to residents with impairments and memory issues. This process will continue.



Safety | Safe | Custom Indicator

Indicator #1	Last Year		This Year		
	0.00	0	0.00	--	NA
% of LTC Residents with Daily Physical Restraints (Extendicare Limestone Ridge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Conduct refresher education with registered staff to maintain a restraint free environment.

Process measure

- # of education sessions completed monthly # of staff who attended education sessions monthly

Target for process measure

- Plan to be fully implemented by June 2024 with a goal of 100% of registered staff to receive education by December 2024.

Lessons Learned

This was successful and we have maintained 0 restraints for 2024.

Comment

We continue to teach all potential new admissions regarding our least restraint policy.

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of resident's who have had a fall within the last 30 days leading up to their assessment. (Extendicare Limestone Ridge)	17.90	15	14.70	--	NA

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

Implement environmental assessment of resident rooms for resident's who experience falls.

**Process measure**

- # of environmental risk mitigation assessments completed monthly. # of deficiencies corrected monthly.

**Target for process measure**

- All resident who experience a fall will receive an environmental risk mitigation assessment completed monthly, process planned to be fully implemented by June 2024

**Lessons Learned**

Environmental assessments completed for all residents pre and post move to reduce risk of falls in new environment. Only 2.5% of residents had a fall within the first week of move to Limestone Ridge. This was successful change idea and will continue.

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

Enhanced education sessions for Registered staff on completing post falls huddles to determine root cause of falls and improve proactive approach to falls prevention.

**Process measure**

- # of education sessions completed monthly # of staff who received education monthly

**Target for process measure**

- Plan to be fully implemented by June 2024 with a goal of 100% of registered staff to receive education by December 2024.

**Lessons Learned**

Difficult to implement post fall huddles as a standard without having champions on each shift to drive change ideas. Face to face education not a priority with redevelopment focus as year progressed.

**Comment**

We will prioritize resident focused change ideas to decrease risk of frequent falls.

Indicator #5	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of residents with worsening stage 2-4 pressure ulcer. (Extendicare Limestone Ridge)	1.67	1	1.90	--	NA

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

Increase education with staff, families and residents regarding wound prevention to reduce the number of residents who trigger worsened pressure injury.

**Process measure**

- # of staff who received educational opportunities # of families who received education on maintaining skin integrity, pressure injury prevention and intervention strategies # of residents who received education on maintaining skin integrity, pressure injury prevention and intervention strategies

**Target for process measure**

- To enhance the overall understanding of maintaining skin integrity, pressure injury prevention and intervention strategies for residents, families and staff.

**Lessons Learned**

Wound Care Champion often pulled to the floor and difficult to backfill when provided 1-2 wound care rounds weekly. More success with reducing pressure injuries once FT wound care nurse implemented late 2024.

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

Enhance education sessions for Registered Staff on completing post falls huddles to determine root cause of falls and improve proactive approach to falls preventions.

**Process measure**

- # of education session completed monthly # of staff who received education monthly.

**Target for process measure**

- Plan to be fully implemented by June 2024 with a goal of 100% of registered staff to receive education by December 2024.

**Lessons Learned**

This change idea is for falls prevention





Safety | Safe | **Optional Indicator**

Indicator #2	Last Year		This Year		
	9.47	9	9.45	0.21%	9
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Limestone Ridge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☒ Not Implemented

Enhance collaboration with Behavioral Supports Ontario (BSO) Lead and interdisciplinary team.

Process measure

- # of Professional Advisory meetings the BSO lead attends

Target for process measure

- BSO lead will be a permanent contributing member of the Professional Advisory meetings.

Lessons Learned

BSO Team members changed multiple times throughout 2024, making change processes difficult to follow through with. We continue to try to collaborate in 2025.

Comment

We will continue to try to collaborate in 2025.