

Experience | Patient-centred | Custom Indicator

Indicator #3	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 variety of food and beverage options. (Extendicare London)	54.40	70	53.20	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

1. Increase the type and variety of food and beverage options available in the resident menu

Process measure

- # of national food days /month # of times protein option discussed at food committee # of different options provided monthly

Target for process measure

- the type and variety of food and beverage options available in the resident menu will be in place by March 2024

Lessons Learned

The residents were very involved in picking the special food days such as what international foods they would like to try. this was a positive strategy.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Increase opportunities for residents to provide more input into food and beverage options on the menu

Process measure

- # of times/month resident choice menu occurred # of suggestions provided by residents monthly

Target for process measure

- Increased opportunities for residents to provide more input into food and beverage options on the menu will be implemented by April 2024

Lessons Learned

The residents often showed excitement about the upcoming special food days however this was not reflected in our score. We will continue to hold special food days.

Comment

We will continue to update our menus and provide a wide variety of foods and beverages, promote special food days and encourage input from the residents.

Indicator #5	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
I have input into the recreation programs available. (Extendicare London)	58.90	70	66.00	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

1. Increase resident involvement in providing activity program ideas and types of programs they would like to participate in

Process measure

- # of residents who provide suggestions # of resident council meetings where activity suggestions were asked # of resident suggestions implemented

Target for process measure

- There will be increased resident involvement in providing activity program ideas and types of programs they would like to participate in by April 2024

Lessons Learned

Many new forms of communication were implemented, such as suggestion boxes, information added to the newsletter on how to attend planning program and other ways to make suggestions. The Activity Planning Program was suspended during the COVID-19 outbreak. It resumed partially in 2023 and returned fully in 2024.

Indicator #4	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
I have an opportunity to provide input on food and beverages. (Extendicare London)	56.30	70	NA	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

1. Provide information at Townhall and Newsletters for families to provide input into food and beverage choices for resident menu.

Process measure

- # of family members /residents attending townhall # of times menu process and options discussed at dining committee 1 column/month

Target for process measure

- Information will be provided for families on how to provide input into food and beverage choices by April 2024

Lessons Learned

Despite implementing various initiatives to encourage input on food and beverages — including inviting suggestions, promoting opportunities through newsletters and town halls — participation remained low, and the score did not improve. We will continue to try to gather input and feedback.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Survey will be developed and sent to families for feedback on food and beverages on resident menu.

Process measure

- # of surveys sent monthly # of family responses received # of responses that were implemented

Target for process measure

- A survey will be developed and sent to families for input on food and beverages on resident menu by April 2024

Lessons Learned

Surveys were made available to all families, however very few surveys were returned. This shows how difficult it can be to get engagement, even with opportunities for suggestions.

Comment

The survey was changed in 2024 based on resident and family feedback. As a result, this question was not in the survey, so we are unable to compare results. However, we will continue to promote ways to provide suggestions and input on food and beverages.

Indicator #10	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
The resident has input into the recreation programs available. (Extendicare London)	56.40	70	52.50	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

1.Increase family awareness of all opportunities for residents and family to provide input into recreation programs

Process measure

- # of residents and families who provide suggestions # of suggestions that are implemented monthly

Target for process measure

- Family awareness of all opportunities for residents and family to provide input into recreation programs will be increased by April 2024

Lessons Learned

Many new forms of communication were implemented, such as suggestion boxes, information added to the newsletter on how to attend planning program and other ways to make suggestions however this score did not improve in the survey.

Comment

We continue to review and look at ways of communicating effectively with residents and families.

	Last Year		This Year		
Indicator #9	76.10	85	73.80	--	NA
Percentage of residents who would recommend this home to others (Extendicare London)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

1. Work with resident's council and OARC to ensure council is engaged and effective in all aspects of care in home.

Process measure

- #of concerns from resident's council monthly # of resident complaints in home monthly

Target for process measure

- 100% engaged with OARC and Residents Council by September 2024 0 concerns from residents council monthly 0 complaints from residents in home monthly

Lessons Learned

We greatly improved the Home-Like atmosphere of the home. Many residents and family members gave positive feedback on the new decorations, seating areas, games, music etc.

Indicator #6	Last Year		This Year		
	81.40	85	84.10	--	NA
Percentage of families who would recommend this home to others (Extendicare London)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

1. New informational newsletter will be created for residents and families- all departments will submit article. 2. Continue to work on creating family council in the home

Process measure

- Total number of family members receiving communication from home (minimum 1x a month) # of complaints received from families monthly # of family members interested in forming a family council

Target for process measure

- 100% of families who have provided us with personal emails will receive communication from the home. 0 complaints received from families monthly. Family council formed.

Lessons Learned

The Monthly newsletter has been a huge success with all departments contributing content and families and residents giving feedback that they enjoy reading it. We continue to have a challenge with finding family members interested in forming a family council. Efforts will continue.

Indicator #7	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare London)	13.85	10	17.11	-23.54%	10

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

1. Implement specific activity program at afternoon change of shift for residents who are high risk for falls.

Process measure

- # of residents reviewed for activity needs/preferences weekly # of activity programs that occur during change of shift in afternoon weekly

Target for process measure

- Specific activity program at afternoon change of shift will be implemented and in place by June 2024

Lessons Learned

Targeted activities were added at shift change but many high risk residents would choose not to participate.

Change Idea #2 ☒ **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

All environmental risks that were identified were addressed immediately with each fall, but residents continue to fall - usually due to not asking for help and self transferring.

Comment

In our next QIP we plan to: Ensure each resident at risk for falls has an individualized plan of care for fall prevention and improve documentation and communication on changes to fall interventions.

Indicator #8	Last Year		This Year		
	16.21	11	13.36	17.58%	11
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare London)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

1. Medication reviews will be completed for all residents currently prescribed antipsychotics to develop plan for deprescribing as appropriate.

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 who are currently prescribed antipsychotics will have a medication review completed by July 2024

Lessons Learned

All residents with an antipsychotic prescription without a qualifying diagnosis were reviewed but we found very few were deprescribed after review. We will continue ongoing reviews.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Provide educational material to families and/or residents on antipsychotic use

Process measure

- # of families provided with best practice information on reducing antipsychotics monthly # of tour and admission packages provided with antipsychotic reduction information included monthly

Target for process measure

- Educational material will be provided to families and/or residents on antipsychotics and important of minimizing use by Sept 2024

Lessons Learned

A brochure was created and provided to all residents and/or families of residents with an antipsychotic prescription without a qualifying diagnosis. This information was also placed in the newsletter. This led to better understanding overall.

Change Idea #3 ☒ Implemented ☐ Not Implemented

RAI Coordinator made changes to the way that end-stage residents and delusions/hallucinations were captured.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

More delusions/hallucinations and end-stage disease were captured in RAI MDS coding which led to a decrease of the number of residents with no qualifying diagnosis.

Comment

In our next QIP we plan to: Provide Gentle Persuasive Approaches (GPA) in Dementia Care Education for all staff and continue to collaborate with the physician to ensure all residents using anti-psychotic medications without a qualifying medical diagnosis and rationale identified are reviewed for possible deprescribing or diagnosing.

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

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

Review and assess PASD use for each resident in the home currently utilizing PASD's based on their individual needs

Process measure

- # of quarterly assessments completed # of meetings held with families/residents to discuss alternatives

Target for process measure

- PASD use will be reviewed and assessed by Sept 2024 for each resident who currently uses PASD'.

Lessons Learned

We were able to successfully decrease our bed rails after assessment and discussion with residents who no longer required them. Some challenges are misconceptions that bed rails should be a fall prevention measure. Education is in place to address but it is still an ongoing challenge.

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

Re-educate staff on restraint policy and use of alternatives to restraints to increase awareness of requirements.

Process measure

- # of staff education sessions held on restraint policy and alternatives to restraints # of staff who attended education sessions on policy

Target for process measure

- 100% of staff will be re-educated on restraint policy and alternatives to restraints by Sept. 2024

Lessons Learned

100% of care staff completed education on restraint policy.
A few staff still struggle with how to correctly chart repositioning of tilt wheelchairs. Re-education has been completed as needed.

Comment

We continue to successfully maintain 0% restraints in our home.

	Last Year		This Year		
Indicator #2	1.90	1.50	2.68	--	NA
% of LTC residents with worsened ulcers stages 2-4 (Extendicare London)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

1. Review current bed systems/surfaces for each resident assessed 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 assessed with PURS score 3 or greater will be completed by August 2024

Lessons Learned

All residents with PURS 4 or higher have a pressure reduction surface and resident with PURS 3 have care plans updated and interventions in place for prevention. This has been successful and continues.

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

Improve Registered staff knowledge on each shift for the identification and staging of pressure injuries

Process measure

- # of education sessions held on correct staging of pressure injuries # of Registered staff who completed education

Target for process measure

- 100% of registered staff will have received education on identification and staging of pressure injuries by Sept 2024

Lessons Learned

Education was completed with 100% of Registered Staff and helped to increase knowledge about staging pressure injuries.

Comment

Our Target was met in October 2024 but percentage increased in December 2024. We will continue to focus on this as a priority indicator for 2025.

