Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #6	**71.40**	**85**	**80.00**	**--**	**NA**
Percent of residents who would recommend this home. (Extendicare Haliburton)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Plan to improve continuity of care within the home by reviewing and updating the staffing compliment.

Process measure

- # of audits conducted on primary care assignments. # of vacant positions. # of new hires. # of times the contingency plan was updated. # of times the contingency plan was utilized.

Target for process measure

- Improvement in continuity of care and updated staffing compliment to be in place by September 1, 2024.

Lessons Learned

Staffing review was completed and we increased staffing in the home. We continue to work on recruiting efforts for all staff.

	Last Year		This Year		
Indicator #4 I am satisfied with the quality of care from the social worker(s) (Extendicare Haliburton)	**33.30** Performance (2024/25)	**85** Target (2024/25)	**25.00** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Increased use of social worker services or awareness of social worker services.

Process measure

- % of referrals to social worker services. # of admission who received the information package. # of social service programs. # of residents attending social service programs.

Target for process measure

- Overall improvement in the provision of social services within the home by September 1, 2024.

Lessons Learned

This was not as successful as we had hoped. Our challenge is the home does not have a social worker on staff. We continue to refer to local resources, but they are limited as we are in rural setting. We will continue to support residents on an individual basis. We have increased social programing in the activity Calander and 1-1 as needed.

Indicator #3

I am satisfied with the quality of care from the doctors(s) (Extendicare Haliburton)

Last Year		This Year		
42.90	**85**	**44.40**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Plan to increase communication between the physicians and residents/family/SDM.

Process measure

- # of residents interviewed. # of concerns from residents. # of resident council meetings attended. # of PAC meetings.

Target for process measure

- Improvement in continuity of care and residents will feel they have better communication with physician by June 1, 2024.

Lessons Learned

NP and Medical director communicated with families or POA/SDM when required. Director of care communicates with NP/MD when concerns arise. Both NP/MD attend PAC meetings. We saw some improvement with this improved communication, and we will continue in 2025.

Indicator #1

Family would recommend this home to others. (Extendicare Haliburton)

Last Year		This Year		
85.70	**88**	**94.40**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Improved communication with residents families between all departments in the home.

Process measure

- Number of emails sent out. Number of family council meetings attended. Number of topics discussed at family council meetings.

Target for process measure

- The frequency of communication with families will be improved by August 1, 2024.

Lessons Learned

We sent at minimum bimonthly emails from the leadership team which was a positive strategy to improve communication. This will process will continue this year. Challenges continue to recruit a family council committee.

Comment

We continue to try to recruit for family council members.

Indicator #5

I have an opportunity to provide input on food and beverage options (Extendicare Haliburton)

Last Year		This Year		
14.30	**85**	**88.90**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Involve families in menu planning.

Process measure

- # of resident council meeting attended. # of menus changes. # of seasonal menus approved. # of newsletters provided

Target for process measure

- Overall improvement of meal, beverage and dining services will be improved by September 1, 2024.

Lessons Learned

Offered a menu tasting for families and resident before new menu was implemented. Menu's approved at food committee meeting by residents and any concerns addressed from resident council.

Comment

We saw significant improvement in this area this year. Strategies implemented were beneficial and they will continue.

	Last Year		This Year		
Indicator #2 I am satisfied with the quality of care from the dietitian. (Extendicare Haliburton)	**50.00** Performance (2024/25)	**85** Target (2024/25)	**70.60** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Improved communication between the dietitian and families.

Process measure

- % of referrals made to dietitian. # of IDTC attended. # of audits conducted in the dining room and at meal service.

Target for process measure

- Overall improvement of communication between the dietitian and families by August 1, 2024.

Lessons Learned

We saw improvement in this area with increased communication from dietitian to families with concerns. The dietitian also provided input and feedback in the IDTC which was successful.

Indicator #12	Last Year		This Year		
	50.00	**85**	**81.80**	**--**	**NA**
Percentage of residents who are satisfied with the timing and schedule of spiritual care services. (Extendicare Haliburton)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

To increase spiritual care services within the home to any residents based on their preferences.

Process measure

- # of admission files that have spiritual denomination included. # of residents who attend spiritual programs on monthly basis. # of residents who have completed My Wishes program. # of in house questionnaire responses on activities/spirituality provided. # of programs related to designated multifaith on a monthly basis.

Target for process measure

- Overall improvement in the provision of spiritual care services within the homes based on their preferences will be shown by July 31st, 2024.

Lessons Learned

The home continues to support all residents' spiritual care needs.
Increase community volunteer ministers and other spiritual care services, with in the home. Interventions were successful and we had a very positive improvement in our results.

	Last Year		This Year		
Indicator #7	**33.30**	**85**	**53.30**	**--**	**NA**
Percentage of families who are satisfied with quality of care from doctors. (Extendicare Haliburton)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Plan to improve the communication between the physicians and families/SDM.

Process measure

- # of families surveyed. # of concerns. # of PAC meetings.

Target for process measure

- Improvement in continuity of care and family/SDM feel they are better communicating with physicians by June 1, 2024

Lessons Learned

When concerns were brought forward, they are addressed with NP and MD and discussed at PAC when needed. There has been an improvement in communication between physicians and families as a result.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #10	**33.55**	**15**	**21.38**	**36.27%**	**15**
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Haliburton)	**Performance (2024/25)**	**Target (2024/25)**	**Performance (2025/26)**	**Percentage Improvement (2025/26)**	**Target (2025/26)**

Change Idea #1 ☑ Implemented ☐ Not Implemented

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 by June 2024

Lessons Learned

RSA position implemented to provide extra activities and/or 1:1 support daily when needed. Hours were changed to support more behaviors/falls later in the afternoon.

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

Some rooms decluttered. Fall prevention devices added as needed, chair/bed alarms, fall mats, night lights. Challenge is increased number of residents who do not recognize limitations.

Comment

We continue to focus on this indicator for 2025 in our workplan.

	Last Year		This Year		
Indicator #11 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Haliburton)	**14.29** Performance (2024/25)	**14** Target (2024/25)	**X** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**5** 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

Review each of the residents that are receiving antipsychotic medications at responsive behaviours committee bi-monthly meeting.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Provide educational material to families and/or residents on antipsychotics and the importance of minimizing 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

The Care team will continue to meet at least quarterly to review residents that are high risk to assist with interventions and care planning with the
interdisciplinary team and families of residents.

Comment

Current indicator rate is 5.9% PCC.
Seek new and innovative opportunities and equipment to assist with responsive behaviours to reduce the number of medications.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #8	**0.00**	**0**	**0.00**	**#Error**	**NA**
Percentage of long-term care home residents in daily physical restraints over the last 7 days (Extendicare Haliburton)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Provide restraint free education to residents and families on admission and as needed from then on.

Process measure

- % of residents who use restraints. # of residents who currently use a PDSA. # of resident council and family council meetings attended. # of referrals to physiotherapy.

Target for process measure

- Extendicare Haliburton will continue to be restraint free in 2024.

Lessons Learned

Continue to be a restraint free environment for the resident. We provide staff and families with education with alternative options which has been successful.

Comment

We continue to have 0 restraints in our home. Strategies are successful and we continue to monitor our results.

Safety | Effective | Custom Indicator

	Last Year		This Year		
Indicator #9	**0.00**	**0**	**5.40**	**#Error**	**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 Haliburton)	**Performance (2024/25)**	**Target (2024/25)**	**Performance (2025/26)**	**Percentage Improvement (2025/26)**	**Target (2025/26)**

Change Idea #1 ☑ 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

All residents reviewed with PURS greater than 3 and beds have been equipped with air mattresses which was beneficial.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Improve Registered staff knowledge on identification and staging of pressure injuries

Process measure

- # of education sessions provided monthly for Registered staff on correct staging of pressure injuries

Target for process measure

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

Lessons Learned

Specific wounds discussed at monthly quality meetings as needed. Wound care champion on a LOA, challenge to find a new one. Another challenge is new admissions coming from hospital with substantial pressure injuries.

Comment

We will continue to focus on improvement in this indicator for 2025.