

Experience | Patient-centred | Custom Indicator

Indicator #8	Last Year		This Year		
	72.00	85	70.70	--	NA
Percentage of residents responding positively to "I am satisfied with the quality of care from the Social Worker" (Extendicare Rouge Valley)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Social Worker to meet with new admissions and approach different residents each month

- Process measure**
  - # of residents visited by Social Worker in a month/# of new admissions monthly
- Target for process measure**
  - New admissions to be approached by Social Worker starting May 1, 2024 and tracking of residents visited monthly to be implemented by June 2024.

**Lessons Learned**

Success was that that Social Worker was able to meet more residents frequently. Challenge was that some residents didn't feel that the visits helped them feel more supported. We will continue to work on this going forward and incorporate resident feedback on their experience.

Indicator #7	Last Year		This Year		
	80.00	85	98.00	--	NA
Percentage of residents "Who would recommend this home to others" (Extendicare Rouge Valley)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Obtain suggestions and ideas from Residents council on how to improve quality and satisfaction in the home.

Process measure

- # of ideas and suggestions for improvements received monthly.

Target for process measure

- 50% of suggestions to be implemented by October 30th, 2024 and 70 percent by December 31st, 2024, based on priorities and available resources

Lessons Learned

We great successes with satisfaction in this area and no challenges as we made this as a standing agenda in our monthly resident council meeting.

Indicator #3	Last Year		This Year		
	79.00	85	78.60	--	NA
Percentage of families "Who would recommend this home to others" (Extendicare Rouge Valley)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Obtain suggestions and ideas from family members on how to improve quality and satisfaction in the home

Process measure

- # of suggestions and ideas for improvement received monthly

Target for process measure

- Town Hall meetings will be held on a monthly basis to engage family member feedback by May 2024

Lessons Learned

Successes were that we had a monthly townhall each month with families. Challenge was that very few suggestions were received for improvement. We will continue to try to get feedback so we can further improve.

Indicator #4	Last Year		This Year		
	33.30	43	16.70	--	NA
Percentage of families responding positively to "The resident has input into the recreation programs available." (Extendicare Rouge Valley)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Resident program planning to be scheduled monthly for the following month's Activity calendar to maximize resident's input for programs.

Process measure

- Monitor # of attendance for program planning. Resident program Manager Observes and monitors 4 programs a month.

Target for process measure

- Resident program planning days to implemented on Calendar by June 2024. Audits of programs to be implemented by July 2024.

Lessons Learned

Success was that the schedule to meet with residents each month for input was followed and observations were made for 4 programs a month. Challenges were that families could have been more informed about the programs their loved ones attended during family conferences. We will address this going forward.

Indicator #9	Last Year		This Year		
	78.50	85	89.60	--	NA
Percentage of residents responding positively to "I am satisfied with the quality of laundry services for my personal clothing." (Extendicare Rouge Valley)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Enhance personal laundry process to reduce lost clothing

Process measure

- Audit 8 resident rooms monthly and track # of complaints received

Target for process measure

- Label change process to be implemented by June 2024

Lessons Learned

Successes were that we were able to do 8 resident room audits monthly consistently. Any time we discovered an issue during the audit an action completed immediately to rectify the issue. No complaints received. This change idea was successful.

Safety | Safe | **Optional Indicator**

Indicator #5	Last Year		This Year		
	11.04	10.50	15.80	-43.12%	14
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Rouge Valley)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Continue In-depth discussions and review for frequent fallers on a monthly basis.

Process measure

- # of frequent fallers interventions are reviewed at monthly meeting. # of successful intervention with decrease falls and risk of injuries. Implemented by end of June, 2024

Target for process measure

- Discussions and review process will continue on monthly basis to meet target goal of 10.5% by end of 2024

Lessons Learned

Successes were that meetings were held each month consistently and great discussions were had. Challenges came from our Behavioral unit due to Falls related to behaviors. This caused the indicator to stay high.

Comment

Our BSU ADOC will be implementing unit specific interventions and monitoring. This indicator will be included in our workplan for 2025.

Indicator #6	Last Year		This Year		
	13.74	12.50	12.10	11.94%	9
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Rouge Valley)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Interdisciplinary review of Antipsychotic medication usage throughout the home

#### Process measure

- # of resident each month who have antipsychotic without a diagnosis. # of resident each month who are on reduction program
- Monthly meeting with the Interdisciplinary team to be implemented June 2024

#### Target for process measure

- Interdisciplinary review of antipsychotic medication usage will be in place with plan to meet target of 12.5% by December 2024

### Lessons Learned

The review group was successful and met consistently. This allowed for constant discussion on cases by case basis of residents and resulted in the desired decrease. Challenges were residents that required the antipsychotic regardless of alternatives due to behaviors. We will continue to work on this for our 2025 workplan.

Safety | Safe | Custom Indicator

Indicator #2	Last Year		This Year		
	3.57	2	3.41	--	NA
% of LTC residents with worsened ulcers stages 2-4 (Extendicare Rouge Valley)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Reassess and enhance use of skin and wound photography program effectively. Include dietician, physiotherapy and 3M for intervention measures

Process measure

- # of residents reviewed weekly, interventions for offloading and treatment plan is updated, will be implemented by June 2024 # improved, current or worsen ulcers will shared at monthly skin and wound committee with the interdisciplinary team.

Target for process measure

- Reassessment and enhancement of use of skin and wound photography program will be in place and we Will have exceeded Extendicare's target by Dec 2024

Lessons Learned

Meetings were held consistently to review residents triggering the indicator. Challenges were early detection from some staff. Education is ongoing for this.

Comment

We will continue to work on this indicator for 2025 in our QIP workplan.



Safety | Safe | Custom Indicator

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

Change Idea #1 ☒ Implemented ☐ Not Implemented

Educate all families and residents upon admissions on zero restraint policy and alternatives.

- Process measure

  - # of request for restraints will be monitored and shared at restraint committee meeting. Implement by end of April, 2024.

Target for process measure

  - All families and residents on admission will have education on zero restraint policy and alternatives and we will maintain current target by Dec 2024.

Lessons Learned

This change idea was very successful. We did meet with all families and discussed restraints. When a family insisted on a restraint even after the education, we were successful in providing accepted alternatives. No challenges were encountered.