

Experience | Patient-centred | Custom Indicator

Indicator #8	Last Year		This Year		
	Resident Experience: Would you recommend the home. (Extendicare Halton Hills)	75.00 Performance (2024/25)	85 Target (2024/25)	82.70 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

To increase collaboration with the residents in order to address, embrace and implement change ideas.

Process measure

- # of meetings # of residents in attendance and # of new initiatives brought forward # of mini survey results received # of change ideas implemented based on feedback

Target for process measure

- Host monthly townhall meetings for resident in order to answer questions and supply information/updates. Townhall meetings to begin in April 2024.

Lessons Learned

challenges for the communications were strengthened to assist the residents' understanding of the home's operation by having a set schedule for the managers to attend the meetings through the first half of the 2025 year.

Change Idea #2 Implemented Not Implemented

The management team members were involved to the residents' council meetings to share what is happening in the departments

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The team has learned that the residents are helped by having them attend the meetings, answer their questions and present information that the residents may not be aware of before attending the meeting. This will also assist with the next resident and family survey results (as expected).

Change Idea #3 Implemented Not Implemented

New ADOC for the home is expected to interact with the residents, families and staff.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The ADOC evening has been in place and doing that since January 2025.

Comment

There was a significant increase in the percentage of residents who would recommend the home in the 2024 survey results (82.70%) over the 2023 survey results (75.00%). In 2024 there was a 7.7% increase in the residents who would recommend the home.

Indicator #2	Last Year		This Year		
	Family Experience: Would you recommend the home (Extendicare Halton Hills)	74.50 Performance (2024/25)	85 Target (2024/25)	80.70 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

To collaborate with our family representatives in order to address, embrace and implement change ideas and develop a family council.

Process measure

- Number of meetings per year and 3 communications with Family representatives (POA) per year. Walkabouts daily by Administrator

Target for process measure

- Create a robust Family Council in 2024 to be able to represent the voice of the family and bring new opportunities to the home through the council. Family Council to be created and Communications be sent to families by June 2024.

Lessons Learned

There were communications from the Administrator, Social Worker, and Program Manager regarding "news" from the home. The Administrator completed walkabouts which was beneficial.

Change Idea #2 Implemented Not Implemented

A new Social Worker was hired in May 2024 to add to the supports for the residents of the home.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The success was that there was a designated social worker present in the home after 7 months. This addition supported the admission of new residents, connection for the existing residents and efforts that were made in reaching out in an additional way to the family members and POAs.

Change Idea #3 **Implemented** **Not Implemented**

New ADOC was hired for the evening shift to support the residents, staff, and families.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The ADOC for the evening shift is working out with positive remarks from the staff and residents/families being expressed. this has been a successful change idea.

Change Idea #4 **Implemented** **Not Implemented**

Families were contacted for a "year in review" for the 2023 survey report before the 2024 survey was shared with the staff, families and residents. The summary was appreciated by all who attended the year-end Townhall.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

This review was helpful to celebrate the accomplishments of the 2023 year before sharing and working on the 2024 resident and family survey results.

Comment

There was a significant increase from 74.50% recommendation to 80.70% recommendation in this 2024 survey. A significant increase forward.

	Last Year		This Year		
Indicator #7	48.40	85	48.60	--	NA
Resident Experience: Percentage of residents who respond positively to the question, "I am updated regularly about any changes in my home." (Extendicare Halton Hills)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

To increase the frequency of updated information for the residents.

Process measure

- Number of residents that had the opportunity to receive and have an opportunity to ask questions about any changes in the organizations Number of ideas implemented based on feedback given.

Target for process measure

- The residents' response to this question would be 85% or higher on the next satisfaction survey for 2024.

Lessons Learned

The management team have been invited to the residents' council and the team has been sharing with the residents one on one. The residents who email the management team receive a response, along with the hiring of a Social Worker in 2024 who met with the residents one on one, both informally and through the care conferences with families. She spoke with approximately 85% of the residents over the 2024 year sharing information and answering questions.

Change Idea #2 Implemented Not Implemented

A new Social Worker was hired in May 2024 who has a MSW degree.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

We were able to successfully hire a social worker after having vacancy for 7 months.

Change Idea #3 Implemented Not Implemented

The new ADOC was planned for and then hired in January 2025

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The ADOC for the evening was hired and placed on the evening shift to support and communicate with the residents, families and staff. Also to support the Quality Improvement for the home.

Comment

The Social Worker was hired after not having one for 7 months. we anticipate that as a result our results will improve by next survey.

Indicator #1	Last Year		This Year		
Family Experience- I am satisfied with the quality of cleanliness of the residents rooms (Extendicare Halton Hills)	52.00	85	67.20	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

To collaborate with family council on change idea for improvement in cleanliness of resident rooms through review of audits results.

Process measure

- Number of audits completed. Number of education sessions conducted for housekeeping staff Number of family council meetings where plan was discussed.

Target for process measure

- Families will indicate improved satisfaction in the quality of cleanliness of resident's room Target is 85 percent on the 2024 satisfaction survey. Education to be completed by April 30, 2024. Target for audits completion is July 15, 2024.

Lessons Learned

336 audits for 2024 for room and common areas for cleanliness. 12 meeting for the staff regarding cleaning. We do not have a family council for 2024 but continue to try to generate interest with families.

Change Idea #2 Implemented Not Implemented

Add new carts and tools for the staff to be more efficient in their roles of cleaning the organization. For example, new wipe cloths and new carts.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

This has been accomplished by using the new carts purchased and the "four cloth" cleaning" was implemented March 2025.

Comment

There has been a 15.2% increase in this area from the 2023 survey. we continue to try to improve in this area.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #4	13.72	15	15.55	-13.34%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Halton Hills)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Falls Prevention Action Plan to be enhanced by having designated Falls leads.

Process measure

- Number of staff hired into the falls lead positions. Number of education sessions held for front line staff on fall prevention strategies. Number of fall audits completed Number of updates to fall tracker completed

Target for process measure

- Fall Leads to be hired by June 30, 2024. Education sessions to be completed by August 30th, 2024. Monthly tracker updates to begin in April 2024.

Lessons Learned

we have a full time and part time falls lead and providing education as required for the staff. The number of education sessions held for the frontline staff was 12 annually. The number of fall audits completed was 30 and the updates to the fall tracker completed.

Change Idea #2 Implemented Not Implemented

Using the white board to document the number of falls on the units. The staff then can see the number and holding discussions with the staff to address the falls.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

This has been implemented and is successful for the staff. They are able to see the information and the discussions are happening with the ADOC and falls lead.

Comment

The falls lead follows up with the falls that are occurring and going onto the units to ensure the care plan is being followed, following up with the staff to reduce the number of falls in the future.

	Last Year		This Year		
Indicator #5	7.41	17.30	6.71	9.45%	5
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Halton Hills)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 **Implemented** **Not Implemented**

Restart the "Community Meetings" for the BSO staff to meet with the Champions on each RHA unit to review the residents on Antipsychotic medications.

Process measure

- Number of medication reviews completed by consultant pharmacist. Number of monthly "Community Meetings" held on the Resident home Areas.

Target for process measure

- Medication reviews for residents to be completed by September 30th, 2024. Monthly "Community Meetings" to begin in April 2024.

Lessons Learned

BSO is currently doing this now in quarterly meetings with the behavior champions (one from each unit) for "community meetings" held on the RHA. The consultant pharmacist did medication reviews as required and requested.

Change Idea #2 **Implemented** **Not Implemented**

Engaging BSO staff to continue to review the potential triggers for all residents on prescribed antipsychotic medications.

Process measure

- Number of residents that the BSO has on their list. Number of BSO referrals sent. Number of staff attending education

Target for process measure

- BSO will begin tracking residents they are seeing and interventions by April 2024. BSO referral training will be completed by April 2024.

Lessons Learned

number of residents on their list is 17 and number of referrals in the last 30 days is 9 and number of staff attending education would be 30.

Comment

The BSO is actively working in the home, and we have a full time (RPN) and full time PSW working in this section. The results are well below the target amount.

Safety | Safe | Custom Indicator

Indicator #3 Percentage of long-term care home residents who developed a worsening pressure ulcer stage 2 to 4 (Extendicare Halton Hills)	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
	4.20	2	6.70	--	NA

Change Idea #1 Implemented Not Implemented

Enhance the process for Skin and Wound Care program by having a Registered staff in house SWAN trained, wound care lead in the home, and education to front line and registered staff.

Process measure

- Number of staff certified by SWAN program. Number of skin and wound education sessions held through the year.

Target for process measure

- SWAN certified nurses to be in place by December 1st, 2024 Education to be completed by November 2024.

Lessons Learned

Have a plan for the registered staff to be trained. This will continue for 2025 and this indicator has been added to our workplan.

Change Idea #2 Implemented Not Implemented

Purchased mattress for the home was for pressure reduction processed as well.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The number of mattresses purchased was 47 and was not just offered for those with pressure ulcers but also as a preventative measure for those who do not yet have an open wound. Challenge was that we were unable to get SWAN personnel trained due to changes in staffing of the home.

Comment

Wound care lead is continuing from the 2023 start and providing education as required.

Indicator #6	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of residents with restraints with daily restraints. (Extendicare Halton Hills)	0.80	0	0.80	--	NA

Change Idea #1 Implemented Not Implemented

communicate facility is restraint free to residents, families and community LIHN hospital etc. Develop a restraint committee to review facility restraints

Process measure

- number of residents reviewed monthly number of meeting held with family/resident to discuss alternatives

Target for process measure

- 100 percent of restraint's will be reviewed and plans implemented for trialing alternatives by September 2024

Lessons Learned

This is tracked by our fall lead and through the NP. We have one resident in our home that requests a daily restraint which is a lap tray.

Comment

We have just one resident at this time. Strategies continue to be successful overall and we will continue to monitor.