

Experience | Patient-centred | Custom Indicator

Indicator #11	Last Year		This Year		
	Would you recommend this home? (Extendicare Tri-Town)	90.50	91	-4.00	--
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented **Not Implemented**

To improve the overall resident experience in the home

Process measure

- Percentage of residents who would recommend our home to others

Target for process measure

- To be determined with next Satisfaction survey in October 2024.

Lessons Learned

Resident changes over the past year have contributed to the number decreasing. We will be utilizing Facebook more often this year in an effort to increase this.

Comment

Our social media was not used as much in the past year. We plan to increase our posts to advertise the great things we do with our residents each and every day.

Indicator #12	Last Year		This Year		
	Would you recommend this home? (Extendicare Tri-Town)	95.50 Performance (2024/25)	96 Target (2024/25)	100.00 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

To improve the overall family experience in the home

Process measure

- Percentage of family members who would recommend our home to others.

Target for process measure

- To be determined with next Satisfaction survey in October 2024

Lessons Learned

We are happy to have received 100 % again this year. We plan to continue with our current processes to provide a positive family experience in our home.

Comment

We received 100% two years in a row in this survey question. We will continue with our current processes for 2025.

Indicator #6	Last Year		This Year		
	My care conference is a meaningful discussion that focuses on what is working well, what can be improved, and potential solutions (Extendicare Tri-Town)	53.30 Performance (2024/25)	85 Target (2024/25)	54.50 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

To improve Interdisciplinary Care Conference Meetings and ensure that they are meaningful, focused and resident centered by including them actively in decision making.

Process measure

- Number of residents and/or family members who attend the IDTCs. Number of Resident/family members who voice satisfaction with IDTCs'. Number of Resident/family members who voice dissatisfaction with IDTCs. Number of plans of care updated based on input following IDTC meetings.

Target for process measure

- IDTC times to be reviewed and revised and there will be an improved interdisciplinary care conference meeting process in the home by May 31, 2024

Lessons Learned

The ED attends IDTC's and we consistently ask the question in every meeting what is going well and how we can improve. We have very positive feedback and families and residents say that everything is going well. We also extend an invitation with them that the ED door is always open and to come and talk if any concerns.

Comment

We will continue to maintain an open-door policy with residents and families so they can speak about their concerns. We will seek additional ways to communicate and hear feedback for 2025.

Indicator #2	Last Year		This Year		
	I am updated regularly about any changes in my home. (Extendicare Tri-Town)	52.40 Performance (2024/25)	85 Target (2024/25)	NA Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

To improve the communication in the home between Residents and families within the home having more opportunities for meetings

Process measure

- 1. Number of town halls held. 2. Number of families attending the town hall meetings 3. Number of newsletters distributed.

Target for process measure

- Town hall meetings, Monthly Newsletter and communication board will begin in May 2024.

Lessons Learned

Family and resident council meetings were implemented, and this has helped with communication in the home. Our 2024 survey was revised this year after consultation with residents and families and this specific question was not included. As a result, we are unable to compare our data results from 2023.

Comment

We are planning to add a communication board going into the dining room to help with communication within the home, and to be transparent. This will make it more visible for family and residents.

Indicator #5	Last Year		This Year		
	If I have a concern my concerns are addressed in a timely manner (Extendicare Tri-Town)	61.90 Performance (2024/25)	85 Target (2024/25)	86.70 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

to improve our complaints process in order to ensure that concerns/complaints are addressed in a timely manner.

Process measure

- Number of concerns/complaints received. Average amount of time taken to address concerns/complaints Number of concerns/complaints resolved

Target for process measure

- Process review to be completed at next Resident and family council meetings in quarter 1, tracking will be maintained up to and including December 31st 2024.

Lessons Learned

we take complaints very seriously no matter how big or small they are. Registered staff do a great job in solving the smaller issues and management deal with complaints with follow up within 2-3 days. We have had great improvement in our results and our process was successful in addressing complaints in a timely manner.

Comment

We have had significant improvement in this area, and we will continue with our processes in 2025.

Indicator #10

There is a good choice of continence care products.
(Extendicare Tri-Town)

Last Year

44.40

Performance
(2024/25)

60

Target
(2024/25)

This Year

71.40

Performance
(2025/26)

--

Percentage
Improvement
(2025/26)

NA

Target
(2025/26)

Change Idea #1 Implemented Not Implemented

Ensure that our home has sufficient products based on Resident's actual needs.

Process measure

- Number of Residents assessed for appropriate products. Number of 3 day bowel and bladder assessments completed. Number of care plans updated. Number of staff who attend the education.

Target for process measure

- Product assessments will completed for 100% of residents who require a product by April 31st 2024. 3 day bowel and bladder assessments will be completed for 100% of the residents who require the assessments by May 31st 2024. Care Plan will be updated based on assessment outcomes by May 31st 2024. Education will be completed by may 31t 2024.

Lessons Learned

This year the question was slightly different from 2023. The question was "if they can provide feedback about the products used for me". We did receive 100% on that they are available and if they keep me dry and comfortable. No concerns noted.

Comment

This year the question was different it was if they can provide feedback about the products used for me. We did receive 100% on that they are available and if they keep me dry and comfortable

Indicator #3	Last Year		This Year		
	I have an opportunity to provide input on food and beverage options. (Extendicare Tri-Town)	40.00 Performance (2024/25)	65 Target (2024/25)	80.00 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Invite families to the food committee meetings to provide input to the food and beverage options.

Process measure

- Number of family members who attend the food committee meetings Number of suggestions provided by family for food and beverage options Number of suggestions implemented

Target for process measure

- Invite family members to the food committee meeting to begin in April 2024.

Lessons Learned

This was not implemented as originally planned. We hold meetings when a new menu comes out for the residents' review. Able to have input on the menu as we go through the season. Suggestions are always welcome, and changes are made appropriately on an ongoing basis.

Comment

We were successful in improving our results in this indicator in 2024 by 50%. We utilized other avenues of communication, and they were positive and this will continue.

Indicator #4	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 Tri-Town)	58.80	85	46.00	--	NA

Change Idea #1 Implemented Not Implemented

To increase circulation of recreation program schedule throughout the home so residents and families are aware of activities being provided.

Process measure

- # of residents attending programs # of suggestions provided into types of activities they would like to participate in # of suggestions for new programs implemented

Target for process measure

- There will be an increase in awareness of activity programs and residents will have input into types of activities by July 2024.

Lessons Learned

Resident council meetings were held regularly throughout the year however, we declined in our results in this area. For 2025 we will review strategies for increasing awareness of activities in our home.

Comment

Resident council meetings are now being held regularly, and we will discuss program schedule, so more are aware of monthly activities and have input into what is offered.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #8	16.27	15	19.05	-17.09%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Tri-Town)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Implement comfort rounds and provide education on process of 4P's to care staff.

Process measure

- # of education sessions provided to staff on 4 P's process on a monthly basis. # of falls occurring per month

Target for process measure

- Education and implementation of comfort rounds process will be in place by August 2024

Lessons Learned

We were unable to implement due to staffing issues, but plan to initiate this year. We have added extra PSW lines on the floor to assist with fall prevention,

Comment

We will continue to work on fall prevention in our 2025 workplan.

Safety | Safe | Custom Indicator

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 Tri-Town)	0.00	0	0.00	--	NA

Change Idea #1 Implemented Not Implemented

Discuss restraints with new admissions at IDTC meetings and with staff at staff meetings to ensure they are aware of the risks of having a restraint.

Process measure

- # of discussions held with families of new admissions regarding our restraint free policy. # of staff educated on importance of being restraint free.

Target for process measure

- Enhanced awareness of risks of restraints by discussing at admissions as well as staff meetings will be implemented by August 2024.

Lessons Learned

We continue to have discussions with new residents coming in to discourage restraint use. When coming from hospital education is needed on use of bedrails and restraints. This has been effective, and we continue to have 0 restraints in our home.

Comment

We have maintained our 0% use of restraints though out the 2024 year. We remain to be a restraint free home.

Indicator #7	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
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 Tri-Town)	0.00	0	0.00	--	NA

Change Idea #1 Implemented Not Implemented

To decrease the risk of LTC Home acquired pressure injuries

Process measure

- Number of Residents with PURS of 3 or greater. Number of Residents who develop an acquired pressure injury Number of worsened pressure injuries.# of education sessions held Number of staff who attend.

Target for process measure

- All outcomes will be reviewed by December 31th 2024.100 % of staff will have attended the education sessions by October 2024

Lessons Learned

We remain to be diligent with assessments. Ongoing education to the wound nurse. our processes have been very successful, and we have maintained 0 pressure injuries in our home.

Comment

We continue to perform better than our corporate goal of 2 % and have maintained 0 pressure injuries in our home.

Indicator #9	Last Year		This Year		
	Percentage of LTC residents currently prescribed antipsychotic medications without a diagnosis. (Extendicare Tri-Town)	6.70 Performance (2024/25)	6 Target (2024/25)	11.00 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

A medication review will be completed for all residents currently prescribed antipsychotics.

Process measure

- # of residents reviewed quarterly on antipsychotics. # of care plans reviewed that have supporting diagnosis # of residents who have a reduction strategy in place.

Target for process measure

- All residents currently prescribed antipsychotics will have a medication review completed by July 2024

Lessons Learned

This has been a successful strategy and medication reviews will continue. Turnover of residents is a challenge and orientation of new staff, so they are familiar with process.

Comment

We continue to be below the corporate target. We have regular reviews with doctor and NP on if we cannot discontinue a medication, we try to slowly decrease the dose as much as possible. We also consider alternatives to antipsychotics during medication reviews.