

**Experience | Patient-centred | Custom Indicator**

Indicator #12	Last Year		This Year		
	Would you recommend this home? (Extendicare Timmins)	<b>73.00</b>	<b>80</b>	<b>74.30</b>	<b>--</b>
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

The home will communicate the QIP plan with the residents for the planned initiatives planned for the year

**Process measure**

- # of times QIP action plan discussed at resident council meetings # of recommendations provided and implemented

**Target for process measure**

- The percentage of residents who would recommend the home to others will increase to the target of 80% by 2024 survey.

**Lessons Learned**

Increased communication of QIP with residents at resident council has been effective and residents were happy with what is planned for improvements.

**Comment**

Staffing was problematic in 2023-2024, hours of care increased mid 2024 and communication enhanced with resident council to address concerns.

Indicator #9	Last Year		This Year		
	Resident experience - I have input into the recreation programs available (Extendicare Timmins)	<b>41.20</b> Performance (2024/25)	<b>75</b> Target (2024/25)	<b>41.80</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Have residents participate in monthly meetings with the recreation department to plan the activities calendar.

**Process measure**

- Number of residents who participate in the monthly meeting. Number of recreation surveys completed monthly for feedback on the activities. Number of implemented activities from resident feedback

**Target for process measure**

- The recreation department will host monthly meetings starting in March 2024 for residents to provide residents with a opportunity to plan the activities calendar.

**Lessons Learned**

Resident and family monthly activity meeting occurring on the units which has been successful and will continue.

**Comment**

We saw slight improvement in this indicator but we will continue with processes as they had good feedback and we will strive for further improvement in 2025.

Indicator #10	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Resident Experience - If I need help right away, I can get it. (e.g. when i ring the call bell or ask for help, I don't have to wait long). (Extendicare Timmins)	<b>51.40</b>	<b>80</b>	<b>80.00</b>	<b>--</b>	<b>NA</b>

**Change Idea #1**  Implemented  Not Implemented

The home is adding three PSW float positions on day shift to increase hours of care Ongoing recruitment of PSWs, RPNs and RNs

**Process measure**

- Number of staff hired to the PSW float positions. Number or RNs, RPNs and PSWs hired

**Target for process measure**

- The home will hire and implement the 3 PSW float positions starting in April 2024.

**Lessons Learned**

Home recruitment has improved and RN and RPN and PSW positions filled along with additional PSW positions added. This has been a successful strategy.

**Comment**

Hours of care have increased and have positively impacted this indicator, and we have had significant improvement.

	Last Year		This Year		
<b>Indicator #8</b> Resident Experience - I feel my goals and wishes are considered and incorporated into the care plan whenever possible. (Extendicare Timmins)	<b>51.60</b> Performance (2024/25)	<b>80</b> Target (2024/25)	<b>77.00</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)	<b>NA</b> Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Residents to attend their annual plan of Care review (MDC). Provide residents with a copy of their plan of care.

**Process measure**

- Number of residents who attend their annual plan of care review

**Target for process measure**

- Provide residents with a copy of their care plan and have them attend their annual meeting starting in March 2024.

**Lessons Learned**

Residents were offered to attend their yearly MDC which was beneficial and will continue.

**Change Idea #2**  Implemented  Not Implemented

The RAI department (RPNs) will review the care plan with the residents quarterly.

**Process measure**

- Number of care plans reviewed with the residents so that the residents goals are incorporated into the plan of care

**Target for process measure**

- Residents will participate in a quarterly care plan review with the RAI department.

**Lessons Learned**

RAI team reviewing quarterly care plan with residents and this has helped incorporate their goals and wishes .

**Comment**

all strategies implemented with success and will continue.

Indicator #2	Last Year		This Year		
	Family Experience - The resident has input into the recreation programs available. (Extencicare Timmins)	<b>12.50</b> Performance (2024/25)	<b>80</b> Target (2024/25)	<b>57.10</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Have residents participate in monthly meetings with the recreation department to plan the activities calendar

**Process measure**

- Number of residents who participate in the monthly meeting. Number of implemented activities from resident feedback.

**Target for process measure**

- Have residents participate in monthly meetings with the recreation department to plan the activities calendar starting in March 2024 and ongoing.

**Lessons Learned**

Education on programs provided by recreation department, this assisted in improving on this indicator significantly and helped inform residents about programs.

**Comment**

Home will continue to strive for improvement on this indicator.

Indicator #3	Last Year		This Year		
	Family Experience - There is a good choice of continence care products. (Extencicare Timmins)	<b>29.40</b> Performance (2024/25)	<b>50</b> Target (2024/25)	<b>79.60</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Provide information to the families on the continence products.

**Process measure**

- # of families provided with information on continence products.

**Target for process measure**

- Provide information to the families on the continence products by July 2024.

**Lessons Learned**

An education session (Drop In) was hosted by Prevail in 2024. Need to market the event better to increase attendance.

**Comment**

No participation in drop in session, however staff education also provided during 2024. We have seen an improvement in our indicators on the products.

Indicator #1	Last Year		This Year		
Family Experience - I have an opportunity to provide input on food and beverage options. (Extendicare Timmins)	<b>42.90</b>	<b>70</b>	<b>79.60</b>	<b>--</b>	<b>NA</b>
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)



**Change Idea #1**  Implemented  Not Implemented

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

**Process measure**

- Number of families who attend the food committee meeting

**Target for process measure**

- Invite families to the food committee to provide input to the food and beverage options starting in April 2024

**Lessons Learned**

Families have been providing input monthly on the dietary options in the home which has been beneficial and we have seen improvement in this indicator .

**Change Idea #2**  Implemented  Not Implemented

Ask for family feedback at the annual IDTC conference on the food and beverage options.

**Process measure**

- Number of families who provide input to the food and beverage options.

**Target for process measure**

- Ask for family feedback at the annual IDTC conference of on the food and beverage options starting in April 2024 and ongoing after that.

**Lessons Learned**

The Dietary Manager has been asking for feedback and input at the IDTC. This has been a successful strategy and will continue.

**Comment**

All change ideas implemented, will continue to involve families in the processes.

	Last Year		This Year		
<b>Indicator #11</b>	<b>75.00</b>	<b>80</b>	<b>73.60</b>	<b>--</b>	<b>NA</b>
Would you recommend this home (Extendicare Timmins)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

The home will communicate the QIP plan with the family council and families for the planned initiatives planned for the year

**Process measure**

- # of times QIP action plan discussed at family council meetings # of recommendations provided and implemented

**Target for process measure**

- The percentage of families who would recommend the home to others will increase to the target of 80% by 2024 survey.

**Lessons Learned**

Communicating of the QIP a challenge, success is QIP board purchased and will be posted for 2025.

**Comment**

Hours of care have increased in the home which has positively impacted resident care.

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
<b>Indicator #7</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>#Error</b>	<b>NA</b>
percentage of residents in daily physical restraints (Extendicare Timmins)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

The home will continue to have zero percent restraint use in the home

**Process measure**

- The home will review restraint usage monthly within the home.

**Target for process measure**

- The home will continue with a zero restraint usage in the home and will remain below the corporate target

**Lessons Learned**

The home remains at zero restraints

**Comment**

The home remains at zero restraints and have maintained this consistently. We continue with current processes to maintain our results.

Indicator #4	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 Timmins)	<b>1.23</b>	<b>1</b>	<b>1.60</b>	<b>--</b>	<b>NA</b>

**Change Idea #1**  Implemented  Not Implemented

Implementation of prevention strategies for wounds with the use of barrier cream to the residents feet and coccyx.

**Process measure**

- Percentage of residents who develop a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2,3,4.

**Target for process measure**

- The home will meet the corporate target by implementing the prevention strategies in reducing new or worsening stage 2 to 4 pressure ulcers.

**Lessons Learned**

Continuity of Wound care lead was a success, and our home was able to have stability in this with hiring of a new wound care lead.

**Comment**

Home continues to meet the indicator and strive for further improvement.

**Safety | Safe | Optional Indicator**

	Last Year		This Year		
<b>Indicator #5</b>	<b>19.38</b>	<b>15</b>	<b>19.42</b>	<b>-0.21%</b>	<b>15</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Timmins)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Hire additional PSWs to work in PSW float positions to support the residents with their ADLs

**Process measure**

- Hiring of three additional PSW on day shift # of additional PSW's hired

**Target for process measure**

- The three additional PSWs will be in place and implemented by May 2024.

**Lessons Learned**

The home hired an additional 6 full time PSW to work day shift and 6 full time PSW to work evening shift when our falls were occurring. We also hired 2 Full time PSW champions which will help to give needed supports as we strive for further improvement.

**Comment**

Continue to work towards improvement of indicator

Indicator #6	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extencicare Timmins)	<b>15.45</b> Performance (2024/25)	<b>15</b> Target (2024/25)	<b>11.29</b> Performance (2025/26)	<b>26.93%</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Monthly medication reviews of residents who trigger for antipsychotic usage

**Process measure**

- The number of medication reviews completed per month for antipsychotic usage in the home.

**Target for process measure**

- Standardized monthly medication review process in place April 2024

**Lessons Learned**

The home had monthly meetings to review resident antipsychotic usage which helped us with our success in this indicator. Reviews will continue.

**Comment**

We showed improvement in this indicator, and we will continue with our processes as we seek to further improve.