

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #4	33.00	65	78.30	--	NA
My care conference is meaningful discussion that focuses on what's working well and what can be improved, and potential solutions. Resident (Extendicare Van Daele)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Ask Resident and Family council for input on how to improve care conference process.

Process measure

- increased input from Residents and Families, # of meetings held and # of resident involvement

Target for process measure

- Care conference process will be added to the next Council meeting which is held in April of 2024. Recommendations will be implemented by July 2024.

Lessons Learned

We currently do not have a Family council in our home. We continue to try and recruit members through newsletters, social media and posting information about family council in the Home. However, we do get feedback from families in other ways, and we have increased our results in this area.

Change Idea #2 Implemented Not Implemented

Have all departments attend and participate in care conference so there is a holistic approach for discussions.

Process measure

- # of staff educated on importance of care conference. # of departments attending care conference % of documentation completed prior to care conference

Target for process measure

- Education for staff and attendance by all departments at care conference will be 100% by September 2024.

Lessons Learned

We have seen a significant improvement in this area, ensuring all departments attend, and are multidisciplinary. This has been very effective and will continue.

Indicator #5	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Overall, i am satisfied with the recreation and spiritual care services. Family (Extendicare Van Daele)	35.70	85	95.80	--	NA

Change Idea #1 Implemented Not Implemented

Purchase and install Communication Boards for Residents and Families so there is a more visual means of communication.

Process measure

- # of communication boards purchased and installed # of activity calendars that have been updated and posted monthly # of suggestions for activities from residents and families # of suggestions implemented for activities.

Target for process measure

- Communication boards for residents and families to increase means of communication for recreational and spiritual activities will be installed by August 2024.

Lessons Learned

Communication Boards posted on units and main floor near the Activity Room. Boards are updated daily as well as monthly. This has been very positive, and we will continue to utilize the communication boards.

Change Idea #2 Implemented Not Implemented

Communication Boards/Magnetic Boards to be purchased for all resident rooms so they have easy access to recreational and spiritual activities occurring in the home.

Process measure

- # of communication boards/magnetic boards purchased and installed # of activity calendars updated and posted monthly % of residents attending activities monthly

Target for process measure

- Communication boards/Magnetic boards will be purchased and installed in all resident rooms by August 2024. There will be increased awareness and attendance at recreational and spiritual activities by December 2024.

Lessons Learned

Magnetic Boards installed in each resident room and activity calendars are distributed and posted in resident rooms on a monthly basis. Boards were also installed in the elevator outlining all upcoming activities/events. This has been effective with positive feedback received.

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

Increase the choices of spiritual services available to residents based on their individual needs and preferences.

Process measure

- # of new spiritual services identified. Number of new services offered. Number of residents attending services

Target for process measure

- There will be increased spiritual services organized and available by July 1, 2024. There will be increased participation at spiritual services by Dec 2024.

Lessons Learned

Roman Catholic mass as well as eucharist service has been added to our weekly activities. We also have weekly Bible Study, and Hymn sing along.

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

Develop and introduce new Activities/Programs based on resident needs and preferences.

Process measure

- # of suggestions for activities from resident council # of suggestions implemented # of new activities offered quarterly.

Target for process measure

- New Activities/Programs based on resident needs and preferences will be organized starting June 2024.

Lessons Learned

Resident Council continues to meet on a monthly basis. New activities have been added to calendar including evening and weekend events, family events, sweetheart luncheon for residents and their spouses, live music at minimum monthly, and recently a program planning meeting which was well attended.

Comment

We have increased the number of activities throughout the Home expanding to include a minimum of 4 evening activities per week as well as weekend activities. Live entertainment is invited to the Home a minimum of once a month. Our Grand Buddies program, which involves a Partnership with a local elementary school grade 4 class that visits and creates activities for the residents is very successful and residents look forward to this program.

	Last Year		This Year		
Indicator #12	62.50	85	92.90	--	NA
Would you recommend this home? Family (Extendicare Van Daele)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

To improve Would you recommend this home by addressing the top areas for improvement from the Family survey.

Process measure

- # of actions from workplan pertaining to resident survey implemented # of strategies that were successful

Target for process measure

- We will achieve target of 85% for Would you Recommend this home from Family survey by next Family Satisfaction Survey Result in October 2024

Lessons Learned

Significant improvement with family satisfaction from 2023 - post pandemic, families are able to return to the Home and visit their loved ones and participate in activities. We will continue with our processes as they have been effective.

	Last Year		This Year		
Indicator #11	80.00	85	87.50	--	NA
Would you recommend this Home - Resident (Extendicare Van Daele)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Improve the overall resident experience in the home by addressing the 3 survey questions that require the most improvement.

Process measure

- # of actions from workplan pertaining to resident survey implemented # of strategies that were successful

Target for process measure

- % of residents who would recommend our Home to others will improve to target by next survey October 2024.

Lessons Learned

by increasing the # of programs as well as the communication with residents and families - satisfaction has improved

Comment

Overall improvement for both Resident and Family Satisfaction in the 2024 year

	Last Year		This Year		
Indicator #2	50.00	85	95.80	--	NA
I am updated regularly about changes in the Home Resident (Extendicare Van Daele)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

to improve communication in the Home between Residents, Families, and the Home having more opportunities for meetings

Process measure

- Number of town halls scheduled, number of families attending events, number of followers on social media

Target for process measure

- Communication boards, newsletters and town halls to be started by September of 2024

Lessons Learned

We have increased our social media following to 290 followers, we now have an email contact for each resident in the Home. We have a number of families that attend live entertainment. We continue to recruit for family council. We have been very successful in improving our performance, changes ideas were effective.

	Last Year		This Year		
Indicator #3	23.10	65	79.20	--	NA
I have an opportunity to provide input on food and beverage options - Family (Extendicare Van Daele)	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 meetings to provide input in to the food and beverage options

Process measure

- # of family members that attend food committee meetings, number of suggestions provided by familiy for food and befrage options and # of suggestions implemented

Target for process measure

- Process for inviting families to attend food committee meetings will be fully implemented by September 2024

Lessons Learned

Food committee meetings held regularly with input from residents. Families invited to meetings but chose not to attend. but we have substantially increased in our performance in this indicator. We will continue with our processes.

Dietary manager meets regularly with the Food Committee to answer any questions pertaining to the menu and roll out of any special menu items

	Last Year		This Year		
Indicator #10	18.20	50	75.00	--	NA
The resident has input into the recreation programs available - FAMILY (Extendicare Van Daele)	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 initiate a Calendar club so that times and dates of recreation and spiritual activities are more readily shared.

Process measure

- Number of suggestions provided for activities, Number of family members that attend, Number of suggestions that are implemented monthly.

Target for process measure

- Calendar club will be 100% in place by June of 2024.

Lessons Learned

Calendar posted throughout the Home, and communication boards installed. Family participation has increased for events and activities but limited input from families for suggestions

Comment

Highlight of events are also posted in the elevator which is very positive and will continue.

	Last Year		This Year		
Indicator #8	43.30	85	77.80	--	NA
Resident survey: I have good choice of continent products in the home. (Extencicare Van Daele)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Have Vendor attend Resident council and townhall meeting to discuss products available.

Process measure

- # of meetings held where Prevail discussed continence products # newsletters that were sent with information about available continence products. # of times information about continence products were posted on communication board

Target for process measure

- Vendor will attend Resident council and townhall meeting to discuss continence products that are available by fall of 2024

Lessons Learned

Quarterly meetings held with prevail and staff training, and education sessions are coordinated with staff.
No meetings held with Resident Council.

Change Idea #2 Implemented Not Implemented

Information posted in the Home and shared with families

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

We have seen an increase in this indicator and sharing information about the products has been positive.

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
Indicator #6	13.73	13	0.00	--	NA
Percentage of long-term care home residents without psychosis on antipsychotics in the last 7 days (Extendicare Van Daele)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Improve the Antipsychotic Reduction Meetings by ensuring BSO RPN and other Registered staff are present and included in the meetings

Process measure

- Number of meetings scheduled/attended % of meetings where BSO RPN and Registered staff were in attendance.

Target for process measure

- New meeting dates to be scheduled by April 30, 2024 with meetings to be begin with 100% required participants in attendance by June 2024.

Lessons Learned

The Home is exceeding the Extendicare target of 17.3% by using a collaborative approach to anti-psychotic reduction which has been very successful. Also using the BSO and ensuring Registered staff are in attendance has been positive.

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

Medication reviews completed for all residents currently prescribed anti-psychotic medication

Process measure

- # of residents reviewed monthly, # of plans of care that have supporting diagnosis, # of reduction strategies implemented monthly

Target for process measure

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

Lessons Learned

NP completes a review of all residents who are prescribed anti-psychotic medication which has been a successful strategy.

Comment

We have been successful in reducing our antipsychotic use in our home. We will focus on GPA training for 2025 workplan as a change idea to maintain our results.

Indicator #9	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
The percentage of Residents with new or worsening Stage 2 to 4 Pressure injuries during the 7 days preceding the assessment (Extencicare Van Daele)	0.00	0	0.00	--	NA

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

Consistent approach to wound round days and completion of weekly assessments

Process measure

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

Target for process measure

- Consistent approach to wound round days will be in place by June 2024. 100% of residents with PURs of 3 or higher will have preventative measures in place and there will be a decrease in acquired pressure injury by December 31 2024.

Lessons Learned

Wound care rounds and weekly assessments completed, training provided to staff, 3M sessions available for staff on all shifts

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

Trained a SWAN and NSWOC training has begun for a 2nd employee

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

We have trained a SWAN in our Home and will soon have an NSWOC as well which will be a great resource.

Comment

We currently have no PI in our home For 2025 will continue to monitor our current processes to sustain results, but have not included as a priority area in our action plan.

Safety | Effective | 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 Van Daele)	0.00	0	0.00	--	NA

Change Idea #1 Implemented Not Implemented

Review restraint use with all applications received through Home and Community Care. If a restraint is in use, begin communication before admission to inform the potential resident and family of our least restraint policy and the Home's use of alternatives to restraints

Process measure

- # of applications monthly where a restraint is in use, # of communications sent back to applicant and family through Home and Community Care to explain our policy

Target for process measure

- Process and review of HCC applications for restraint use and communication followed to inform/educate our Policy will be in place by fall of 2024

Lessons Learned

We currently have no restraints in our home For 2025 will continue to monitor our current processes to sustain results, but have not included as a priority area in our action plan

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #7	13.96	13	14.10	-1.00%	13.50
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Van Daele)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Continue with comfort rounds and education to meet corporate target.

Process measure

- number of education sessions provided to staff on 4 Ps. Number of falls occurring monthly. run PCC insight data

Target for process measure

- Education sessions and comfort rounds implemented by August of 2024.

Lessons Learned

We worked diligently to ensure a reduction in falls and were able to remain below our goal for 7/12 months.

Environmental assessments are an important part of preventing falls to identify the potential for harm. Falls are reviewed daily at morning rounds.

Comment

Environmental assessments completed for each fall and this has been successful. We will continue to focus on fall prevention in our 2025 QIP.