

Experience | Patient-centred | Custom Indicator

Indicator #10	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Resident Satisfaction – Would Recommend Home (Extendicare Kirkland Lake)	100.00	100	75.70	--	NA

Change Idea #1 Implemented Not Implemented

Celebrate this indicator result by creating a program to elaborate on examples of why they would recommend our home and create a quality board with all the reasons.

Process measure

- # program sessions held # residents participated # of positive examples posted on board

Target for process measure

- 85% of our residents will participate in this celebration and creation of our board by May 30, 2024

Lessons Learned

A celebration or creation of a program to show examples of why family and residents would recommend our home did not take place

Indicator #5	Last Year		This Year		
	I am satisfied with the quality of care from doctors (Extendicare Kirkland Lake)	35.30	85	58.60	--
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Recruitment of a permanent Medical Director/Attending Physician to fill our vacancy that was temporarily covered.

Process measure

- # applications received through various recruitment strategies.

Target for process measure

- The Medical Director/Attending Physician position(s) will be filled by December 31, 2023.

Lessons Learned

Dr. Jessica Moore recruited as the home's Medical Director and Attending Physician November 2023 (post 2023 survey) and continues to work onsite and oncall in the Home.

Change Idea #2 Implemented Not Implemented

Create a secondary survey/quality improvement exercise with our residents to explore and obtain more specific examples on how the quality of care is not meeting satisfaction.

Process measure

- # residents able to participate in the secondary survey/exercise (as per CPS score of 3 or greater) # residents who participated in the secondary survey/exercise

Target for process measure

- 85% of residents with a CPS of 3 or greater will participate in the survey/exercise by April 15, 2024.

Lessons Learned

Secondary survey/quality improvement exercise with the residents did not take place as identified as a change idea however, we did see an improvement in our results in this question on our survey.

Change Idea #3 Implemented Not Implemented

Use the data collected from the secondary survey/quality improvement exercise to improve the top three areas identified as being unsatisfactory.

Process measure

- # of areas identified from secondary survey/exercise # of resident responses in each area identified

Target for process measure

- A secondary improvement plan will be created and include the 3 areas with the highest resident response rate by May 1, 2024

Lessons Learned

Secondary survey/quality improvement exercise with the residents did not take place as identified as a change idea.

Change Idea #4 Implemented Not Implemented

Hold a townhall meeting virtually and in-person for residents and families to meet our new Medical Director/Attending Physician.

Process measure

- # townhall meetings held & # residents/families attended

Target for process measure

- A townhall meeting will be scheduled and invites sent out by April 30, 2024

Lessons Learned

Townhall meeting(s) did not take place as planned to meet Medical Director. We will continue to review for 2025.

	Last Year		This Year		
Indicator #7	47.10	85	67.60	--	NA
My care conference is a meaningful discussion that focuses on what’s working well, what can be improved, and potential solutions. (Extendicare Kirkland Lake)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Discuss this indicator at Resident Council meeting and at townhall meetings to gain better insight on how the Home can improve the care conference experience to be more meaningful.

Process measure

- # meetings held # residents involved in discussion

Target for process measure

- The discussion of this indicator at Resident Council will occur by April 30, 2024.

Lessons Learned

Town hall meeting(s) did not take place. Indicator not discussed at Resident Council meeting regarding specifics to improve the care conference experience to be more meaningful.

Change Idea #2 Implemented Not Implemented

Create a checklist for conducting a care conference that our residents feel is meaningful by using the information gathered at the Resident Council meeting.

Process measure

- Checklist created for a meaningful care conference.

Target for process measure

- Checklist will be created and implemented by May 1, 2024

Lessons Learned

A checklist for conducting a care conference that our residents feel is meaningful by using the information gathered at the Resident Council meeting was not implemented as planned. However, we did see improvement in this area. We will continue to review and try to further improve.

	Last Year		This Year		
Indicator #6	57.10	85	20.60	--	NA
I am satisfied with the quality of care from social worker(s) (Extendicare Kirkland Lake)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Create, recruit and hire a Social Worker.

Process measure

- # applications received through various recruitment strategies.

Target for process measure

- The home will hire a social worker by April 15, 2024.

Lessons Learned

We were successful in creating, recruiting, and hiring a Social Worker in February 2024

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

Implement a townhall meeting virtually and in-person for residents and families to meet our new Social Worker.

Process measure

- # townhall meetings held & # residents/families attended

Target for process measure

- A townhall meeting will be scheduled and invites sent out by April 30, 2024

Lessons Learned

Challenge: no town meeting held for opportunity for residents and families to meet our new Social Worker

Success: Social Worker actively involved in admissions and various resident/family needs throughout the home.

Comment

Addressed as an indicator with change ideas in 2025 QIP as our results were not as expected.

	Last Year		This Year		
Indicator #3 Family Satisfaction Would you recommend. (Extendicare Kirkland Lake)	50.00 Performance (2024/25)	85 Target (2024/25)	75.00 Performance (2025/26)	-- Percentage Improvement (2025/26)	NA Target (2025/26)

Change Idea #1 Implemented Not Implemented

Establish a Family Council: The home will convene a meeting semi-annually with residents' families and persons of importance to residents to advise of the importance and their right to establish a Council.

Process measure

- # social/educational events held # of family member attendance # of family member willing to join Family Council

Target for process measure

- The Home will host two meetings by October 31, 2024.

Lessons Learned

Challenge: attempted to organize a family council with two meetings with no interest prior but did have a successful meeting May 22nd 2024. Another meeting was held November 27th 2024.

Change Idea #2 Implemented Not Implemented

Host monthly in-person and virtual townhall meetings to engage and inform family members in the home's quality improvement plan

Process measure

- # Townhall meetings held # of family members attended each monthly meeting

Target for process measure

- The home will see family participation at the monthly townhall meetings through 2024.

Lessons Learned

Challenge: Leadership leave of absence proved challenging to hold town halls monthly.

Indicator #4	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Family Satisfaction: I have an opportunity to provide input on food and beverage options. (Extendicare Kirkland Lake)	25.00	85	84.40	--	NA

Change Idea #1 Implemented Not Implemented

Invite family members to the Food committee meetings held between the dietary department and our residents.

Process measure

- # of monthly invitations sent out prior to meeting date # of family member attendance monthly

Target for process measure

- The home will see an interest in family attendance to the Food Committee meetings with an improvement in their opportunity to provide input on food and beverage options through 2024.

Lessons Learned

Challenges: There were two meetings of the Food Committee and neither included family members. Dietary manager was on a personal leave of absence which was another challenge. However, we did have a significant increase in results for this question on our survey.

Safety | Safe | Optional Indicator

Indicator #8	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Kirkland Lake)	15.41	15	22.10	-43.41%	15

Change Idea #1 Implemented Not Implemented

Conduct environmental assessments of resident spaces to identify potential fall risk areas and address areas for improvement

Process measure

- # of environmental assessments completed monthly # of identified deficiencies from assessments that were corrected monthly

Target for process measure

- Environmental risk assessments of resident spaces to identify fall risk will be completed by June 2024

Lessons Learned

100% of environmental assessments are completed for risk management. Audited by falls lead during dedicated time. This is a successful strategy and will continue.

Change Idea #2 Implemented Not Implemented

Improve our Fall Prevention Committee membership by including staff from all 3 shifts and all departments to assist in managing falls occurring in late evening and nights.

Process measure

- # staff attended information sessions # new staff interested in becoming a member of the Falls Reduction committee

Target for process measure

- Information session for staff will be held by May 1, 2024

Lessons Learned

Only one falls committee meeting held in 2024. Present membership covered Registered staff from all shifts, dayshift PSW, programs/activities, restorative care, social work, NP, and IPAC. Regrets included dietary and PSWs from evenings and night shifts.

Change Idea #3 Implemented Not Implemented

Re-establish our monthly Nursing Restorative/PT meetings to ensure we are focusing on our residents who are at high risk for falls.

Process measure

- # meetings held monthly

Target for process measure

- Our team will have first meeting by May 30, 2024 and monthly thereafter.

Lessons Learned

Residents at risk for falls and who have fallen discussed at High Risk Rounds but monthly Nursing Resorative/PT meetings have not occurred. We relook at this for 2025.

Comment

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

Indicator #9	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Kirkland Lake)	16.32 Performance (2024/25)	14.30 Target (2024/25)	10.19 Performance (2025/26)	37.56% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Medication reviews completed for all residents currently prescribed antipsychotics

Process measure

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

Target for process measure

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

Lessons Learned

Successes: our BSO nurse reviews all medications for all residents prescribed antipsychotics including with each new admission. Ongoing interdisciplinary discussion amongst BSO nurse, MD, NP, clinical pharmacist, and external specialists as appropriate regarding residents prescribed antipsychotics. In 2024, 6 residents were reviewed by the team: 1 not triggering, 3 excluded related to diagnosis in place, and 2 remain triggering for the indicator. Extensive review was done during 2023, explaining the small number of residents requiring review in 2024.

Indicator #1	Last Year		This Year		
	% of LTC residents with restraints (Extendicare Kirkland Lake)	1.41 Performance (2024/25)	1 Target (2024/25)	0.00 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Review current restraints and determine plan for trialing alternatives to using a physical restraints

Process measure

- # residents reviewed monthly # of meetings held with families/residents to discuss alternatives monthly # of action plans in place for reduction of restraints in collaboration with family/resident monthly

Target for process measure

- 100% of restraints will be reviewed and plans implemented for trialing alternatives by Sept 2024

Lessons Learned

100% of restraint plans were reviewed by restraint quality lead, restraint alternatives were discussed for each restraint by the interdisciplinary team. We are now at 0% resident restraints. The quality lead continues to have dedicated time to review all restraints/Personal assistive and safety devices.

Change Idea #2 Implemented Not Implemented

Review restraint use with all applications received through the LHIN. If a restraint is in use, begin communication through the NELHIN before admission to inform the potential resident and family on 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 LHIN to explain our least restraint policy.

Target for process measure

- 100% LHIN applications will be reviewed for restraint use and communication followed to inform/educate on our policy

Lessons Learned

All applications were reviewed thoroughly for restraint use by the director of care or delegate and residents/SDMs/POAs contacted before hand with least restraint policy and home's alternative use to restraints discussed. No challenges seen in implementing this change idea; families demonstrated understanding.

Safety | Effective | Custom Indicator

	Last Year		This Year		
Indicator #2	1.45	1	0.00	--	NA
% of LTC residents with worsened ulcers stages 2-4 (Extendicare Kirkland Lake)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Re-educate Registered and PSW staff on basic skin care and wound care.

Process measure

- # education sessions held

Target for process measure

- 100% of staff will be re-educated on skin/wound policy by Sept 2024

Lessons Learned

Education sessions held in April 2024 to re-educate Registered and PSW staff on basic skin care and wound care. Skin and Wound Care education provided to care staff via Surge learning. Skin and wound care discussed from an infection control perspective at every orientation session. Prevail representatives on site to provide education session regarding continence and their products. Challenges include scheduling related to in person education sessions for all staff. Overall, was effective and helped to increase knowledge around skin and wound care.

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

Review current bed systems/surfaces for residents with PURS score 3 or greater.

Process measure

- # of residents with PURS score 3 or greater # of reviews completed of bed surfaces/mattresses monthly # of bed surfaces /mattresses replaced monthly

Target for process measure

- A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by August 2024

Lessons Learned

Skin and wound lead reviewed all skin and wound concerns during dedicated assessment time weekly. All bed systems/surfaces reviewed and all bed systems/surfaces scheduled to be replaced in early 2025. This was an effective strategy.

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

Continue with our early detection of potential pressure ulcers utilizing Arjo's Provizio scanning device to measure the moisture level under the skin of the heels and sacrum to identify residents who have high risk for developing a pressure injury if interventions are not implemented.

Process measure

- # residents scanned monthly # residents with a high delta score with implementation of interventions # residents discharged from program as successfully decreased scanning score

Target for process measure

- Wound care RN will provide a monthly summary to Skin/Wound Committee, CQI meetings and others as identified by the committees

Lessons Learned

Challenge: the contract for the Provizio scanning ended July 1st and thus did our use of the system.

Success: all care staff continue to assess residents for early signs of skin issues and report to Registered Staff/Skin and Wound lead. All residents with a PURS score of 3 or greater have all interventions put in place that were implemented when the Provizio identified the resident as being at risk of skin breakdown. All residents experiencing skin and wound issues are assessed at least weekly by the skin and wound lead and discussed with the interdisciplinary team at High Risk Rounds.