Experience | Patient-centred | Custom Indicator

Indicator #5	Last Year Performance (2024/25)	Last Year Target (2024/25)	This Year Performance (2025/26)	This Year Percentage Improvement (2025/26)	This Year Target (2025/26)
Percentage of residents who responded positively to the statement: "I would recommend this home to others". (Extendicare Laurier Manor)	81.50	85	68.30	--	NA

Change Idea #1 ☐ Implemented ☑ Not Implemented

Empathy training for all staff. To increase positive relationships between staff and residents.

Process measure

- % of staff trained

Target for process measure

- 70% of staff trained by June. 100% of staff trained by December.

Lessons Learned

Empathy training was initiated but due to leadership changes could not be fully implemented. We will carry this through to our next QIP work plan - using Surge training by June 2025 and an in-house hands-on in-service.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Increase number of residents on a bathroom routine schedule. To increase satisfaction with continence program.

Process measure

- % of residents reviewed # of residents added to bathroom routine schedule

Target for process measure

- 100% of residents reviewed by May. 20 residents placed on bathroom routine schedule.

Lessons Learned

3 % - 7 residents are on an active toileting program as per RAI MDS. Goal to increase documented scheduled toileting in 2025 - Challenge was a change in leadership

Change Idea #3 ☑ Implemented ☐ Not Implemented

Increase number of Continence Champion PSWs. To increase satisfaction with continence program.

Process measure

- # of additional continence champion PSWs.

Target for process measure

- 5 additional champions trained by of end June.

Lessons Learned

5 Continence champions were added to the team, however this dropped to three staff over the course of the year. Products are delivered and managed by the DOC clerk who also does the ordering. The home will continue to focus on the Work plan

Change Idea #4 ☑ Implemented ☐ Not Implemented

Subscription service for paper copy of monthly newsletter. Delivered to rooms. To increase satisfaction with communication.

Process measure

- # of residents subscribed to paper copy delivery % of new admissions offered option to subscribe

Target for process measure

- 40 current residents subscribed by July 100% of new admissions offered subscription by June

Lessons Learned

80 residents were receiving hand delivered copies of the newsletter up to October 2024.

Change Idea #5 ☑ **Implemented** ☐ **Not Implemented**

Include residents as part of outbreak management team. Respecting confidentiality. To increase satisfaction with communication and understanding of dynamic outbreak interventions.

Process measure

- % of outbreak meetings attending by a resident representative.

Target for process measure

- 80% of meetings attending during first outbreak 100% of meetings attended during subsequent outbreaks.

Lessons Learned

50% of outbreak meetings were attended by a resident. Practice was well received and will continue in to 2025

Comment

All change ideas will continue to be addressed in the coming year.

Safety | Safe | Custom Indicator

Indicator #2

Percentage of LTC residents with restraints (Extendicare Laurier Manor)

Last Year		This Year		
1.93	1.50	0.00	--	NA
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Implement restraint free policy

Process measure

- % of stakeholders communicated with regarding restraint free policy

Target for process measure

- 100% of stakeholders communicated with by May

Lessons Learned

no active restraints in the facility. Information included as part of tour package. Unit staff refer to fall and restraint reduction committee on all requests.

Comment

Change ideas were effective and we have no restraints currently in our home.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #3	**1.04**	**1.04**	**1.02**	**--**	**NA**
Percentage of LTC residents with worsened ulcers stages 2-4 (Extendicare Laurier Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Risk screening of residents upon admission and return from hospital.

Process measure

- % of new admissions assessed for risk % of re-admissions assessed for risk

Target for process measure

- 100% of new admissions being screened by end of June 100% of re-admissions being screened by end of September.

Lessons Learned

100% of residents screened via head to toe assessment on re-entry from hospital. Where appropriate, resident referred to wound care champion / SWAN for assessment and recommendations for treatment in liaison with attending physician

Comment

Wound Care Champion is now full time and has hours protected. Plan to reassess all skin and wound treatments, will train staff on would identification and prevention, manage complex wound care. Strategies are effective and will continue.

Safety | Safe | Optional Indicator

Indicator #1

Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Laurier Manor)

Last Year			This Year		
16.97	**15**		**15.56**	**8.31%**	**10**
Performance (2024/25)	Target (2024/25)		Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Weekly unit falls meetings

Process measure

- # of weekly care unit falls meetings held

Target for process measure

- 100% of meetings held consistently by June

Lessons Learned

Fall meetings were held for the first 12 weeks of the year - it was identified that there were discrepancies and inconstancies on how the interventions were documented on the care plan and no clear tracking tool - all resident care plans were reviewed to ensure that Risk of Falls were included on the care plan in a consistent manner and that interventions were up to date.- Full care plan review completed

Change Idea #2 ☑ Implemented ☐ Not Implemented

Environmental assessment for residents at high risk of falls.

Process measure

- # of residents at high risk of falls with completed environmental assessment

Target for process measure

- 100% of residents at high risk of falls receiving environmental assessment consistently by June

Lessons Learned

Initiated, however the tool used by the home was generic in nature and did not capture the risks. A point of care assessment was done by the fall team which include the physiotherapy team (when residents fell in their own suite) to rule out areas of concern. Therefore - this secondary assessment tool was a redundant exercise and discontinued.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Physio, Restorative care and nursing rehab assessment of resident at high risk for falls.

Process measure

- # of residents at high risk for falls with completed physio assessments.

Target for process measure

- 100% of residents at high risk for falls with completed physio assessments by June.

Lessons Learned

After every resident fall - physiotherapist would review the documentation and assess the resident's environment, fall interventions in place, and reviewed their ability to transfer. Where necessary - the post fall Physiotherapy assessment was documented with recommendations.

Achieva Health provided the Fall and Restraint Reduction Committee monthly and quarterly documentation to break down areas of concern - and this greatly helped the analysis of the trends.

Comment

We will continue to focus on this indicator in 2025- Fall reduction team has created its own fall reduction tracking sheet that will be used on every resident flagged by the corporate Fall Prevention Tool, and an inventory of all fall interventions in the home will be maintained. Focus will continue to be on 4Ps for residents who are falling. Leadersip is monitoring completion of UDA and Risk Management portal to ensure that staff complete the assessment thoroughly. Focus on the completion and full documentation of head injury routines.

	Last Year		This Year		
Indicator #4	**14.04**	**14**	**9.34**	**33.48%**	**8**
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Laurier Manor)	**Performance (2024/25)**	**Target (2024/25)**	**Performance (2025/26)**	**Percentage Improvement (2025/26)**	**Target (2025/26)**

Change Idea #1 ☑ Implemented ☐ Not Implemented

Review new admissions for use of antipsychotic medication and potential for deprescribing.

Process measure

- % of new admissions assessed for antipsychotic medication use.

Target for process measure

- 100% of new admissions assessed for antipsychotic medication use by June.

Lessons Learned

100 % new admissions were screened for antipsychotic use without a diagnosis. During MCMR, any PRN meds were discontinued. Discussion with resident or families regarding discontinuation or deprescribing led to many residents being tapered off the medication safely.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Monthly meeting to review status of antipsychotic medication reduction program

Process measure

- # of meetings held

Target for process measure

- 12 meetings held by December

Lessons Learned

9 - meetings went to 1/4ly as the remaining residents in the program were not candidates for deprescribing.

Comment

Strategies were effective and will continue. Introduction of the Corporate DST tool, education on the J5c exclusion reduced the number of residents triggering the QI, continued collaboration with ROH Psychogeriatric team and BSO to reduce requirements for antipsychotics without a diagnosis.