

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

	Last Year		This Year		
Indicator #8	79.10	85	81.10	--	NA
What percentage of residents would recommend Starwood to Others (Extencicare Starwood)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Improve information sharing on continence care products.

Process measure

- 1. 100% of tour and admission packages with continence care product information. 2. # of family townhalls continence care product representative presents

Target for process measure

- 1. 100% of tour and admission packages to have continence care product information by April 30, 2024 2. Continence care product representative presents in family townhall by April 30 2024

Lessons Learned

We completed the improvement indicator according to the plan and this was an effective strategy which helped increase awareness of continence care products.

Change Idea #2 Implemented Not Implemented

Improve satisfaction with variety of served food and beverages.

Process measure

- 1. # of food committee meetings held. 2. % of new products trialed at food committee before addition to the menu.

Target for process measure

- 1. Food committee meeting held each month to December 2024. 2. 100% of new products trialed at food committee before addition to the menu by May 2024.

Lessons Learned

We completed the improvement indicator according to the plan and were able to trial new products at food committee before adding to menu. This was effective and will continue as the residents found it to be beneficial.

Indicator #1	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
From our 2023 Resident Satisfaction Survey - If I need help right away, I can get it (eg. when I ring the call bell or ask for help, I don't have to wait long) (Extendicare Starwood)	53.70	75	76.40	--	NA

Change Idea #1 Implemented Not Implemented

The creation of a first responder to call bells through an adjustment of staffing workloads.

Process measure

- # of weekly auditing of call bell response times will be completed by Sept 2024 # of PSW and RSA workloads that were adjusted # of residents audited weekly for satisfaction rate.

Target for process measure

- Adjustment of staffing workload to improve response to call bells will be implemented by June, 2024.

Lessons Learned

Educating staff the importance of Resident's concern and care in responding to call bells has been beneficial and has helped us to improve.

Comment

We have Improved score to 76.4%- Staff education and meeting has played significant role in improving the score.

Indicator #7	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
The residents' response to "I have input into the recreation programs available" on the 2024 Resident Satisfaction survey will be 75% (Extencicare Starwood)	63.60	75	70.50	--	NA

Change Idea #1 Implemented Not Implemented

In addition to the Residents' Council meeting a new Quarterly program development meeting will be set up with the residents to identify any new programs they would like, if the timing of a program needed to change or if the design of a current program needed to change.

Process measure

- 1.# of new programs implemented quarterly 2. Satisfaction audits conducted on the new programs. The results will be part of the Residents' Council update

Target for process measure

- Incorporating resident's input into resident's program will be in place by April, 2024.

Lessons Learned

We involved residents to participate in selection of activities. This strategy was effective and helped us to improve. Processes will continue as we look to further improvement in this area.

Indicator #2	Last Year		This Year		
	Percentage of family say I would recommend (Extendicare Starwood)	90.20 Performance (2024/25)	91 Target (2024/25)	88.60 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Family have requested more education on understanding the role of the Social Worker, Dietitian and Physiotherapist. Recruitment efforts for volunteers for spiritual care. More information on how incontinence products is chosen for their loved ones.

Process measure

- # of positive feedback for both presentation will be evaluated, determine if further education is needed based on feedback. Will be implemented by end of July 2024. Update to each family meeting on volunteers for spiritual care will be implemented by April 2024 Will meet with family council in July to evaluate if the request for the three identified areas are satisfactory.

Target for process measure

- Will meet families satisfaction on education need and recruitment efforts by July 2024.

Lessons Learned

We have not met the goal. We will continue to work on and improve it, however this indicator is not included for the 2025 QIP.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #5	16.91	15	13.24	21.70%	11
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Starwood)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

We have entered into a 1-year trial with Esprit AI monitoring systems. This project is linked to both falls and skin and wound

Process measure

- # of residents utilizing the monitoring system # of residents who had fall reduction from bed with the use of the monitoring system.

Target for process measure

- There will be a 30% decrease in the number of falls for the monitored residents by Dec. 2024

Lessons Learned

This plan was not implemented as the technology did not meet our expectation.

Comment

We continue to work on this indicator, and it will be included in our 2025 workplan as we strive for continued improvement.

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 Starwood)	16.08 Performance (2024/25)	15 Target (2024/25)	12.47 Performance (2025/26)	22.45% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

We will continue to complete medication reviews on all residents on antipsychotics. Attention will continue to be placed on all new admissions including readmissions from the hospital

Process measure

- # of residents prescribed antipsychotics # of residents who have a plan for deprescribing # of new admission and readmission who have prescribed antipsychotics

Target for process measure

- Medication reviews of antipsychotics will be completed by end of year and meeting targets.

Lessons Learned

This process is effective and is ongoing. We successfully decreased our antipsychotic usage and are now at 12.47%.

Safety | Safe | Custom Indicator

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 a pressure injury that worsened to a stage 2, 3 or 4 (Extendicare Starwood)	2.30	2	1.90	--	NA

Change Idea #1 Implemented Not Implemented

Review high risk residents with the use of the PURS tool for preventative measures of pressure injuries.

Process measure

- # of high risk resident discussed with interdisciplinary on a weekly basis. # of preventative measures put into place.

Target for process measure

- All high risk residents will be reviewed for preventative measures by April 2024.

Lessons Learned

Staff education in prevention of ulcer, and timely repositioning of residents was successful. We will continue with this process going forward.

Indicator #3	Last Year		This Year		
	Percentage of long-term care home residents in daily physical restraints over the last 7 days (Extendicare Starwood)	0.58 Performance (2024/25)	0 Target (2024/25)	0.00 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Discussion with resident and family regarding safety and risk with use of restraints, when requested.

Process measure

- # of PASD and restraint will be tracked and evaluated each month for appropriateness. # of alternatives use in place of restraints

Target for process measure

- All request for use of restraint will result in no restraint being applied and maintain target by end of 2024

Lessons Learned

Reviewing the need PASD, addressing resident's behavior and tracking tool. This was helpful and we currently have 0 restraints in our home.