

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

| | Last Year | | This Year | | |
|---|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| Indicator #11 | 88.50 | 90 | 78.90 | -- | NA |
| Percentage of Residents who responded that they would recommend this home to others (Extendicare New Orchard Lodge) | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |

Change Idea #1 Implemented Not Implemented

Review the Resident Satisfaction Survey yearly and create an action plan for low scores using feedback and input from Resident's Council.

Process measure

- # of action plan successful implemented on quarterly reports.

Target for process measure

- Action plans will be 100% fully implemented by end of June 2024.

Lessons Learned

Limited feedback received from resident's council.
Lack of engagement in resident focus group.
High turnover of residents

Change Idea #2 Implemented Not Implemented

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Comment

This area will remain a top priority for 2025.

| Indicator #10 | Last Year | | This Year | | |
|--|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |
| Percentage of residents who responded positively to "If I have a concern my concerns are addressed in a timely manner." (Extendicare New Orchard Lodge) | 52.00 | 85 | 73.70 | -- | NA |

Change Idea #1 Implemented Not Implemented

Will focus on Extendicare's policy for addressing concerns and following through with process.

Process measure

- # of concerns and their resolution will be documented in the resident's chart. # of concerns logged into the home's internal status report. # of monthly meeting to include home's progress with with concerns.

Target for process measure

- Reports, documentation and monthly meetings addressing concerns will be 100% fully implemented by end of June, 2024.

Lessons Learned

Concerns are documented in PCC and resolutions by frontline staff are indicated. Concerns that can't be resolved immediately are followed up by DOC by phone, e-mail or in person.

| Indicator #8 | Last Year | | This Year | | |
|--------------|---|--|----------------------------------|--|--|
| | Percentage of residents responding positively to "I am updated regularly about any changes in my home." (Extendicare New Orchard Lodge) | 53.80 Performance (2024/25) | 85 Target (2024/25) | 63.20 Performance (2025/26) | -- Percentage Improvement (2025/26) |

Change Idea #1 Implemented Not Implemented

To provide enhanced opportunities for sharing and receiving information from residents to keep them updated on changes.

Process measure

- # of weekly discussion with residents by leadership and tracked by Surge Learning survey. # of staff huddles residents were invited to attend. Quarterly newsletter will start in April 2024

Target for process measure

- Discussions, huddles and newsletters will be 100% implemented by the end of April 2024.

Lessons Learned

Visits from leadership team with residents using the Surge survey was discontinued after the first quarter of 2024.

Change Idea #2 Implemented Not Implemented

Resident focus group created- members met with administrator monthly the q6weeks.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

% of residents who were satisfied with communication from leadership team increased from 53% to 63.2%

Change Idea #3 Implemented Not Implemented

Townhall meeting held quarterly with residents and leadership team members

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

% of residents who were satisfied with communication from leadership team increased from 53% to 63.2%

Comment

this area will remain a priority in 2025.

| | Last Year | | This Year | | |
|---|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| Indicator #7 | 95.70 | 98 | 95.50 | -- | NA |
| Percentage of positive Family responses to "I would recommend this home to others". (Extendicare New Orchard Lodge) | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |

Change Idea #1 Implemented Not Implemented

Increase collaboration with Family Council on the survey results gathering feedback to improve on the low survey scores

Process measure

- # of suggestions made by family. # of implemented suggestions. # of family councils meeting attend and discussion of action plan.

Target for process measure

- There will be an increase in family collaboration and feedback on action plan to increase target rate by end of September.

Lessons Learned

Meetings with Family Council held monthly.
Difficulty in recruiting family council members.
Very few suggestions received from family members.

Change Idea #2 Implemented Not Implemented

Quarterly Resident and Family Townhall meetings held in 2024 to provide an opportunity for families to provide feedback and make suggestions

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Little feedback received

Comment

This area remains a priority in 2025.

| Indicator #3 | Last Year | | This Year | | |
|---|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |
| Percentage of Families responding positively to the question "I am satisfied with the quality of cleaning within the resident's room" (Extendicare New Orchard Lodge) | 65.20 | 85 | 68.20 | -- | NA |

Change Idea #1 Implemented Not Implemented

A project team will audit cleanliness of the residents rooms and follow up with the staff. A fluorescent marking fluid will be included as part of the audit.

Process measure

- # of monthly audits completed and to be 80% or more for met items on the audits. # of family and resident council meeting attended with feedback.

Target for process measure

- 100% of the audits will be completed and satisfactory by end of September. Nine residents and family councils meetings will have the results for the audits presented to them by end of 2024.

Lessons Learned

Challenges: Competing priorities with outbreaks made auditing difficult. Transitioning of Environmental manager requiring additional orientation and onboarding with additional demands of the role.

Comment

This area will be prioritized going forward in the 2025 QIP

| Indicator #4 | Last Year | | This Year | | |
|--|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |
| Percentage of families who responded positively to "The resident has input into the recreation programs available" (Extencicare New Orchard Lodge) | 37.50 | 85 | 50.00 | -- | NA |

Change Idea #1 Implemented Not Implemented

Increase communication and provide opportunities for input into planning of recreational activities by including residents in monthly activity planning group. This change idea will also incorporate the survey results for Spiritual Care services and schedule timing.

Process measure

- # of suggestions and implemented activities from the Monthly Activity Planning. # of quarterly newsletters and follow up Townhall meetings. Two Surge Learning surveys per week will be completed by leadership team. # of suggestions from family regarding spiritual care services.

Target for process measure

- Monthly activity planning group, quarterly newsletters to also include spiritual care services and weekly surveys will be 100% implemented by end of April.

Lessons Learned

Surge survey and visits were only implemented during the first quarter due to poor feedback. Feedback obtained from residents at monthly resident's council meetings and monthly activity planning group. Lack of communication to families re. resident participation in activity planning. We continue to work on improvement in this area to ensure there is input into programs.

Comment

This area will be prioritized with new change ideas in 2025

| Indicator #9 | Last Year | | This Year | | |
|--------------|--|--|----------------------------------|--|--|
| | Percentage of residents who are satisfied with the quality of care from doctors. (Extendicare New Orchard Lodge) | 44.00 Performance (2024/25) | 80 Target (2024/25) | 70.00 Performance (2025/26) | -- Percentage Improvement (2025/26) |

Change Idea #1 Implemented Not Implemented

Full-time nurse practitioner onboarded in March 2024 to assist with workload of physician. This will allow the physician additional time to visit and meet with the residents on their weekly visits. Ongoing communication and clarification to residents at their monthly council meeting regarding the roles and expectations of the physician and nurse practitioner.

Process measure

- # of monthly resident council meeting discussion. # of weekly discussions with residents by the leadership team.

Target for process measure

- Monthly council meetings and weekly discussions will be 100% implemented by end of April 2024.

Lessons Learned

Full time NP available to address acute issues and concerns. Continuity of care improved. Percentage of residents who are satisfied with the care from doctors increased from 44% to 70%.

Safety | Safe | Optional Indicator

| | Last Year | | This Year | | |
|---|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| Indicator #5 | 7.71 | 7 | 8.46 | -9.73% | 8 |
| Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare New Orchard Lodge) | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |

Change Idea #1 Implemented Not Implemented

Continue to exceed in meeting Extendicare's target rate of 15%

Process measure

- # of monthly meetings with partners in care, capture changes interventions and new opportunities # weekly high risk fall meeting with change in residents' plan of care. # of new opportunities will be captured in weekly and monthly meetings.

Target for process measure

- Weekly high risk meeting and monthly committee meeting will be 100% fully in place by end of April, 2024.

Lessons Learned

We found that during Outbreaks we experienced higher incidence of falls. As a result, we will be reviewing strategies to address and will be focusing on this indicator in our 2025 workplan.

Change Idea #2 Implemented Not Implemented

In November 2024, we initiated hourly rounds audit for high- risk residents

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Through our rounds audit, we learned that having PSWs sign a confirmation sheet helps ensure accountability and consistency in completing the hourly 4P's rounds with their assigned residents.

Comment

We continue to perform better than Extendicare's benchmark of 15% but this will be a priority indicator in our workplan for 2025 so we can further improve.

| 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 (Extendicare New Orchard Lodge) | 15.34 | 14.50 | 11.79 | 23.14% | 10 |
| | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |

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

Continue to exceed Extendicare's target rate by maintaining current processes.

Process measure

- # of opportunities and non pharmacological interventions used. # of resident with the use of antipsychotic # of resident who successfully were reduced and removed from the use of antipsychotic.

Target for process measure

- Monitoring opportunities and successful reduction will be 100% fully implemented by end of April 2024.

Lessons Learned

Target exceeded. NP worked collaboratively with pharmacy consultant and registered staff to review antipsychotic usage

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

New APDT tool introduced in September 2024 to assist in reviewing antipsychotic usage.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Antipsychotic usage remains below Extendicare's target.

Comment

This area remains a priority in 2025.

Safety | Safe | 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 New Orchard Lodge) | 1.04 | 1 | 1.00 | -- | NA |

Change Idea #1 Implemented Not Implemented

Will continue to exceed Extendicare's target with current process.

Process measure

- # of restraint and PASD used monthly. # of request for restraints and discussion had with families/resident will be shared at monthly Restraint/Fall committee.

Target for process measure

- Monitoring restraints, PASD and the number of request for restraints will be 100% implemented by end of April 2024.

Lessons Learned

A challenge that we have is Family requesting restraints despite education on the risks. We continue to work individually with each family to address and discuss alternatives and now have 0 restraints.

Comment

We currently have no restraints in the home at this time.

| Indicator #2 | Last Year | | This Year | | |
|--|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |
| % of LTC residents with worsened ulcers stages 2-4 (Extendicare New Orchard Lodge) | 1.04 | 1 | 1.04 | -- | NA |

Change Idea #1 Implemented Not Implemented

Will continue to exceed Extendicare's target by maintaining current successful processes.

Process measure

- # of residents at high risk and have preventative measures in place. # of monthly meetings where treatment plan that included referrals and new equipment.

Target for process measure

- Monthly meeting in collaboration with the Nurse Practitioner will fully include high risk residents, referrals and any new equipment by end of April 2024.

Lessons Learned

Challenge: Residents returning from hospital with new pressure injuries.

Successes: NP onboarded and worked collaboratively with SWAN at reducing new and worsening pressure injuries

Change Idea #2 Implemented Not Implemented

Frequency of skin and wound meetings increased to monthly from quarterly.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Increased collaboration between NP, SWAN and registered staff in implementing interventions which has been very positive.

Change Idea #3 Implemented Not Implemented

New tracking tool rolled out in summer of 2024

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Tracking tool helpful in tracking residents who are at high risk of skin issues and assist in mitigating risk and we continue to use this.

Comment

Currently meeting Extendicare's target but we continue to strive for further improvement.