

Experience | Patient-centred | Custom Indicator

Indicator #9	Last Year		This Year		
	85.40	86	85.70	--	NA
Resident Satisfaction- Would Recommend Home (Extendicare Port Hope)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Residents living at Extendicare Port Hope will continue to respond positively to "I would recommend this home."

Process measure

- 1) Number of complaints/Compliments provided to the home from residents 2) Track resident participation in Council and committee meetings

Target for process measure

- Resident Response to "I would recommend this Home" on annual survey will remain above the corporate target

Lessons Learned

Resident Council adapted a shared Leadership format to ensure representation from each home area during meetings.
Resident participation at every CQI meeting.

Indicator #2	Last Year		This Year		
	37.50	68	66.70	--	NA
I am satisfied with the quality of care from social worker(s) (Extendicare Port Hope)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Ensure a Full Time Social Service Worker is available to provide support to residents and family members.

Process measure

- 1)Number of Newsletter articles sharing the new position of Social Service Worker that will be filled in our home. 2)Number of referrals to Social Service Worker per month to be reviewed at CQI meetings 3)Number of new admission contacts made by Social Service within the first week of moving into the home via progress notes.

Target for process measure

- 100% of New admissions will be followed up with by Social Service Worker by July 2024

Lessons Learned

We were able to secure a Full time Social Worker in April of 2024 who has made an impact on both resident and families. She has a strong focus on supporting with the transition into Long Term Care.

Meeting with every new admission on their first or second day in the home and continuing with support over the first few weeks.

Referrals have increased throughout the year, with a total of 19 from June- September and 25 from October- December 2024

At end of Dec, the Social worker had a caseload of 26 Residents that she regularly meets with.

A newsletter went out in May to introduce our Social Worker and inform residents how to get in contact with her.

She also joined in as a guest in the April, May, June, and November Residents Council Meetings and the May, September, and December Family Council Meetings.

Indicator #1	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Family Satisfaction- Would recommend this home (Extendicare Port Hope)	86.10	87	96.60	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

Family Members who have loved ones living at Extendicare Port Hope will continue to respond positively to "I would recommend this Home to others"

Process measure

- 1) Number of Concerns/Compliments provided to the Home 2)Number of Family Council/Information Sessions held each year

Target for process measure

- 1) Family response to " I would recommend this home" to others on our 2024 survey will remain above our corporate target.

Lessons Learned

- 1)# of complaints/concerns- IDTC compliments. look at huddle 4 or 5 a month- compliments Approx 50 compliments.
- 2)We had Family Council start in 2024 and had 3 meetings

Indicator #10	Last Year		This Year		
	49.10	60	53.30	--	NA
The resident has input into the recreation programs available (Extendicare Port Hope)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Include Residents in Planning of Programs to implement on the Monthly Calendars.

Process measure

- 1) Number of Meetings held with Resident Involvement 2) Number of ideas collected during each quarter.

Target for process measure

- 1) Four Program Planning meetings will be held by December 2024 2) 100% of ideas reviewed by recreation team.

Lessons Learned

Program planning meetings were held in April, May, June, August, and September. The team was able to implement programs onto the monthly calendar based off these meetings.

It was determined that we were not capturing input from residents who were not coming to these planning meetings, on a go forward will continue with these meetings on a monthly basis and have a staff member complete 1:1 visits to gather input into program ideas that can be implemented into the monthly program.

Comment

Program Planning Meetings were successful in adding new programs to our calendar including Turkey Trot, Sportsnet Subscription, Oktoberfest, Multiculturalism Day, Rainbow Social, Crafts with Lee, Teamific Trivia, Summer Olympic Games, Cookie Sale Fundraiser for Alzheimer's, and Nurses Cap Craft for nurses week. Residents also shared what regular occurring programs they are continuing to enjoy and would like kept on the calendar.

Indicator #3	Last Year		This Year		
	58.50	65.50	81.10	--	NA
I am satisfied with the quality of care from the doctors (Extendicare Port Hope)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Provide more visibility of the Doctors to residents.

Process measure

- 1) Number of complaints/concerns brought forward by residents regarding Doctors

Target for process measure

- Resident response to "I am satisfied with care from doctors will improve by 15% during the next annual survey.

Lessons Learned

Shared results with MDs at PAC meetings and suggested they be more visible when in the home areas.

Posted the Professional Team listing in October of 2024.

Nurse Practitioner was hired in August of 2024 to support our physician team.

Indicator #4	Last Year		This Year		
	54.30	80.90	70.60	--	NA
I have an opportunity to provide input on food and beverage options. (Extendicare Port Hope)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Family Members will have the opportunity to provide input into food and beverages

Process measure

- 1) Number of unique suggestions received after newsletter/emails send out 2) Number of Resident Choice meals provided

Target for process measure

- 1) 10% of suggestions provided by family members will be utilized in the menu cycles by December2024

Lessons Learned

- 1) With Menu cycle changes- emails were sent out to family and residents to seek recipes and input. No responses received. Although we did show improvement on our overall results.
- 2) Resident and Food Council minutes reviewed from 2024 and 10 Resident Choice Meals were provided which the residents were happy with.

Indicator #7	Last Year		This Year		
	17.88	15	17.43	2.52%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Port Hope)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Root cause analysis of falls occurring in the home to determine strategies to decrease incidence of risk and severity of falls

Process measure

- 1) Number of post fall huddles completed monthly. 2) Number of Wobbly Wednesday falls completed monthly with Multidisciplinary involvement 3) Achieva Health will provide education on safe and appropriate Falls interventions.

Target for process measure

- 75% of Falls will have a Post Fall Huddle completed by May 2024 100% of falls will be discussed with multidisciplinary team during Wobbly Wednesday huddles. 60% of staff will have appropriate Fall intervention education by June 2024 and 100% will have education completed by December 2024.

Lessons Learned

- Education required on the importance of the immediate Post Fall Huddle being completed with team members in vicinity of the fall to determine root cause and implement interventions in the moment.
 - Wobbly Wednesday huddles were held regularly with multidisciplinary team participation
- Challenges- Comfort Rounding not being consistently done on each home area.

Comment

Education on Importance of Comfort Rounding and 4P's to be provided
Encouraging POC documentation to be completed with high risk fall residents rather than sitting at the care centre. We will be making areas more comfortable and accessible to support with this and this indicator will be in our 2025 workplan.

Indicator #8	Last Year		This Year		
	10.17	10	X	--	NA
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Port Hope)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☒ Not Implemented

Maintain monthly multidisciplinary meetings.

Process measure

- # of monthly meetings held and % of residents on antipsychotic medication reviewed each month

Target for process measure

- One meeting held each month in 2024. 100% of residents on antipsychotic medication reviewed each month.

Lessons Learned

We were not able to have a meeting each month due changes in our BSO lead. Despite this we were able to maintain below target in this indicator.

We were able to secure a Full Time Nurse Practitioner who started in August of 2024 who supports with appropriate antipsychotic prescribing and deprescribing

Safety | Safe | Custom Indicator

Indicator #5	Last Year		This Year		
	0.00	0	0.00	--	NA
Percentage of long-term care home residents in daily physical restraints over the last 7 days (Extendicare Port Hope)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Sharing least restraint policy with all stakeholders prior to resident admission.

- Process measure

 - 1) % of admission applicants given least restraint policy 2) % of residents/families requesting restraints education on alternatives.

Target for process measure

 - 1) 100% of admission applicants given least restraint policy by May 2024 2) 100% of residents/families requesting restraints receiving education on alternatives by June 2024

Lessons Learned

Continue with discussions prior to admission on least restraint policy.
Health teaching provided by all team members when resident/family inquire about restraints.

Indicator #6	Last Year		This Year		
	1.70	1.70	5.26	--	NA
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 (Extendicare Port Hope)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Implementation of a pressure injury tacking tool to assess resident risk for worsening wounds.

Process measure

- % of residents assessed for increased wound risk with successful early interventions.

Target for process measure

- 75% of residents assessed for increased wound risk will have successful early intervention by June 2024. 100% by December 2024.

Lessons Learned

- 1) Injury tracking tool completed weekly by our Skin & Wound Lead. Early interventions such as Cavalon Creams were introduced for those at risk.
- Challenges
- 2) Missed early identification of skin impairments
- 3) Incorrect classification of wounds.
- 4) Increased worsening wounds with Palliating residents, through root cause analysis pain was identified as a barrier to turning and repositioning of residents.
- 5) Therapeutic mattresses and pumps are more readily available for team members to implement upon discovery of any skin impairment.

Comment

We will continue to focus on this indicator for 2025 workplan.

