

Experience | Patient-centred | Custom Indicator

Indicator #5	Last Year		This Year		
	I am satisfied with the spiritual services timing and schedule. (Extendicare Peterborough)	37.50 Performance (2024/25)	50 Target (2024/25)	89.30 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Plan to increase spiritual care services within the home for residents based on their preferences.

Process measure

- # of admission files that have spiritual denomination included # of residents who attend spiritual programs on monthly basis # of residents who completed My Wishes program # of inhouse questionnaire responses on activities/spirituality provided # of programs related to designated multifaith on a monthly basis Chaplin is in place

Target for process measure

- Overall improvement in the provision of spiritual care services within the home based on their preference will be seen by August 1, 2024.

Lessons Learned

Recruited multifaith minister for resident visits at Extendicare Peterborough which was highly successful. 105 program sessions offered in 2024.

108 admission files with noted spiritual denomination in 2024.

1910 residents attended spiritual programs in 2024.

Low number of completed My Wishes program submissions. Incorporated into IDTC conversation to improve completion.

Change Idea #2 Implemented Not Implemented

Happiness program implemented in November of 2024

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Program was well received by families, Residents and staff at Town Hall. Program has been added to the monthly calendar with great success.

Comment

Great success with these strategies and we have made significant progress .

	Last Year		This Year		
Indicator #10	83.30	85	87.80	--	NA
Resident would recommend home to others. (Extendicare Peterborough)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Increase satisfaction by residents who would recommend this home to others.

Process measure

- # of face-to-face meetings # of Resident Council meetings # of suggestions from residents # of new suggestions implemented

Target for process measure

- Review outcomes in October 2024 during next resident Survey.

Lessons Learned

36 meetings yearly with both residents and family. 15 new suggestions reviewed and implemented.

Change Idea #2 Implemented Not Implemented

Plan to improve staffing to assist with the satisfaction of our residents.

Process measure

- # of vacancies # of new hires # of in services with staff regarding meaningful conversations

Target for process measure

- Improvement in resident satisfaction will be seen by September 1, 2024.

Lessons Learned

95 new hires in 2024. 103 in-services in 2024 regarding meaningful conversations.

Comment

An improvement in satisfaction has been noted. Processes in place will continue.

Indicator #3	Last Year		This Year		
	Family would recommend this home to others. (Extendicare Peterborough)	70.70 Performance (2024/25)	75 Target (2024/25)	95.70 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Plan to improve the home by updating the home with small improvements.

Process measure

- # of education sessions for staff # of tours # of family council meetings # of maintenance issues identified # of maintenance issues rectified

Target for process measure

- Improvements to the home will be in place by September 1, 2024.

Lessons Learned

The home has been updated in 2024 with new improvements which have been beneficial, such as flooring and paint to resident dining areas and spa rooms renovated with new flooring.

104 admission tours completed in 2024; very positive comments were offered regarding improvements to the home.

3971 reported maintenance concerns in 2024; all have been rectified.

Family council meetings ongoing to support collaboration quarterly to discuss areas for improvement.

Change Idea #2 Implemented Not Implemented

Encouragement to families for increased collaboration in resident care and changes/updates to the facility.

Process measure

- # of townhall meetings # of complaints or concerns # of communications sent to families # of new building updates # of families participating in peer group meetings # of peer group meetings

Target for process measure

- Improvement in family satisfaction will be seen by September 1, 2024.

Lessons Learned

Monthly engagement has occurred with family through townhall meetings and via facility newsletter.

Noted improvement in communication and collaboration with families for the purpose of addressing concerns and complaints.

A challenge is low attendance of families at scheduled town hall meetings which we continue to promote.

We plan to increase the frequency of updates regarding new building scheduled for completion Fall 2025.

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

Prevail vendor invited to Family townhall to provide education.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Increased family understanding of continence products and program offered at Extendicare Peterborough.

Comment

Efforts of collaboration with families has been very successful and will continue.

	Last Year		This Year		
Indicator #12	43.00	50	90.50	--	NA
There is a good choice of continence products. (Extendicare Peterborough)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Ensuring our resident and families are educated and aware of their options and choices of continence products in the home

Process measure

- # of education sessions provided to families and residents. # of resident council and townhall meetings where continence products were discussed. # of IDTC meetings where continence products were discussed. # of newsletters # survey responses

Target for process measure

- Measures will be in place by October 2024.

Lessons Learned

4 education sessions held for residents and families about continence products offered. Each admission and annual IDTC reviews continence and continence products. This has been helpful for an increase in communication and education about continence products.

Comment

Efforts of education will continue as this was found to be very beneficial.

Indicator #11

The resident has input of recreational programs available.
(Extendicare Peterborough)

Last Year

49.30

Performance
(2024/25)

60

Target
(2024/25)

This Year

97.20

Performance
(2025/26)

--

Percentage
Improvement
(2025/26)

NA

Target
(2025/26)

Change Idea #1 Implemented Not Implemented

Residents within the home will have a broader spectrum of recreational programs of their individual choice.

Process measure

- # of resident meetings where the calendar was reviewed prior to posting. # of Resident Council meetings attended. # of recommended changes to the calendar. # of recommended changes made to the calendar. # of suggestions from residents and families. # of residents attending new programs.

Target for process measure

- Improvement in program choices by the residents will be seen by August 1, 2024.

Lessons Learned

12 calendar planning meetings with residents in 2024. 12 resident council meetings attended in 2024. 60 recommendations and changes made to calendar.

67 residents attended new programs in 2024.

Comment

This has been highly successful and will continue.

Indicator #6	Last Year		This Year		
	I am satisfied with the variety of spiritual care services. (Extencicare Peterborough)	48.60 Performance (2024/25)	70 Target (2024/25)	89.30 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

To increase spiritual care services within the home to any residents based on their preferences.

Process measure

- # of admission files that have spiritual denomination included # of residents who attend spiritual programs on monthly basis # of residents who completed My Wishes program # of inhouse questionnaire responses on activities/spirituality provided # of programs related to designated multifaith on a monthly basis

Target for process measure

- Overall improvement in the provision of spiritual care services within the homes based on their preferences will be shown by July 31st, 2024.

Lessons Learned

158 admission files as of December 2024 have spiritual denomination included; total resident attendance at spiritual programs 1910 in 2024; incorporate My Wishes program into admission IDTC; devise in house questionnaire for residents on activities specific to spirituality; 12 monthly multifaith programs; increase multifaith education across all departments for staff

Comment

Efforts have been very successful, and we have had good improvement in this area.

Indicator #4	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
I am satisfied with the quality of care from the social worker(s). (Extendicare Peterborough)	28.60	70	95.70	--	NA

Change Idea #1 Implemented Not Implemented

Increased use of social worker services or awareness of social worker services.

Process measure

- % of referrals to social worker services. # of admission who received the information package. # of social service programs. # of residents attending social service programs.

Target for process measure

- Overall improvement in the provision of social services within the home by September 1, 2024.

Lessons Learned

Increased satisfaction reported by both resident's and families with provided Social Work Services. 307 amount of referrals were received by Social Work in 2024.

Identified need to develop social service programs for different resident populations which we will be looking to implement.

Comment

Strategies have been very successful, and we have had a significant improvement in our results this year.

Indicator #7	Last Year		This Year		
	I have input into recreation programs available. (Extendicare Peterborough)	41.90 Performance (2024/25)	70 Target (2024/25)	97.20 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Residents within the home will have a broader spectrum of recreational programs of their individual choices.

Process measure

- # of new admission recreation assessments completed. # of new programs implemented. # of residents attending programs.

Target for process measure

- Improvement in program choices of the residents will be seen by August 1, 2024.

Lessons Learned

Monthly calendar planning meetings ongoing, with good resident attendance and input. Consultant was extremely impressed that the Administrator will present the success of this program at REACH.

Identified need to implement more age specific programs. We will focus on this area in 2025.

A challenge we noted was low attendance during Outbreak situations due to unit-based activity schedule. Alternative options will be considered going forward.

Change Idea #2 Implemented Not Implemented

Implementation of Happiness Program.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Boosted activity engagement for residents with cognitive impairments and when in outbreak, isolated residents can still participate in their rooms which was very effective.

Change Idea #3 Implemented Not Implemented

Suggestion box was implemented in the main floor for activity suggestions

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Success rate for new suggested activities using suggestion box is low, however, suggestions are received during meetings and through direct communication with programs staff so there is an increase in suggestions and input occurring.

Comment

This has been hugely successful with significant improvements seen in results.

Safety | Safe | **Optional Indicator**

Indicator #8	Last Year		This Year		
	Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Peterborough)	23.86 Performance (2024/25)	15 Target (2024/25)	25.86 Performance (2025/26)	-8.38% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

) Implement specific activity program at afternoon change of shift for residents who are high risk for falls .

Process measure

- # of residents reviewed for activity needs/preferences weekly # of activity programs that occur during change of shift in afternoon weekly

Target for process measure

- Specific activity program at afternoon change of shift will be implemented by June 2024

Lessons Learned

Programs implemented during change of shift, including 2pm, 2:30pm and 3:00pm, which helped decrease falls during this time period. These efforts will continue.

Change Idea #2 Implemented Not Implemented

Education and collaboration with all staff and departments.

Process measure

- # of education sessions provided. # of staff receiving education. # of friday falls meetings. # of residents on the falling leaf program. # of residents receiving new shoes as a result of the shoe clinic.

Target for process measure

- Programs will be fully implemented by October 1, 2024.

Lessons Learned

Falls Friday unit-based meetings held weekly, 52 annually. Post-fall huddles completed following each fall. Monthly falls committee meetings are occurring. Education provided to residents and family, in-person and in newsletter about safe footwear. 38 residents on falling star program. All of these efforts have been effective and have improved collaboration with staff and departments.

Change Idea #3 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

536 environmental assessments were completed in 2024, these were very beneficial to help identify potential risk areas and address areas for improvement. These efforts will continue.

Comment

This area continues to be a focus for 2025 in our 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 Peterborough)	14.62	14	10.61	27.43%	10.50
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (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 Monthly tracking sheet and bimonthly meeting BSO Monthly Touchbase

Target for process measure

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

Lessons Learned

An average of 33 residents reviewed monthly in 2024. An average of 33 reduction strategies implemented monthly. Bimonthly meetings with BSO and pharmacy, these have been effective and will continue.

Change Idea #2 Implemented Not Implemented

Provide educational material to families and/or residents on antipsychotics and the importance of minimizing use.

Process measure

- # of families provided with best practice information on reducing antipsychotics monthly # of tour and admission packages provided with antipsychotic reduction information included monthly

Target for process measure

- Educational material will be provided to families and/or residents on antipsychotics and important of minimizing use by Sept 2024

Lessons Learned

Education provided to residents, family and staff via council meetings and monthly newsletter. Monthly staff education at BSO committee meetings.

Comment

Processes in place have been effective, and we will continue in 2025.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #1	0.00	0	1.41	#Error	NA
% of LTC residents with restraints (Extendicare Peterborough)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Review current restraints and determine plan for trialing alternatives to 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 # of education sessions # of staff completing education

Target for process measure

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

Lessons Learned

Staff engagement in education sessions was positive; staff demonstrated understanding and application of Least Restraint Policy and accompanying initiatives.

Change Idea #2 Implemented Not Implemented

Personalize activity plans to engage resident in activities of interest

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

This was a successful strategy. Noted increase in resident engagement in activities of interest to reduce the use and/or need for restraint devices.

Comment

Strategies were effective, we will continue with these processes.

Indicator #2	Last Year		This Year		
	% of LTC residents with worsened ulcers stages 2-4 (Extendicare Peterborough)	2.90 Performance (2024/25)	2 Target (2024/25)	4.96 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 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

All bed surfaces reviewed in the home. Distributed therapeutic surfaces to all residents with PURS score of 3 or greater.

Change Idea #2 Implemented Not Implemented

Improve Registered staff knowledge on identification and staging of pressure injuries

Process measure

- # of wound rounds and assessments completed each Wednesday # of wounds inputted on skin/wound tracker weekly # of treatments with proper dressing selection in place # of inservices provided to staff # of staff who attended inservice

Target for process measure

- A new standardized process for wound assessment and management for all residents that are experiencing pressure injuries will be in place by September 1, 2024.

Lessons Learned

Skin and Wound Nurse (SWAN) completes wound rounds and assessments 2 days weekly. 3M education provided for Registered Staff and Personal Support Workers regarding preventative skin care measures was provided. Education was beneficial. A challenge was staff turnover. We will continue ongoing education.

Change Idea #3 Implemented Not Implemented

Education sessions for Registered Staff on wound staging for pressure ulcers, and correct identification of ulcer type.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Education was effective. We have shown improved accuracy of wound care assessments, specifically related to pressure ulcers.

Comment

Efforts of education will remain ongoing; this indicator will be a focus in our 2025 workplan.