

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

Indicator #11	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Resident Satisfaction – Would Recommend Home (Extendicare Lakefield)	86.60	88	83.30	--	NA

**Change Idea #1**  Implemented  Not Implemented

Have a list of residents interested in welcoming new residents and families and a process for feedback on process.

**Process measure**

- # of long term residents who are welcoming new residents # of time admission coordinator notified management of new admission dates and time % of families who gave positive feedback of the admission experience.

**Target for process measure**

- To reach 88% in the 2024 resident and family satisfaction survey. List of residents will be developed who welcome new residents and families and process for feedback in place by June 2024

**Lessons Learned**

Long term residents continue to attend new admissions and welcoming new residents. Continue to answer questions and provide feedback for new residents and families.

**Comment**

We did not meet our goal however, new admissions enjoy being greeted by our residents. We will continue with this change idea to ensure we meet our goals.

Indicator #9	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Resident Satisfaction – I have input into the recreation programs available (Extendicare Lakefield)	39.40	45	55.60	--	NA

**Change Idea #1**  Implemented  Not Implemented

Increase opportunities for residents to choose which programs are being offered in the home.

**Process measure**

- # of resident suggestions # of resident suggestions implemented # of care conferences where resident experience was reviewed # of suggestions implemented following care conference # of suggestions provided during resident council meetings # of programs implemented based on resident choice # of focus groups in each home area that were held before monthly activity calendar created

**Target for process measure**

- To reach 45% in the 2024 resident and family satisfaction survey. Increased opportunities for residents to choose which programs are offered in the home will be in place by June 2024

**Lessons Learned**

Monthly calendar planning with residents to improve what programs they want to have available.

**Comment**

Although we did not meet our target we continue to improve and strive towards our goal. Residents continue to attend monthly calendar planning events.

	Last Year		This Year		
<b>Indicator #10</b>	<b>51.40</b>	<b>75</b>	<b>73.70</b>	<b>--</b>	<b>NA</b>
Resident Satisfaction – My care conference is a meaningful discussion that focuses on what’s working well, what can be improved, and potential solutions. (Extendicare Lakefield)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Ensure resident care conferences are meaningful and provide solutions if issues arise. Admission coordinator to notify department heads of issues that arise

**Process measure**

- # of suggestions for improvement provided during care conferences monthly # of focus groups held # of improvements implemented based on feedback

**Target for process measure**

- To reach 75% in the 2024 resident and family satisfaction survey. Resident care conferences will be more meaningful and provide solutions to issues by June 2024.

**Lessons Learned**

Residents continue to attend care conferences and voice the changes they want to have included in plan of care. Multidisciplinary team

**Comment**

We continue to have residents attend their care conferences and voice any concerns/issues that they are having. We did not meet our previous target but continue to work towards it.

Indicator #7	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Family Satisfaction – Would Recommend Home (Extendicare Lakefield)	85.00	90	81.30	--	NA

**Change Idea #1**  Implemented  Not Implemented

DOC and Administrator to have a standing invitation on agenda to family council, and will continue to attend on a rotational basis

**Process measure**

- # of post admission care conference # of suggestions that can improve the process # of suggestions implemented # of times DOC and Admin attended family council # of times 100% of management team had meeting with family during admission process

**Target for process measure**

- To reach 90% in the 2024 resident and family satisfaction survey. DOC and Administrator will regularly attend family council on a rotational basis as a standing agenda item by Sept 2024

**Lessons Learned**

DOC/Administrator continue to attend family council meetings to address any concerns brought forward by family/residents. Resident enjoy when they attend on a continuous basis

**Comment**

DOC and Administrator continue to attend family council meetings to improve communication and address concerns brought forward immediately.

Indicator #5	Last Year		This Year		
	Family Satisfaction – I am satisfied with the variety of spiritual care services. (Extendicare Lakefield)	<b>23.50</b> Performance (2024/25)	<b>59</b> Target (2024/25)	<b>42.10</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

To provide more services that will meet the spiritual and emotional needs of the residents in the home.

**Process measure**

- # of programs reviewed # of family council meetings # of recommendations from family council # of changes made as result of family council recommendations # of community partners who do spiritual care services in the home monthly

**Target for process measure**

- To reach 59% in the 2024 resident and family satisfaction survey.

**Lessons Learned**

Variety of spiritual services retained. Monthly care conferences, residents council and family council to begin. Change ideas brought forward to meetings to initiate action plan.

**Comment**

We continue to attempt to retain a variety of spiritual service in the home to improve quality of life for our residents.

Indicator #6	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Family Satisfaction – I am updated regularly about any changes in the home. (Extendicare Lakefield)	50.00	80	71.90	--	NA

**Change Idea #1**  Implemented  Not Implemented

To provide families with regular updates to ensure everyone is informed about what is happening in the home.

**Process measure**

- # of family council meetings # of suggestions made by family council # of new suggestions implemented # of newsletters sent to families monthly # of times Admin sent extra communication each month with input from department heads

**Target for process measure**

- Home to meet corporate target of 80% in 2024 Family Survey results. Families will have regular updates to ensure everyone is informed by June 2024

**Lessons Learned**

We continue to work towards our target of informing family members of any updates within the home.

**Comment**

We have not met our target but we continue to improve every year. We continue to send communication to family and residents to improve and reach our target.

Indicator #12	Last Year		This Year		
	The resident has input into the recreation programs available (Extendicare Lakefield)	<b>30.80</b> Performance (2024/25)	<b>60</b> Target (2024/25)	<b>37.50</b> Performance (2025/26)	<b>--</b> 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 choice.

**Process measure**

- # of resident meetings where the calendar was reviewed prior to posting. # of Resident/Family 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**

Residents continue to be included in making decisions and provide feedback regarding the recreational programs within the home.

**Comment**

Residents continue to advise activities which programs they would like to have in the home. We will continue with this change idea as residents love to be involved with recreation programs available.

Indicator #8	Last Year		This Year		
	I am satisfied with the quality of care from social worker. (Extendicare Lakefield)	<b>37.50</b> Performance (2024/25)	<b>50</b> Target (2024/25)	<b>62.50</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**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**

Unable to retain a social worker however, we have a social worker available to come to facility when needed.

**Comment**

We currently do not have a social worker; however, we have a social worker available from a sister home that is able to come into the home when requested. We will continue to utilize the social worker when needed.

Safety | Safe | **Custom Indicator**



Indicator #3	Last Year		This Year		
	% of LTC residents with worsened ulcers stages 2-4 (Extendicare Lakefield)	<b>5.10</b> Performance (2024/25)	<b>2</b> Target (2024/25)	<b>2.94</b> Performance (2025/26)	<b>--</b> 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 SWAN nurse to complete section M of RAI assessments

**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 registered staff will have received education on identification and staging of pressure injuries by Sept 2024

**Lessons Learned**

Identified several mattresses that needed replaced. SWAN completed M section of RAI to capture accurate data regarding worsened pressure injuries which was effective.

**Change Idea #2**  Implemented  Not Implemented

Implement Weekly Wound huddles by SWAN nurse.

**Process measure**

- # of wound care meetings held.

**Target for process measure**

- Home to reach 32 meetings by Dec 2024

**Lessons Learned**

Multidisciplinary weekly huddles allowed for all team members to have input into residents care needs.

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

Mandatory education for all registered staff to be completed on proper staging of Pressure ulcers.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Communicate to registered staff requirement to complete education, DOC/designate to monitor completion rates.

**Comment**

Identifying mattresses that were a contributing factor to breakdown was successful in helping us to lower our pressure injury numbers in the home. We will continue to monitor mattresses and complete weekly huddles. We aim to have all registered staff educated on proper wound staging.

	Last Year		This Year		
<b>Indicator #2</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>#Error</b>	<b>NA</b>
% of LTC residents with restraints (Extendicare Lakefield)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Continue educating families and or residents on the risks of restraints and Extendicare's least restraint policy.

**Process measure**

- # of meetings held with families/residents to discuss alternatives quarterly # of action plans in created if indicator changes for reduction of restraints in collaboration with family/resident quarterly

**Target for process measure**

- Home to continue to be at 0% by Sept 2024

**Lessons Learned**

Meeting held prior to admission and at annual care conferences to provide education on least restraint policy to families and residents.

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

Re-educate staff on restraint policy and use of alternatives to restraints

**Process measure**

- # of education sessions held monthly

**Target for process measure**

- 100% of nursing staff will be re-educated on restraint policy and alternatives to restraints by Sept 2024

**Lessons Learned**

Weekly huddles to continue to provide education to staff on least restraints policy.

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

Continue with multidisciplinary team discussions as issues arise with restraints and use of alternatives

**Process measure**

- # of meetings held

**Target for process measure**

- Home to reach 10 meetings by Dec 2024

**Lessons Learned**

Weekly huddles to provide education to staff on least restraints policy and review of other interventions to trial prior to implementing restraints.

**Comment**

We currently have no restraints in our home. For 2025 we will continue to monitor our current processes, but have not included as a priority area in our action plan.

	Last Year		This Year		
<b>Indicator #4</b>	<b>11.76</b>	<b>10</b>	<b>10.00</b>	<b>--</b>	<b>NA</b>
% of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Lakefield)	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

**Target for process measure**

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

**Lessons Learned**

Antipsychotic review meetings are occurring weekly. Resident triggering the QI have an action plan inputted into the decision support tool within 3-6 months of admission.

**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 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**

Reduction plan upon admission and quarterly to reduce antipsychotic use when there is no clinical indication proves to be helpful as well as challenging. Families are ready for change or they are not.

**Comment**

We will continue to work at decreasing antipsychotics in our home. While we still remain below benchmark, we continue to reduce in our home.

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 who fell in the 30 days leading up to their assessment (Extendicare Lakefield)	16.80	15	18.68	--	NA

**Change Idea #1**  Implemented  Not Implemented

Continue with Trip Tuesday meetings on all units to review data from the previous week and develop strategies with all departments having input.

**Process measure**

- # of residents reviewed at trip Tuesday meetings and # of new strategies implemented. # of high risk residents for falls who have had their needs/preferences for activities determined

**Target for process measure**

- Trip Tuesday meetings will be held on all units using data from previous week and strategies from all departments will be in place by June 2024

**Lessons Learned**

Previously implemented weekly huddles to identify new interventions to be applied to prevent future falls. Successful to have multidisciplinary team involved in new ideas.

**Change Idea #2**  Implemented  Not Implemented

Conduct environmental assessments of resident spaces upon admission to identify potential fall risk areas and address them before falls occur.

**Process measure**

- # of environmental assessments completed monthly # of identified deficiencies from assessments that were corrected monthly

**Target for process measure**

- Meet benchmark of 16% in 2024 Environmental risk assessments of resident spaces to identify fall risk will be completed by June 2024

**Lessons Learned**

Admission assessments provided opportunities to reduce clutter and provide available pathways to prevent future falls. Successful in identifying new residents at risk.

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

Implement new falls prediction tool developed by Extendicare

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

New prevention tool available to identify falls prior to occurring and identify those at higher risk for falling.

**Comment**

We did not have the success that we had hoped for. We will continue to keep working to reduce falls in our home.

