

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

	Last Year		This Year		
Indicator #7	80.00	85	68.00	--	NA
Percentage of residents that would recommend our home. (Extendicare Kawartha Lakes)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Plan to improve the continuity of care within the home by reviewing and updating staffing compliment

Process measure

- 1. # of times monthly that staff compliment was 100% 2. # of staff recruited monthly 3. # of audits of primary care assignments completed monthly 4. Improvement of results for next survey

Target for process measure

- Improvement in continuity of care and updated staffing compliment to be in place by August 1st, 2024

Lessons Learned

The home has had success with recruiting staff and adding staffing in the last year. One on one discussions and IDTC feedback imply a level of satisfaction different than the survey results.

	Last Year		This Year		
Indicator #12	71.10	80	51.70	--	NA
The percentage of families that would recommend our home (Extendicare Kawartha Lakes)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Increase the frequency of communication with families so they are better informed about what is happening in the home.

Process measure

- # of newsletters monthly that contained departmental information # of family council meetings attended quarterly # of PSW meetings where family/resident expectations were discussed

Target for process measure

- the frequency of communication with families so they are better informed will be improved by August 1/2024

Lessons Learned

Council meetings were regularly attended by Leadership in the home. Newsletters were not monthly as intended; however they have been back to monthly for several months. Participation in this survey is down considerably over last year and be having an impact on satisfaction.

Comment

The home is committed to trying to increase participation with the families on the next survey.

Indicator #1	Last Year		This Year		
	Communication by home leadership is improving (Extendicare Kawartha Lakes)	34.20 Performance (2024/25)	50 Target (2024/25)	48.30 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Leadership team to improve communication process and frequency with families/residents so they are better informed.

Process measure

- Number of times leadership rounded on the units daily, number of times the leadership attended the IDTC meetings monthly, number of emails sent out to for family communications from leadership monthly, amount of times family council invited leadership to attend

Target for process measure

- Overall process and frequency of communication with families/residents will be improved within the next 6 months (August 2024)

Lessons Learned

Leadership attended Council meeting as requested. One of leadership was in attendance for a portion of almost all meetings. Emails to family were sent regularly however it was a challenge to identify what families felt was missing in our communication. Improvement can still be made with leadership attendance at IDTC's. Improvements to the Newsletter will continue in hopes of further increase to satisfaction in this area.

Indicator #8	Last Year		This Year		
	Recreational and spiritual care services (Extendicare Kawartha Lakes)	48.50 Performance (2024/25)	55 Target (2024/25)	52.60 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 in-house 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

It continues to be a struggle to increase religious participation from outside partners, although the home has Catholic and regular Multifaith services. Lots of Spiritual programs have been added, although it would seem that residents to struggle to recognize these programs as they may not be religious in nature.

Indicator #10	Last Year		This Year		
	The care the residents receive is improving (Extendicare Kawartha Lakes)	27.50 Performance (2024/25)	50 Target (2024/25)	76.00 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Plan to collaborate with PSW staff to initiate a PSW bath shift for both units on day shift

Process measure

- 1. All bath lines will be filled 2. # of baths completed during the day shifts 3. At PSW meetings floor PSW and bath lines will be able to articulate that the new shift compliment has assisted in improved care on the floor

Target for process measure

- Improvement in bathing audits and updated staffing compliment to be in place by August 1st, 2024

Lessons Learned

Although this question is no longer part of the survey in this format - satisfaction with Nursing and PSW care is 76%. Staffing has increased over the last year and has had an impact on replacing shifts.

Comment

Work will continue to implement ideas to increase satisfaction.

Indicator #3	Last Year		This Year		
	My care conference is a meaningful discussion that focuses on what's working well, what can be improved, and potential solutions (Extendicare Kawartha Lakes)	47.10 Performance (2024/25)	55 Target (2024/25)	78.30 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Plan to improve care conference attendance from all departments and have meaningful discussion during the IDTC's

Process measure

- 1. During IDTC's family/residents will express content with IDTC meetings 2. # of IDTC meetings where all departments were in attendance 3. # of times 100% of department sections were completed in POC monthly

Target for process measure

- Improvement in continuity of care conferences attendance by August 1st, 2024

Lessons Learned

The home has made great strides in this area. Ensuring residents attend the meeting has proved most beneficial. Although always offered to attend sometimes residents choose to just let family go in their place, the team continues working hard on encouraging both the resident and family to have the resident in attendance. Department attendance can at times be a challenge, the team is better at sharing information from their department even if unable to attend.

Indicator #2 I have input into the recreation programs available (Extendicare Kawartha Lakes)	Last Year	50	This Year	--	NA
	38.90	Target (2024/25)	76.00	Percentage Improvement (2025/26)	Target (2025/26)
	Performance (2024/25)		Performance (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

- 1. Increased attendance to programs 2. New admission recreation assessments completed

Target for process measure

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

Lessons Learned

The home experienced some staffing issues in the programs department in 2024 which have now been overcome. The intends to continue it work in these areas as we move forward. Program staff have reported an increase in participation in a number of programs and have been diligent with new resident assessments

Change Idea #2 Implemented Not Implemented

Adding discussion around residents' ideas for programming at each council meeting.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

This was a success for the home as evidenced in the increase in satisfaction rate, it should however be noted that the Family satisfaction in this area remains low and as a result will be part of the 2025 QIP.

	Last Year		This Year		
Indicator #11	44.40	50	84.00	--	NA
The meal, beverage and dining services are improving (Extendicare Kawartha Lakes)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Residents in our home will have pleasurable and relaxed dining experience for all meal times

Process measure

- 1. Resident council will voice contentment with meal dining experience 2. Meal temperature audits will show meeting ministry standards of temperatures 3. Decrease responsive behaviors during meal times

Target for process measure

- Overall improvement of meal, beverage and dining services will be improved by August 1/2024

Lessons Learned

Although this question is not a part of the survey in this format - overall dining satisfaction is at 84%. Education of staff on pleasurable dining experience remains in place and will continue.

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 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 (Extendicare Kawartha Lakes)	6.73	2	0.00	--	NA

Change Idea #1 Implemented Not Implemented

Implement a new standardized process for wound assessment for all residents that are exhibiting 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.

Target for process measure

- A new standardized process for wound assessment for all residents that are exhibiting pressure injuries will be in place by August 1/2024

Lessons Learned

Wound Program is working well, and significant improvement has been made. the home will strive to remain at 0% -- Maintaining below the Extendicare Benchmark of 2% will be achievable.

Indicator #9	Last Year		This Year		
	Restraints (Extendicare Kawartha Lakes)	2.48	1.75	3.60	--
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Monitor current PASD's in the home to ensure they are being utilized appropriately and do not become restraints

Process measure

- # of PASD's currently being used # of PASD's that could potentially be removed # of discussions with families to review potential alternatives # of assessments completed by physio on monthly basis

Target for process measure

- Review of current PASD's in home to ensure they are being utilized appropriately and will not become restraints will be completed by August 1, 2024

Lessons Learned

A number of residents were admitted from hospital with restraints in place. The home has experienced significant difficulty having families agree to have the restraints removed for fear of falls.

Comment

Work will continue to achieve our goal. The home will continue to work with families to make the right decision for the resident.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #5	23.85	15	20.60	13.63%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Kawartha Lakes)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Reimplement comfort round process within the home to increase monitoring by staff and decrease resident falls.

Process measure

- # of staff educated on comfort round policy and 4P process monthly # of days management completed rounds on units to audit 4P's monthly

Target for process measure

- Comfort rounds process and 4P's will be fully implemented with a decrease in resident falls by August 1/2024

Lessons Learned

Although the home did not meet its target this year - work continues to make improvement. Rounds will continue and continue to be promoted. Shift change remains a challenge the home is trying to overcome.

Comment

The home is expanding managers purposeful rounding throughout the day to continue to improve in this area. Changes in report are planned to address staffing on the floor at shift change.

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 Kawartha Lakes)	10.61 Performance (2024/25)	10 Target (2024/25)	11.02 Performance (2025/26)	-3.86% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Ensure that a complete medication history and usage is obtained prior to admission to home

Process measure

- # of discussions held with CCAC coordinator # of medication history reviews completed on a monthly basis # antipsychotic medication reduced on a monthly basis

Target for process measure

- Medication history and usage review for all resident admissions will be in place by August 1/2024

Lessons Learned

This was implemented and was positive. This process continues. Some challenges with getting complete history but improvements were made over the year.

Comment

We will continue to work on this indicator for 2025 for further improvement.