

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

Indicator #12	Last Year		This Year		
	Would you recommend this home? (Extendicare Oshawa)	<b>81.60</b>	<b>85</b>	<b>76.50</b>	<b>--</b>
	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**

- # of times contingency plan was implemented. # of new hires. # of vacancies. # of changes to primary care assignments.

**Target for process measure**

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

**Lessons Learned**

The staffing contingency plan was updated in March, July and December 2024 and had continuous monitoring and adjusting in-between. An increase in the number of PSWs scheduled across all shifts were implemented to increase the staffing compliment to improve the continuity of care within the home.

**Comment**

Incorporating a scheduled annual evaluation of the staffing contingency plan in 2025 will ensure that the staffing contingency plan will be regularly monitored and updated as needed to promote continuous quality care to the residents. The addition of utilizing agency staff within the contingency plan will promote continuity of care through optimized staffing levels.

Indicator #5	Last Year		This Year		
	I have input into the recreation programs available. (Extendicare Oshawa)	<b>42.40</b> Performance (2024/25)	<b>60</b> Target (2024/25)	<b>44.70</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 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**

101 new admission assessments completed for 99 residents in 2024.  
 114 new admission recreation assessments completed for 114 residents in 2023.  
 Broad spectrum of trivia programs available.

**Comment**

Resident council meetings will continue monthly where residents can provide feedback and input into the variety of recreational programs offered throughout the home. The recreation department also has program planning meetings which include the residents and will continue this year. Program department will continue tracking attendance at resident programs.

Indicator #1	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 social worker(s) (Extendicare Oshawa)	<b>48.80</b>	<b>60</b>	<b>80.00</b>	<b>--</b>	<b>NA</b>

**Change Idea #1**  Implemented  Not Implemented

Increase contact between Social worker with residents and families so more visibility and opportunities for communication.

**Process measure**

- # of conferences attended by Social worker per month. # of inputs on social worker specific questions. # of assessments completed and actioned. # of resident and family council meetings Social worker attends.

**Target for process measure**

- There will be increased contact between Social Worker with resident and families by August 2024

**Lessons Learned**

46 social work referrals were completed for 36 residents in 2024.  
 23 social work referrals were completed for 21 residents in 2023.  
 5 social work assessments completed in 2023 and 2024 for 5 residents.  
 Overall a significant increase in contact between social worker with residents based on increase in referrals and assessments completed in 2024. Social worker was very involved in planning and running the interdisciplinary team care conferences with the families.

**Comment**

Target goal of 60% was met and surpassed at a current performance outcome of 80%. A significant improvement in performance outcome compared to 2023.

Indicator #11	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Would you recommend this home to others. (Extendicare Oshawa)	62.50	65	65.80	--	NA

**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 monthly complaints and concerns. # of staff meetings. # of family council meetings attended. # of newsletters.

**Target for process measure**

- The frequency of communication with families will increase and they will be better informed by July 1, 2024.

**Lessons Learned**

Number of complaints and concerns were tracked monthly in 2024. Newsletters sent in October and November 2024 by recreation department. Family council communication board utilized to provide updates on family council meetings and satisfaction survey results.

**Comment**

Town hall meetings implemented in 2025 to allow an additional line of communication between family members and the management team. Each department will strive to include a portion of education/update/communication related to their department in each monthly newsletter for residents and families.

Indicator #4	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
I have an opportunity to provide input on food and beverage options. (Extending Care Oshawa)	14.30	50	NA	--	NA

**Change Idea #1**  Implemented  Not Implemented

Receiving input from residents and families at admission.

**Process measure**

- Feedback from Resident Council and Family Council % of compliance with capturing food and beverage options during walk-about and admissions. # of menus reviewed with input from resident and family council and food committee

**Target for process measure**

- Process for input from residents and families at admission will be in place by June 2024

**Lessons Learned**

Families and residents are provided with education and information on food and beverages on admission day and have the opportunity to provide input on admission.

Food and beverage menus are discussed as needed at resident council as well where residents can provide their feedback and input.

**Comment**

Input will be encouraged and welcomed on admission dates, as well as during annual interdisciplinary team care conferences. Families have the opportunity to provide input during family council meetings and during quarterly town hall meetings that have restarted in 2025. This question was not included in 2024 survey so unable to compare results.

Indicator #3	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 maintenance of the physical building and outdoor spaces (Extendicare Oshawa)	37.50	60	55.30	--	NA

**Change Idea #1**  Implemented  Not Implemented

Improve the home by performing general maintenance of equipment, painting of common areas and resident rooms

**Process measure**

- # of maintenance requests submitted in Maintenance Care. # of maintenance requests completed in Maintenance Care. # of family newsletters sent # Audit weekly clean-up of the courtyard, front entrance, and parking area.

**Target for process measure**

- 80% of work completed by Dec 2024

**Lessons Learned**

Painting of the entire first floor and front lobby was completed in 2024. Painting in residents' rooms completed as well. For the time period between January 1, 2024 to December 31, 2024 there have been 4065 opened maintenance care requests and 4064 have been closed. The remaining open request is being continually managed.

**Comment**

Target from previous QIP was not met. Environmental department will continue with weekly audits of cleaning up the courtyard, front entrance, and parking area. Environmental department will continue to be involved in interdisciplinary team care conferences and increase communication to families through the monthly newsletter.

Indicator #2	Last Year		This Year		
	I am satisfied with the quality of care from the dietitian. (Extendicare Oshawa)	<b>53.30</b> Performance (2024/25)	<b>80</b> Target (2024/25)	<b>57.90</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Improved communication between the dietitian and families.

**Process measure**

- % of referrals made to dietitian. # of IDTC attended. # of audits conducted in the dining room and at meal service.

**Target for process measure**

- Overall improvement of communication between the dietitian and families by August 1, 2024.

**Lessons Learned**

598 referrals to the dietitian were made in 2024 involving 243 residents.

465 referrals to the dietitian were made in 2023 involving 241 residents. Overall there were 133 more referrals completed in 2024 compared to 2023.

The registered dietitian attended interdisciplinary team care conferences for residents with a high nutritional risk. Unable to retrieve data for audits conducted by the dietitian.

**Comment**

Goal for 2024 is to have the registered dietitian attend more care conferences, and document audits conducted in the dining room and at meal services to improve communication between the dietitian and families.

Indicator #10	Last Year		This Year		
	The care the residents receive is improving. (Extendicare Oshawa)	<b>37.50</b> Performance (2024/25)	<b>75</b> Target (2024/25)	<b>76.90</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  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 # of concerns brought forward from residents # of new suggestions implemented

**Target for process measure**

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

**Lessons Learned**

Number of vacancies in each department and new hires were tracked in 2024 and reviewed with the interdisciplinary team at the quarterly professional advisory committee (PAC) meetings.

The PSW staffing compliment for day shift, evening shift, and night shift was increased throughout 2024 to increase the level of support.

The staffing contingency plan was also reviewed and adjusted throughout the year to improve staffing plans.

**Comment**

Our current performance of 76.90% met the target goal of 75%.

Safety | Safe | **Optional Indicator**



Indicator #8 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Oshawa)	Last Year		This Year		
	<b>16.87</b>	<b>14</b>	<b>18.17</b>	<b>-7.71%</b>	<b>15</b>
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Review current high-risk residents for falls to identify their needs/preferences for activities to reduce the incidence of falls.

**Process measure**

- # of residents attending activities. # of activities. # of falls. Time of falls.

**Target for process measure**

- Residents will attend more activities of interest and have less falls by July 1, 2024.

**Lessons Learned**

Number of residents attending activities are tracked by the recreation department. Unsure if high-risk residents for falls were reviewed on their preference for activities in 2024.

**Change Idea #2**  Implemented  Not Implemented

Staff to do environmental assessments for all residents at high risk for falls.

**Process measure**

- # of environmental assessments. # of maintenance care requests related to environmental assessments. # of rooms requiring decluttering. # of referrals to physio.

**Target for process measure**

- Environmental assessments will be fully implemented by August 1, 2024.

**Lessons Learned**

Environmental assessments are done on a daily basis during routine care. Assessments are also completed at a time of fall and during the post-fall huddle with the interdisciplinary team.

A total of 635 referrals were sent to the physiotherapist in 2024 involving 234 residents.

81 post-fall assessments were completed in 2024 by the physiotherapist which involved 52 residents.

**Comment**

Residents rooms were assessed for environmental risk factors contributing to falls, and decluttered as indicated. We did not meet our targets for this indicator and will continue to focus on it in our 2025 plan.

	Last Year		This Year		
<b>Indicator #9</b>	<b>11.25</b>	<b>10</b>	<b>14.55</b>	<b>-29.33%</b>	<b>10</b>
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extencicare Oshawa)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Ensure the complete medication history and usage is obtained for all residents currently on antipsychotics.

**Process measure**

- # of residents reviewed monthly # of plans of care reviewed that have supporting diagnosis # of reduction strategies implemented monthly # 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**

- Medication Review for all residents by July 2024

**Lessons Learned**

Residents who trigger the indicator on CIHI are monitored monthly and statistics discussed monthly during quality improvement meetings and quarterly during continuous quality improvement meetings and professional advisory committee meetings.

**Change Idea #2**  Implemented  Not Implemented

Ensure families are provided information regarding antipsychotic medications prior to admission.

**Process measure**

- # of families provided education. # of admissions. # of BSO referrals. # of Antipsychotics reduced.

**Target for process measure**

- Education to families will be provided by Sept 2024

**Lessons Learned**

173 referrals were sent to behavioural support (BSO) in 2024 which involved 89 residents.  
Unsure if families are provided with antipsychotic medication education prior to admission.

**Comment**

Monthly BSO committee meetings will continue in 2024 as well as huddles. Working closely with quality risk manager and the social worker residents who trigger the indicator will have their medications and care plan reviewed in addition to routine reviews.

**Safety | Safe | Custom Indicator**

	Last Year		This Year		
<b>Indicator #7</b>	<b>5.36</b>	<b>2</b>	<b>2.13</b>	<b>--</b>	<b>NA</b>
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 (Extencicare Oshawa)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**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. # of treatments with proper dressing selection in place. Dedicated wound champion is in place.

**Target for process measure**

- A new standardized approach to wound care led by a dedicated wound care champion will be in place by August 1, 2024.

**Lessons Learned**

A dedicated wound care champion / SWAN was in place during 2024 to assist with the skin and wound care program scheduled at least twice a week.

93 referrals to the wound care champion were sent for 62 residents.

1023 Pressure Ulcer Scale for Healing (PUSH) assessments were completed in 2024 for a total of 67 residents.

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

Improve Registered staff knowledge on identification and staging of pressure injuries

**Process measure**

- # of education sessions provided monthly for Registered staff on correct staging of pressure injuries # of audits conducted. # of correct staging of wounds.

**Target for process measure**

- 100% of registered staff will have received education on identification and staging of pressure injuries by Sept 2024

**Lessons Learned**

On the spot education provided to registered staff from the skin and wound care lead and wound care champion. Challenges were documenting and keeping track of on-the-spot education. Time restraint and staffing needs were also challenges in providing education to all staff.

**Comment**

Increase in wound care education for correct identification and staging of wounds will be implemented in 2025. Documentation of education sessions will be improved and tracked throughout the year. Skin and wound care program committee meetings are re-established to occur on a monthly basis.

Indicator #6	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 in daily physical restraints over the last 7 days (Extendicare Oshawa)	0.00	0	0.18	#Error	NA

**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 referrals to physio.

**Target for process measure**

- Home will remain free of restraints in 2024.

**Lessons Learned**

Current residents with restraints are reviewed at each CQI meeting quarterly. Each resident has their care plan reviewed at their quarterly interdisciplinary team care meetings which debriefs restraints if applicable. Restraints indicator triggered 0.18 for current performance but will change from a restraint to a personal assistance service device (PASD).

**Comment**

Monitoring of the indicator continues monthly through continuous quality improvement. Restraint education is also provided on tours preadmission and admission to residents and families. Orientation and annual staff education outlines the restraint policy as well.