

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

---

	Last Year		This Year		
<b>Indicator #11</b>	<b>62.30</b>	<b>85</b>	<b>77.40</b>	<b>--</b>	<b>NA</b>
Would Recommend Home (Extendicare Guildwood)	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 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**

Maintaining consistent staff that are familiar with resident needs was helpful and we saw improvement in this indicator.

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

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

**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 September 2024 during next resident Survey

**Lessons Learned**

Monthly resident council meetings to incorporate resident feedback into all departments was helpful and increased communication effectively.

**Comment**

Continuing to review care plans to be up to date with any changes. We will continue to work on further improvement in communication between staff and residents.

Indicator #3	Last Year		This Year		
	If I have a concern, my concerns are addressed in a timely manner (Extendicare Guildwood)	<b>38.30</b> Performance (2024/25)	<b>50</b> Target (2024/25)	<b>53.60</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Improvement in Communication between the residents and the interdisciplinary team.

**Process measure**

- # of education sessions to staff regarding complaints. # of townhall meetings. # of complaints or concerns. # of communications sent to families. # staff who received education. # of education sessions held.

**Target for process measure**

- By August 31st, 2024, there will be improvement when addressing resident's complaints.

**Lessons Learned**

- increased communications sent to families
- quarterly town hall meetings
- monthly staff meetings to discuss ongoing issues

These have all been successful strategies and will continue as we saw positive results.

**Comment**

Monthly registered staff and PSW meetings to ensure that resident concerns are being addressed.

Indicator #1	Last Year		This Year		
I feel my goals and wishes are considered and incorporated into the care plan whenever possible. (Extendicare Guildwood)	<b>42.90</b>	<b>50</b>	<b>72.20</b>	<b>--</b>	<b>NA</b>
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Improving and enhancing the plan of Care for the residents through the “My Wishes” program

**Process measure**

- # of staff re-educated on the "My Wishes" program # of the residents participating within the "My Wishes" program # of my wishes assessments completed # of care plans updated

**Target for process measure**

- "My Wishes" program will be in place by September 30th, 2024.

**Lessons Learned**

Social Worker and programs department work collaboratively to complete My Wishes for all new admissions. This has been successful and helped us to improve in this area.

**Change Idea #2**  Implemented  Not Implemented

All resident's goals and wishes will be incorporated into their care plan.

**Process measure**

- # of resident's goals and wishes that are being incorporated into the care plan on admission # of resident's goals and wishes that are being incorporated into the care plan annually # of the resident's goals and wishes will be completed upon any significant change.

**Target for process measure**

- By August 31st, 2024, all care plans will be reflective of the resident's goals and wishes.

**Lessons Learned**

Residents and families are encouraged to participate in the interdisciplinary team conference on an annual basis to discuss current status of the resident and make applicable changes to their care plan. This has been successful, and we will continue with this process.

**Comment**

Continue to work with interdisciplinary team to ensure residents wishes are incorporated into their care plans and My Wishes program.

Indicator #5	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Overall, I am satisfied with laundry, cleaning and maintenance services. (Extencicare Guildwood)	44.20	50	64.50	--	NA

**Change Idea #1**  Implemented  Not Implemented

Improving Itemizing and chain of custody of personal clothing for the residents.

**Process measure**

- # of admissions # of communications sent to residents # of sorting systems in place on each spur # of education sessions to staff # audits reviewing staff compliance with sorting system

**Target for process measure**

- By August 31st, 2024, there will be improvement observed with the laundry and labelling process.

**Lessons Learned**

- residents were more satisfied with the new laundry process
- challenge: labelling clothing worn by resident on admission day

**Comment**

New laundry process underway for 2025 QIP with enhanced processes for new admissions and lost and found system which should help improve this indicator.

	Last Year		This Year		
<b>Indicator #12</b>	<b>57.80</b>	<b>85</b>	<b>47.40</b>	<b>--</b>	<b>NA</b>
Would Recommend Home (Extendicare Guildwood)	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 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 2024.

**Lessons Learned**

Challenges with communication due to turnover, however monthly newsletters are being emailed to families with home updates and this has been positive.

**Comment**

Continue to improve communication between home and families and input their feedback into improvement plans going forward.

Indicator #4	Last Year		This Year		
	Overall, I am satisfied with laundry and maintenance service. (Extendicare Guildwood)	<b>38.10</b> Performance (2024/25)	<b>50</b> Target (2024/25)	<b>36.80</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Enhancing the home’s cleaning process, when addressing Resident’s Space by increased rounding by all managers.

**Process measure**

- # of daily rounding will be completed by all managers # of deep cleanings of resident's rooms and common areas will be completed weekly # of maintenance care tasks identified # of maintenance task completed # of family council meetings attended # of concerns brought to family council # of concerns rectified from family council concerns

**Target for process measure**

- By August 31st, 2024, there will be improvement of cleanliness of resident's rooms and common areas.

**Lessons Learned**

Challenges with labelling resident clothing and sorting laundry. we will continue to work on strategies to improve our results.

**Comment**

New laundry process underway for 2025 QIP with enhanced processes for new admissions and lost and found system which should improve our outcomes.



Indicator #10	Last Year		This Year		
	The Resident has input into the recreation programs available. (Extendicare Guildwood)	<b>41.20</b> Performance (2024/25)	<b>50</b> Target (2024/25)	<b>35.70</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 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**

- By August 31st, 2024, improvement in communication and input regarding recreational programs will be observed.

**Lessons Learned**

Residents were included in changes made to recreation calendar. Resident suggestions were incorporated. Residents participate in monthly council meetings and specific calendar meetings to provide input.

**Comment**

Confirm changes with residents to ensure their satisfaction going forward. We will continue to work on this area to improve choices of recreational activities offered.

Indicator #2	Last Year		This Year		
I have an opportunity to provide input on food and beverage options. (Extedicare Guildwood)	<b>46.60</b>	<b>50</b>	<b>NA</b>	<b>--</b>	<b>NA</b>
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Family's input on food and beverage options will be discussed monthly during family council meetings.

**Process measure**

- # of families who participated in the family council meetings. # of focus groups facilitated. # of changes made to the menu.

**Target for process measure**

- By August 31st, 2024, families will have an opportunity to provide input to food and beverage options.

**Lessons Learned**

Challenge: family council could only be initiated by the council president therefore meetings were not called on a monthly basis. We continue to work on this.

**Change Idea #2**  Implemented  Not Implemented

Monthly resident food council with dietary manager

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Monthly food council meetings were held with residents and the dietary manager to ensure residents' feedback was incorporated into the menu. Special occasion requests were also discussed to ensure a variety of options were available.

**Comment**

Residents continue to participate in menu selections and are able to make requests based on their preferences. Residents participate in monthly food tastings for new menu items.



Safety | Safe | **Custom Indicator**

Indicator #7	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 Guildwood)	3.99	2	4.96	--	NA

Change Idea #1  Implemented  Not Implemented

Encouraging the healing of wounds through dietary interventions.

**Process measure**

- # of referrals to dietitian # of education sessions # of staff who attended education # of care plans reviewed and updated # of times the weekly wound tracker was completed

**Target for process measure**

- By August 31st, 2024, there will be more dietary interventions involved in the wound care and healing process.

**Lessons Learned**

- Worked with Registered Dietician to provide necessary supplements
- Challenge: many palliative residents whose wounds are unable to heal due to lack of intake

**Comment**

Skin and Wound committee meetings continue monthly to discuss plan on a resident basis. Education on correct documentation, staging, and turning & repositioning. Taking a more proactive approach on palliative residents. We will continue to work on this indicator in 2025 QIP to improve outcomes.

Indicator #6 Percentage of long-term care home residents in daily physical restraints over the last 7 days (Extendicare Guildwood)	Last Year		This Year		
	0.00 Performance (2024/25)	0 Target (2024/25)	0.00 Performance (2025/26)	#Error Percentage Improvement (2025/26)	NA Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Continue to educate residents and their families on the goals to continue to be a restraint free home and the alternatives on restraints.

**Process measure**

- # of staff to be re-educated on restraint minimization and PASD. # of assessments completed by Physiotherapist

**Target for process measure**

- By August 31st, 2024, re-education on restraint and PASD will be completed.

**Lessons Learned**

- home remained restraint free
- a challenge was family members requesting bed rails, however with the correct education on restraints they were able to understand the associated risks

**Comment**

We will continue to be restraint free home and offer education to the interdisciplinary team, family and residents.

**Safety | Safe | Optional Indicator**

	Last Year		This Year		
<b>Indicator #8</b>	<b>13.47</b>	<b>11.50</b>	<b>14.81</b>	<b>-9.95%</b>	<b>13.50</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Guildwood)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Education and collaboration with all staff and departments.

**Process measure**

- # of education sessions provided. # of staff receiving education. # of Wednesday 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**

- Program will be fully implemented by August 31, 2024.

**Lessons Learned**

- weekly education sessions provided
- falling star program revamped
- challenges with shoe clinic due to family constraints

**Comment**

Continuing to monitor trends regarding falls and plan to audit all fall interventions on weekly basis. We will continue to work on this indicator in our 2025 QIP.

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 (Extencicare Guildwood)	<b>3.84</b> Performance (2024/25)	<b>3</b> Target (2024/25)	<b>7.18</b> Performance (2025/26)	<b>-86.98%</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Collaborating with BSO, physician and pharmacy consultant to minimize the number of residents using antipsychotic medication.

**Process measure**

- # of discussions held with the home and community coordinator. # of medication reviews completed in collaboration with the nurse, pharmacy consultant and physician. # Number of Antipsychotic medications reduced on a monthly basis, in collaboration with BSO. # of residents identified on the antipsychotic tracker.

**Target for process measure**

- By August 31st, 2024, all newly admitted residents will have their medication reviewed.

**Lessons Learned**

- worked well with external partners to better understand residents' diagnoses and provide more support

**Comment**

Continuing to work with external partners, education for families, education on BSO referrals. We will continue our processes and include in our 2025 QIP to further improve.