

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)
Residents would recommend this home to others. (Extendicare Bayview)	89.50	90	85.70	--	NA

Change Idea #1 Implemented Not Implemented

Increased satisfaction by residents who would recommend this home to others by improving continuity in care and staffing.

Process measure

- 1. # of times monthly the staff complement was 90% and above. 2. # of staff recruited monthly.

Target for process measure

- Improvement in the continuity of care and staffing to be in place by September 2024.

Lessons Learned

- Successes: most Registered Nurse (RN) positions have been filled. All staffing complements since April 2024 have been filled 90% and above.
- Challenges: recruitment and retention of qualified staff is challenging due to several factors that the home cannot control. There are often not enough qualified applicants. Open part-time positions are difficult to fill as full-time positions are more popular. Applicants/current nursing staff often have other schedules or jobs, which makes gauging availability difficult.

Comment

Strategies around recruitment and retention are ongoing and will continue.

	Last Year		This Year		
Indicator #4	83.30	85	86.30	--	NA
Family would recommend this home to others. (Extendicare Bayview)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Increased satisfaction with families recommending this home to others by improving continuity of care

Process measure

- 1. # of times monthly the staff complement was 90% and above. 2. # of staff recruited monthly

Target for process measure

- Improvement in the continuity of care to be in place by September 2024.

Lessons Learned

- Successes: most Registered Nurse (RN) positions have been filled. All staffing complements since April 2024 have been filled 90% and above.
- Challenges: recruitment and retention of qualified staff is challenging due to several factors the home cannot control. There are often not enough qualified applicants. Open part-time positions are difficult to fill as full-time positions are more popular. Applicants/current nursing staff often have other schedules or jobs, which makes gauging availability difficult. Actions to address these challenges will continue.

Comment

We saw improvement in this area and successfully exceeded our target.

Indicator #6	Last Year		This Year		
	I am satisfied with the relevance of the recreation programs. (Extencicare Bayview)	50.00	60	NA	--
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Increase the number of programs that are meaningful and suitable to residents.

Process measure

- 1. # of responses from residents on preferences for recreation programs. 2. # of new programs added based on resident's feedback and fully completed by 100%

Target for process measure

- New recreation programs based on resident feedback will be implemented by September 2024.

Lessons Learned

-Successes: the launch of monthly meetings led by activities staff at each unit from October 2024 resulted in an increase in both the number and variety of new recreation programs. These meetings have been consistent and valuable in keeping residents informed about the different offerings available to them.

-Challenges: discrepancies between residents who complete satisfaction surveys and those who regularly participate in monthly meetings or the Resident Council could affect the representativeness of the feedback provided in the surveys. The cognitive capacity of some residents may pose challenges, as it could be difficult for them to recall past activities when completing surveys. Volunteers conducting surveys may lack awareness of the full range of available activities, potentially limiting their ability to provide context to inform residents' feedback. Due to language barriers and lack of fluent staff for certain languages, some residents may not be able to fully communicate their feedback regularly.

Comment

The same question was not assessed in the 2024 satisfaction survey, so we are unable to compare to previous results.

Indicator #7	Last Year		This Year		
	I am satisfied with the variety of spiritual care services. (Extencicare Bayview)	55.60 Performance (2024/25)	60 Target (2024/25)	75.60 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Increase the variety of spiritual care services to residents.

Process measure

- 1. # of responses received from residents. 2. # of new spiritual care services are added based on resident's feedback and fully completed by 100%.

Target for process measure

- At least 2 new spiritual care services will be provided for residents by June 2024.

Lessons Learned

-Successes: welcoming volunteers and creating community connections (local religious/spiritual groups, resident/family connections) helped enhance variety of services better aligned with the diverse religious, spiritual, and linguistic needs of residents. Launch of monthly program planning meetings at units helped improve understanding of resident needs. Additionally, religious/spiritual backgrounds have been updated and cross-referenced across our databases, ensuring more accurate and tailored care.

-Challenges: diversity of residents' backgrounds, beliefs, and languages presented ongoing challenges in meeting every need effectively. Finding volunteer groups or services/events for every religious/spiritual association has been difficult as well.

Comment

We exceeded our target in 2024 and will continue on further improvements in this area.

Indicator #8	Last Year	55	This Year	--	NA
I am satisfied with the variety of spiritual care services. (Extending care Bayview)	48.00	Target (2024/25)	50.00	Percentage Improvement (2025/26)	Target (2025/26)
	Performance (2024/25)		Performance (2025/26)		

Change Idea #1 Implemented Not Implemented

Increase the variety of spiritual care services to residents by obtaining feedback.

Process measure

- 1. 100% on resident's needs on spiritual care services. 2. Spiritual agencies will be contacted 100% based on feedback. 3. # of recommendations and feedback received

Target for process measure

- At least 2 new spiritual care services will be provided for residents by June 2024.

Lessons Learned

-Successes: developed stronger relationships with family members who were willing to contact volunteer groups. Regular updates on religious/spiritual care offerings through monthly newsletters helped increase families' awareness and opened a channel for feedback. Recently began sharing activity calendars with families, although this was done after satisfaction surveys were completed.

-Challenges: family members may not always read newsletters or review the calendars in detail, which can limit their awareness of religious/spiritual services.

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Change Idea #2 Implemented Not Implemented

Collect information from existing resident's family members by calling them to confirm the resident's preferred religion.

Process measure

- # of families contacted # of spiritual care services identified and included in action plan.

Target for process measure

- Reception will get a list of residents - call one POA of resident and ask questions by complete by March 29, 2024.

Lessons Learned

-Successes: list of resident religious/spiritual associations has been fully updated.

-Challenges: some family members are not fully familiar with or aligned with their parents' religious/spiritual associations or involvement.

Comment

Some improvement seen overall but will continue to review and implement strategies to address.

Indicator #12	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
The resident has input into the recreation programs available. (Extenticare Bayview)	25.00	40	46.50	--	NA

Change Idea #1 Implemented Not Implemented

Raise family member awareness on resident's input on programs.

Process measure

- # of monthly communication sent out to family members by 100%.

Target for process measure

- Communication will be included and sent by first business day of the month starting April 2024

Lessons Learned

-Successes: consistently sent out monthly communications since October 2024. Began sending activity calendars to families from January 2025.

Comment

Increase in communication with families has been successful. We will continue to implement as part of our processes forward.

Indicator #5	Last Year		This Year		
	I am satisfied with the food and beverages served to me. (Extencicare Bayview)	68.40 Performance (2024/25)	75 Target (2024/25)	57.90 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Provide opportunity for residents' feedback on food and beverage satisfaction by discussing bi-monthly at resident food committee meetings.

Process measure

- 1. # of suggestions for improvement for food and beverage service from residents bi-monthly 2. # of suggestions implemented

Target for process measure

- There will be overall improvement in results for service and food and beverage options by September 2024.

Lessons Learned

-Successes: Resident Council and Food Committee meeting discussions were held regularly and consistently, with effective collection and implementation of feedback. Food tasting events have been well-received by residents, creating opportunities to introduce diverse dishes from various cultural backgrounds.

-Challenges: diversity of needs/wants of residents, which can arise despite menu implementation/modification based on resident preferences expressed during menu events, and accommodating their cultural backgrounds. There is also a disconnect in the feedback and preferences expressed by the general resident population compared to residents who attend the Resident Council and Food Committee meetings, as less residents attend the latter.

Change Idea #2 Implemented Not Implemented

Collect real-time feedback on dining experiences and food/beverage satisfaction from residents through the presence of the Dietary Manager and Registered Dietitian in dining areas.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

-Successes: the Dietary Manager and Registered Dietitian consistently collected feedback from residents during dining hours, fostering familiarity with the dietary managerial team. Resident feedback from dining areas was regularly brought to the Food Committee meeting for discussion, helping to amplify the voices of residents who may not typically attend meetings.

Comment

We saw some success in this area but will continuing to review strategies going forward.

	Last Year		This Year		
Indicator #3	66.70	75	91.40	--	NA
Continence care products are comfortable. (Extendicare Bayview)	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

- 1. # of education sessions provided to families and residents. 2. # of resident council and townhall meetings where continence products were discussed. 3. # of IDTC meetings where continence products were discussed. 4. # of newsletters.

Target for process measure

- Measures will be in place by October 2024.

Lessons Learned

-Challenges: inconsistent documentation of discussions about continence products with residents and families during care conferences. We have plans in place to address this going forward. Strategies were successful for increasing communication with families and residents. They found this beneficial and these will continue.

Comment

We have seen great improvements in this area and communication strategies will continue.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #9	11.24	9	9.67	13.97%	7.50
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Bayview)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Decrease in the number of falls 2. Increase monitoring during report change.

Process measure

- 1. # of high risk residents reviewed and updated will be 100%. 2. # of falls during report time decreased by 50%.

Target for process measure

- Process for increased monitoring during report change will be in place by September 2024.

Lessons Learned

- Successes: ensuring two staff are monitoring the hallways during shift reports (when staff gather at the unit nursing desk at the beginning of each shift) dramatically decreased falls during report times. Staff were able to respond and redirect residents with responsive behaviours in a timely manner to prevent falls. Bed alarms and chair alarms have significantly helped prevent falls. Continued vigilance with checking for UTI/infection and pain also helped.
- Challenges: some residents are naturally at higher risk for falls, including those with dementia or severe cognitive impairment, responsive behaviours, and decreased strength and mobility. Residents can also refuse interventions, such as bed mats and hip protectors, which may increase the number of falls and severity of fall injuries.

Comment

- Will maintain measures that have been effective, including monitoring during shift reports, regularly assessing falls risk in residents and flagging those at higher risk.
- Moving forward, plan to collaborate with the programs department to schedule more programs during shift report times to facilitate falls monitoring.

Indicator #10	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extencicare Bayview)	8.07 Performance (2024/25)	8 Target (2024/25)	8.81 Performance (2025/26)	-9.17% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Decrease in the number of residents prescribed antipsychotics without a diagnosis by implementing a process for review and tracking.

Process measure

- 1. # of residents reviewed at the end of each month by 100%. 2. # of residents newly admitted to the home on antipsychotics reviewed by 100%. # of residents deprescribed monthly

Target for process measure

- Process for review and tracking of antipsychotic medications will continue through to December 2024 and results will be maintained.

Lessons Learned

-Successes: assessed residents for deprescribing antipsychotics have, and are continuing to be tapered off medications, and are instead receiving nonpharmacological interventions and alternative antidepressants/anxiolytics.
 -Challenges: antipsychotics take time to taper off. Data fluctuates because newly admitted residents may be taking antipsychotics without diagnosis of psychosis. Documentation of controlled behaviours when antipsychotics use is effective still triggers the indicator. Antipsychotics use without proper behaviour documentation preceding one or more days the week before assessment also triggers the indicator. Nonpharmacological approaches may not be as effective as antipsychotics as well.

Comment

- Will continue hosting Psychogeriatric Consultant (PRC) education opportunities, such as Gentle Persuasive Approach (GPA), to equip staff in addressing responsive behaviours and improving documentation.
- Will continue with the process map/pathway to manage and refer to BSO if unmanaged.
- Will utilize BSO tools and frameworks for assessments and strategies.

Safety | Safe | **Custom Indicator**

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 with restraints (Extendicare Bayview)	0.55	0	0.50	--	NA

Change Idea #1 Implemented Not Implemented

Maintain current QI score for resident with restraints by continuing with process for quarterly review of restraints and providing education on policy.

Process measure

- 1. # of quarterly reviews completed by 100%. 2. # of staff educated on least restraint policy completed by 100%.

Target for process measure

- Process for quarterly review of restraints will continue and results maintained through to December 2024. 100% Staff education will be provided on least restraint by December 2024.

Lessons Learned

- Successes: home has maintained least restraint policy. Restraints were not used on any new residents in 2024.
- Challenges: only one resident in the facility uses a physical restraint, that functions as a necessary securing device to prevent resident from falling from their wheelchair, but is still categorized as a restraint due to resident's cognitive impairment.

Comment

We are planning to continue with focus on this in our 2025 workplan.

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
% of LTC residents with worsened ulcers stages 2-4 (Extencicare Bayview)	0.56	0	0.56	--	NA

Change Idea #1 Implemented Not Implemented

Maintain the number of residents with worsened pressure ulcers (stages 2-4).

Process measure

- 1. 100% of residents reviewed with PURS score of 3 or greater with interventions in placed. 2. # of education sessions provided for staff on prevention of pressure injuries.

Target for process measure

- Review of residents with PURS score of 3 or greater will be reviewed on an ongoing basis. Staff will have received education on prevention of pressure injuries by Sept 2024.

Lessons Learned

-Successes: clinical staff from all units had several opportunities to attend in-service education on skin and wound topics. Attendance has been consistent. For most of the past year, maintained performance below provincial threshold.

Comment

We will continue to focus on this in our 2025 workplan.