

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

Indicator #10	Last Year		This Year		
	Resident Experience: Would you recommend this home (Extencicare Hamilton)	<b>75.00</b> Performance (2024/25)	<b>85</b> Target (2024/25)	<b>77.10</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

hold two residents meetings to review survey would you recommend this home

**Process measure**

- number of participates at two resident meetings

**Target for process measure**

- These two resident meetings to be completed with residents by May 15th, 2024.

**Lessons Learned**

The Home have held two meetings to review survey in 2024. Residents' meetings were successful as evidence by an improvement increase in positive response on residents' participation survey result in 2024 compared to 2023 result.

**Comment**

The Home have a positive improvement on this Resident's Experience compared to 2023 but still below Extencicare Benchmark for 85%, we will continue with our change idea.

Indicator #2	Last Year		This Year		
	Family experience - Would you recommend this home (Extendicare Hamilton)	<b>83.70</b> Performance (2024/25)	<b>85</b> Target (2024/25)	<b>85.50</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Hold quarterly townhall meetings for families and residents.

**Process measure**

- # of townhall meetings held through 2024.

**Target for process measure**

- Host 4 meetings throughout the year of 2024- completed in December.

**Lessons Learned**

The Home have implemented and held two townhall meetings, but attendance is poor, families expressed they prefer to receive email updates from the Home, which the Home is currently doing.

**Comment**

The Home has met the Extendicare Benchmark on this Family experience indicator.

Indicator #9 Resident Experience: I have input into the recreation programs available. (Extendicare Hamilton)	Last Year		This Year		
	<b>40.00</b>	<b>85</b>	<b>74.30</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

Create and distribute a survey to residents to gain insight on programs and activities they would like to see within the home.

**Process measure**

- # of surveys completed # of changes made to the program calendar.

**Target for process measure**

- Survey to be completed by April 30th, 2024. New programs and program calendar implemented by July 1st, 2024

**Lessons Learned**

The Home will continue with this change idea, as there is an improvement from 2023 performance, an increase of 34.3% positive response.

**Change Idea #2**  Implemented  Not Implemented

Program Team will complete program audits to ensure program plans and program delivery are implemented and carried out in a standardized method.

**Process measure**

- # of Program Plans that require updating.

**Target for process measure**

- Annual Program Plan Audits will be completed by June 30th, 2024.

**Lessons Learned**

Will continue with this change idea, as 2024 survey response improve.

**Comment**

The Home have improved on this survey response, will continue on our change ideas.

Indicator #8	Last Year		This Year		
Resident Experience: I am updated regularly about any changes in my home. (Extendicare Hamilton)	<b>51.30</b>	<b>85</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

Send new monthly email to families and residents of updates within the home

**Process measure**

- # of emails sent in a month.

**Target for process measure**

- Improved communication system to alert residents and families of changes in the home by May 1st, 2024.

**Lessons Learned**

This change idea was implemented and received positive feedback, we will continue to strive to improve and sustain positive result.

**Change Idea #2**  Implemented  Not Implemented

Home team to post updates in the home on information boards.

**Process measure**

- # of posted updates in a month.

**Target for process measure**

- Improved communication system to alert residents and families of changes in the home by May 1st, 2024.

**Lessons Learned**

This change idea was implemented and received positive feedback, we will continue with this change idea.

**Comment**

This was not a question on our satisfaction survey for 2024, but the Home will continue with our change ideas, measures to ensure residents are updated on things that are happening in the Home and communication is timely.

Indicator #4 Family Experience: There is good choice of continence products available. (Extendicare Hamilton)	Last Year		This Year		
	<b>41.90</b>	<b>85</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

Provide families with education related to the available continence products within the home.

**Process measure**

- # of attendees at the Family Council meeting.

**Target for process measure**

- To have the Prevail Representative booked in for a Family Council meeting by May 2024.

**Lessons Learned**

The challenges that the home experienced was low attendance of family members in the family council meetings. The Home continue to aim to provide education by including information about incontinent products available in the Home in the Residents Handbook which is given to all new admission.

**Change Idea #2**  Implemented  Not Implemented

Invite the Prevail Representative to complete staff education regarding the different continence products used in the home.

**Process measure**

- # of staff educated.

**Target for process measure**

- Education regarding continence products to be completed by December 2024.

**Lessons Learned**

All Nursing staff in 2024 were provided education about continence products available in the Home. Prevail representative is a member of the continence committee which meets every quarter.

**Comment**

Will continue with our change idea.



Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Family Experience: The resident has input into the recreation programs available. (Extencicare Hamilton)	50.00	85	41.70	--	NA

**Change Idea #1**  Implemented  Not Implemented

Present home specific action plans to improve resident satisfaction related to “I have input into the recreational programs available.” at Family Council.

**Process measure**

- # of suggestions provided by family.

**Target for process measure**

- Attend Family Council meeting to present action items by June 2024.

**Lessons Learned**

The Home continue to solicit suggestions at Family Council meetings and have incorporated some successful suggestions into programming e.g. farm animals visiting the Home, classic car shows.

**Comment**

Extencicare Hamilton did not meet the target for 2024 and actually scored lower than 2023 and therefore will add to workplan for 2025 to improve performance.

**Safety | Safe | Custom Indicator**

	Last Year		This Year		
<b>Indicator #1</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>#Error</b>	<b>NA</b>
% of LTC residents with restraints (Extendicare Hamilton)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

To continue to exceed the target for residents utilizing restraints throughout 2024.

**Process measure**

- The number of residents utilizing a restraint in the home throughout the year. the number of applications reviewed requiring a discussion about removal of restraints

**Target for process measure**

- The home will continue to meet the target for restraints within the home through 2024.

**Lessons Learned**

We have proactively incorporated in the admission a discussion with families about restraint, that the Home have zero restraint and that's the goal of the Home to maintain at zero. The Home have met the target on this indicator and managed to sustain at 0 for the entire 2024.

**Comment**

Extendicare Hamilton have met the target and sustain at zero restraint for the entire 2024, on this indicator. Will continue with the change ideas and continue to monitor but will not include as a priority in 2025 workplan.

**Safety | Safe | Optional Indicator**

	Last Year		This Year		
<b>Indicator #5</b>	<b>17.72</b>	<b>15</b>	<b>14.52</b>	<b>18.06%</b>	<b>13</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Hamilton)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

To educate all Nursing Staff on the Falls Prevention Program.

**Process measure**

- Total number of active Nursing Staff divide by the total number of Nursing Staff educated.

**Target for process measure**

- To have 100% of active Nursing Staff educated on the Falls Prevention Program by December 15, 2024.

**Lessons Learned**

The Home have met positively the target on this indicator for half of 2024 which the Home is very proud of as this indicator has always been a challenge meet. 100 % of all nursing staff have been educated in falls prevention. The home will continue with this change idea.

**Change Idea #2**  Implemented  Not Implemented

To conduct medication reviews for residents at moderate to high risk for falls.

**Process measure**

- Total Number of residents with moderate to high risk for falls divide by the number of medication reviews conducted.

**Target for process measure**

- Our goal is to assess 100% of our residents who are moderate to high risk for falls by December 15, 2024.

**Lessons Learned**

Medication review for resident's moderate to high risk for falls has been consistently conducted and reviewed during falls committee meetings done monthly and therapeutic meeting, pharmacist is a member of the falls committee.

**Comment**

The change ideas are what led to the improvement with this indicator. We will transfer onto 2025-2026 workplan, to sustain meeting the target.

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 (Extencicare Hamilton)	<b>9.55</b>	<b>9</b>	<b>X</b>	<b>--</b>	<b>0</b>
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

To educate all Nursing Staff on Responsive Behaviour Management and Mental Health.

**Process measure**

- Total number of active Nursing Staff dividde by the total number of Nursing Staff educated.

**Target for process measure**

- To have 100% of active Nursing Staff educated on Responsive Behaviour Management and Mental Health by December 15, 2024.

**Lessons Learned**

The Home have successfully met and succeeded expectation by maintaining and sustaining at zero on this indicator for the entire 2024. 100 % of all nursing staff have been educated on responsive behavior management and mental health. We will continue with this change idea.

**Change Idea #2**  Implemented  Not Implemented

Medication reviews for all residents identified on antipsychotics without diagnosis of psychosis.

**Process measure**

- Number of residents on antipsychotic medications divide by the number of residents whose medications were adjusted or discontinued.

**Target for process measure**

- Our goal is to review 100% of the residents identified on antipsychotics without a diagnosis of psychosis by December 15, 2024.

**Lessons Learned**

This change idea has led to an improved collaboration between the registered staff, pharmacies and physicians. Our medical director is very passionate and actively involved and collaborate with other physicians to ensure we maintain at zero on this indicator. We will continue with this change idea.

**Comment**

The Home have successfully met and succeeded expectation by maintaining and sustaining at zero on this indicator for the entire 2024.

**Safety | Effective | Custom Indicator**

	Last Year		This Year		
<b>Indicator #7</b>	<b>2.10</b>	<b>2</b>	<b>0.70</b>	<b>--</b>	<b>NA</b>
Percentage of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 since their previous resident assessment. (Extencicare Hamilton)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

To monitor and review all of the residents with Stage 2 to 4 acquired within the home weekly.

**Process measure**

- Total number of residents with worsened stagen 2 to 4 pressure ulcer divide by the number of residents whose pressure ulcers acquired in house.

**Target for process measure**

- To have 100% of internally acquired wounds tracked and monitored weekly starting March 2024.

**Lessons Learned**

This change idea has led the home meeting the Extencicare Benchmark/target for the entire 2024. We will continue to closely monitor this indicator, will continue with this change idea.

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

To educate all Nursing Staff on Skin and Wound Care program.

**Process measure**

- Total number of active Nursing Staff divide by the total number of Nursing Staff educated.

**Target for process measure**

- To have 100% of active Nursing Staff educated in Skin and Wound Care Program by December 15, 2024.

**Lessons Learned**

100% of Nursing staff has received education on Skin and Wound Program on 2024. We will continue with ongoing education, with newly hired registered staff.

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

To monitor and review all of the residents with skin breakdown acquired within the home.

**Process measure**

- Total number of residents with worsened pressure ulcers divide by the number of residents whose pressure ulcers acquired internally and are healed.

**Target for process measure**

- To have 100% of internally acquired wounds tracked and monitored, and reviewed weekly starting March 2024.

**Lessons Learned**

This change idea is effective as evidence by the home meeting Extendicare Benchmark and sustaining it for the entire year of 2024. We will continue with this change idea.

**Comment**

Extendicare Hamilton have successfully met and sustain within the benchmark on this indicator. We will continue on our ideas.