

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

Indicator #10 Resident experience: Overall satisfaction (Extendicare Port Stanley)	Last Year		This Year		
	92.30 Performance (2024/25)	95 Target (2024/25)	61.50 Performance (2025/26)	-- Percentage Improvement (2025/26)	NA Target (2025/26)

Change Idea #1 Implemented Not Implemented

To continuously engage our residents through councils and committees to ensure each resident has an equal opportunity to express their thoughts and opinions.

Process measure

- Number of feedback items taken at resident council meetings; number of repeated concerns brought up at resident council.

Target for process measure

- Metrics from 2024 resident satisfaction survey continue to improve, and metrics for resident engagement and participation for survey to increase. Resident Council repeated concerns are satisfied and addressed. Target goal - September 2024

Lessons Learned

Success: Residents are encouraged to voice their concerns. Continued or on-going concerns are mentioned on a continual basis.
 Challenge: Some residents choose not to join resident council and voice their concerns but do choose to voice it individually to the leadership team. We do give opportunities in a variety of ways which will continue.

Indicator #7	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
If I need help right away, I can get it (e.g. when I ring the call bell or ask for help, I don't have to wait long). (Extendicare Port Stanley)	33.30	85	84.60	--	NA

Change Idea #1 Implemented Not Implemented

To improve call bell response times through audits, identifying gaps, and addressing the found gaps with the care teams.

Process measure

- 1) # of call bell response time audits 2) # of times there was a reduction in call bell response times.

Target for process measure

- There will be an overall and consistent decrease in call bell response times by September 2024.

Lessons Learned

Call bell response time was addressed with front line workers. Front line workers started to communicate with residents to ensure they were going to come back after assisting another resident.

Residents were provided insight on how leadership and front line workers were addressing call bell responses.

Audits showcased a reduction in call bell time from the beginning of 2024 to the third quarter.

Change Idea #2 Implemented Not Implemented

Add call bell response times to standing agenda for Resident Council meetings until concerns have been fully addressed.

Process measure

- Number of concerns related to call bell response times brought up during discussion at Resident Council Meeting each month.

Target for process measure

- Concerns and complaints related to call bell response times are reduced overall. Resident council confirms satisfaction with action items and follow up. Target Date: July 2024

Lessons Learned

Concern was brought up in the first quarter of meetings in 2024. After leadership and front line workers addressed the call bell issue, complaints from Resident Council reduced and was removed from the standing agenda. We have had significant improvement in this area and continue to monitor our processes.

	Last Year		This Year		
Indicator #6	61.50	85	92.30	--	NA
I am satisfied with the quality of cleaning services (Extendicare Port Stanley)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Have minimum quarterly meetings with Housekeeping team to ensure goals are aligned with expectations of the facility.

Process measure

- Number of in-services provided. Number of audits completed including the gradual improvement of cleanliness in the facility.

Target for process measure

- Improved employee engagement as addressed through department meetings, one-on-one meetings. Target date: July 2024. Resident satisfaction metrics to improve by the 2024 survey.

Lessons Learned

Daily huddles are being held to keep staff informed of changes within the department. Quarterly meetings are being held which include Infection Control, Self audit is completed with each deep clean twice weekly and follow up is completed with staff. Coaching is provided to staff should expectations have not been met. These have been effective and we have improved significantly in our results. Processes will continue.

Change Idea #2 Implemented Not Implemented

Completion of housekeeping audits to ensure protocols are being followed and any gaps can be addressed with the staff member at the time of.

Process measure

- Number of gaps found and number of times auditor has addressed concerns. Use of housekeeping binder and number of deep clean forms filled out on a monthly basis.

Target for process measure

- Deep cleaning is completed on a routine basis, housekeeping binder is completed on a timely basis. Target Date: May 2024. Number of gaps found through audits reduce as they are addressed. Target Date: September 2024.

Lessons Learned

Self-audits are being completed and followed up. Staff who have not completed a deep clean properly or room cleaning have coaching and are offered reinstruction shifts. Gaps are high low cleaning.

Change Idea #3 Implemented Not Implemented

daily huddles

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Daily huddles provide an opportunity to in-service department with quick education or information, and also review new procedures in place, and address concerns brought up during the week.
 Opens communication pathway with leadership and front-line workers and has been effective strategy. We will continue with these processes.

	Last Year		This Year		
Indicator #5	28.60	85	66.70	--	NA
I am satisfied with the quality of care from physiotherapist/occupational therapist(s) (Extendicare Port Stanley)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

To provide updates to Family council on a quarterly basis, share information with Achieva Health, and have the Physiotherapist Aide join inter-disciplinary care conferences.

Process measure

- Concerns and questions are addressed during family councils and continue to decrease throughout the year. Increased insight for physio from monthly team meetings. Families will receive feedback from physiotherapy team and will be able to ask questions during IDTCs.

Target for process measure

- Family Council is no longer a running agenda topic as concerns and questions are no longer brought up. Target Date: October 2024. Number of Physio team continues to join monthly team meetings and IDTC. Follow up target date: August 2024.

Lessons Learned

Challenges: Information not provided consistently for family council from physio.

Successes: PTA participated in quality meetings, providing physiotherapy updates and we did improve overall in this area. We continue to provide updates to share information.

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Family Satisfaction - I would Recommend this home to others. (Extendicare Port Stanley)	90.90	95	90.90	--	NA

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

To maintain and continuously improve the percentage of families who would recommend others to the home by empowering families to participate and join the family council.

Process measure

- Number of attendees in family council are sustained and gradually grow throughout the calendar year.

Target for process measure

- Results from future family satisfaction survey. Comments from family council concerns/ questions are addressed in a timely manner. Target Date: July 2024

Lessons Learned

Families and Friends of newly admitted residents had more increased engagement results in survey.

Only 10/11 residents answered this question in survey and that did not increase from 2023. we continue to perform well and will continue to try to improve.

	Last Year		This Year		
Indicator #4	50.00	85	50.00	--	NA
Family Satisfaction - The resident has input into the recreation programs available (Extendicare Port Stanley)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Involve family council to implement new programs that are appropriate for residents to provide a variety of programs

Process measure

- family council involvement and number of feedback implementation of new activities for residents based on input from family council

Target for process measure

- family satisfaction metrics will improve with 2024 survey family council response to activities being implemented on monthly basis at meetings

Lessons Learned

Program manager provided programs to review in first quarter of 2024. Family council responded that they were in favor of the activities and made some suggestions about some that may be more popular. The common thought was if the residents are happy with the activities so is Family Council. Although there were no suggestions and opportunities to provide input were offered our results remained the same in the survey. We will continue to ask for input in programs.

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 Port Stanley)	0.00	0	0.00	--	NA

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.

Target for process measure

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

Lessons Learned

Education provided to resident and families upon admission. This has been effective at keeping informed about risks of restraints. We have maintained 0 restraints in our home as a result.

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 (Extendicare Port Stanley)	0.00	0	0.00	--	NA

Change Idea #1 Implemented Not Implemented

Utilize the Pressure Tracking Tool to focus on prevention of worsening pressure injuries within the home.

Process measure

- # of worsened pressure injuries identified throughout the year.

Target for process measure

- To continue to exceed the target throughout 2024.

Lessons Learned

Prevention of worsening pressure injuries within the home has been maintained. We continue to use the tracking tool to monitor and this has been effective as we do not have any worsening pressure injuries.

Safety | Safe | Optional Indicator

Indicator #8 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Port Stanley)	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
	21.82	15	16.27	25.44%	15

Change Idea #1 Implemented Not Implemented

Implementing Fall Huddles bi-weekly; rounding front line staff to Nurse’s station to look over residents who have fallen in the past two weeks.

Process measure

- number of fall interventions updated weekly for accuracy (audited by falls lead to ensure plan of care is appropriate for all residents and all falls interventions are in place) number of audits for fall assessments completed within the month

Target for process measure

- falls huddles bi weekly to improve interdisciplinary participation in falls prevention. encourage participation from all teams to ensure varied input. increased falls huddles and implementation of interventions ongoing throughout 2024

Lessons Learned

New falls lead and difficulty filling RPN position therefore falls lead having to work on the floor. lack of consistent huddles and auditing. This has been a challenge due to staffing. but we did have positive improvement in falls in 2024. We will continue to review and work to further improve in 2025.

Comment

We will continue to work on falls prevention in 2025 workplan as a priority indicator.

Indicator #9	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare Port Stanley)	22.02	17.30	18.60	15.53%	17.30

Change Idea #1 Implemented Not Implemented

medication reviews completed for all residents who are prescribed antipsychotics with or without a diagnosis

Process measure

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

Target for process measure

- All residents currently prescribed antipsychotic medication will have a medication review completed by July 2024

Lessons Learned

Residents on antipsychotics were reviewed by pharmacy. Reductions made where able. We continue to review medications and implement reduction strategies. Alternate behaviour reduction strategies were tried and implemented. These reviews were very effective and will continue in 2025 workplan.

Comment

We will continue to review and work on this indicator in our 2025 workplan.