Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #11	54.20	85	75.00		NA
Resident Satisfaction – Would Recommend Home (Extendicare Southwood Lakes)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Increase communication with the residents through Townhall meetings.

Process measure

• # of town halls during the year

Target for process measure

• Townhalls to begin April 2024.

Lessons Learned

Townhall was held and gave opportunity to share and communicate information. This was an effective strategy and will continue.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Increase communication with Resident council

Process measure

• # of times management have been invited to resident council meetings # of town halls # of monthly newsletters

Target for process measure

• Attend Resident Council meetings to provide updates starting in May 2024.

Lessons Learned

of managers that have been invited = 3
of town halls 1
of 12

Comment

Communication has increased to do managers attending meeting. This strategy will continue as it was effective, and residents found it to be beneficial.

	Last Year		This Year		
Indicator #7 If I need help right away, I can get it. (Extendicare Southwood	30.40	85	54.20		NA
Lakes)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Implement improved rounding to ensure residents needs are met in a timely manner.

Process measure

• # of staff trained # of training sessions % of call bell response time improved

Target for process measure

• Improved call bell response time by end of 3rd quarter September 2024

Lessons Learned

23 call bell audits completed in May of 2024 data shows out of the 23 average response time took 2.56 sec

Comment

We did see an improvement in this area but will continue to further improve our results going forward.

	Last Year		This Year		
Indicator #6	32.40	85	NA		NA
I have good choice of continence care products. (Extendicare Southwood Lakes)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Ask Prevail to provide education for staff

Process measure

of staff trained # of education sessions

Target for process measure

• Education will be completed by end of 2nd quarter in June 2024

Lessons Learned

November 27th training all 3 shift with a total 33 staff. This was an effective strategy and staff found it beneficial.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Continue to report product complaints to ensure purchasing department is aware of any product issues.

Process measure

• # of complaints about incontinent products feedback given by staff and discussed at continence committee

Target for process measure

• A decrease in complaints about the products by end of 3rd quarter

Lessons Learned

No complaints were received for 2024. Audit was completed in 2024 regarding proper products in the resident room.

Comment

This question was not on the 2024 question so unable to determine current performance, but the change idea was effective. We will continue to audit each resident proper fit, product.

	Last Year		This Year		
Indicator #8	45.90	85	NA		NA
Overall, I am satisfied with the recreation and spiritual care services. (Extendicare Southwood Lakes)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Educate residents concerning IPAC protocol and provide rationale why during outbreaks there are no large group activities.

Process measure

• March 5th, resident council voted to invite the IPAC manager to their next meeting. April 2024 # of residents who received training

Target for process measure

Residents will receive education concerning IPAC protocol at April 2024 resident council meeting.

Lessons Learned

This was held April 2nd with IPAC Manager 9 residents attended. Residents who attended found it beneficial. Will continue to provide information.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Encouraging residents to give staff suggestions on activities and spiritual services and encouraging residents to participate in resident council.

Process measure

• # of participants attending each program. # of suggestions received # of suggestions implemented # of residents attending resident council and providing suggestions

Target for process measure

• To have a robust Resident Council in place by September 2024. 100% of Residents will feel comfortable giving staff suggestions on activities and spiritual services by August 2024.

Lessons Learned

Every month at resident's council and at our calendar planning meeting we ask residents for their suggestions, and we implement all of them. This was successful and will continue.

Comment

For the 2024 survey the question was not asked. Both areas were separated so unable to compare previous result. However, the residents continue to be involved and give input on program, and we do program evaluations to ensure resident needs are being met.

	Last Year		This Year		
Indicator #3	49.30	85	52.20		NA
Family Satisfaction – Would Recommend Home (Extendicare Southwood Lakes)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Increase communication with family members.

Process measure

• # of town halls offered # of newsletters sent out # of participants

Target for process measure

• Townhalls to begin April 2024.

Lessons Learned

1 Townhall was held and these will continue.

12 Newsletter's and this continues to be sent monthly. this helped to improve communication and sharing of feedback.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Increase education and presentations for family council related to areas of interest throughout the home.

Process measure

• # of in-services offered # of family in attendance

Target for process measure

• Management attendance at Family Council to begin in Quarter One 2024.

Lessons Learned

5 presentations were completed in 2024 for family council and were successful.

Comment

We saw an improvement in the number of complaints from families on lack of communication. Strategies will continue going forward.

	Last Year		This Year		
Indicator #12	28.00	85	38.90		NA
The resident has input into the recreation programs available (Extendicare Southwood Lakes)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Ensure that families are aware of resident choices and how and when they were implemented, by way of newsletters and townhall meetings.

Process measure

• # of newsletters sent out monthly # of town halls with the information presented

Target for process measure

• Newsletters and Townhalls to include activity information by April 2024.

Lessons Learned

12 newsletters were sent

1 townhall occurred with the information being presented. This was an effective strategy and will continue.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Ensure families are aware as to where they can find the resident council meeting minutes

Process measure

of resident council meetings posted # of newsletters with information provided monthly # provided to family council

Target for process measure

• Resident council meeting minute location to be included in Townhall, newsletters and presentation at Family council by April 2024.

Lessons Learned

12 resident council meetings were held in 2024. Information was given in newsletters with good feedback.

Comment

We provided newsletters to both family and resident council this year which has been successful. We attach a summary of resident council meeting minutes attached to monthly newsletters which has been positive.

	Last Year		This Year		
Indicator #4	31.00	85	41.70		NA
I am satisfied with the timing and schedule of spiritual care services. (Extendicare Southwood Lakes)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Educate families as to why spiritual services are scheduled at specific times.

Process measure

• # of family member in attendance in the presentation. # of education sessions provided

Target for process measure

• Education to take place at Family Council in March 2024.

Lessons Learned

9 family members attended education sessions and feedback was positive.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Development a presentation on how and why activities are decided on and provided family council with education on resident council involvement

Process measure

· No process measure entered

Target for process measure

No target entered

Lessons Learned

Success is the families are more aware of how activities are decided and process. We also had more community involvement by reaching out to churches which was successful.

Comment

For the year of 2024 the presentation that the families received from the program manager was successful in education

	Last Year		This Year		
Indicator #5	32.20	85	NA		NA
I have an opportunity to provide input on food and beverages options. (Extendicare Southwood Lakes)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Dietary Manager to present to family council to discuss the dietary department and the food council.

Process measure

• # of attendees to Family Council meeting where Dietary Manager presents.

Target for process measure

• Dietary Manager to attend Family Council by end of Quarter One, 2024.

Lessons Learned

10 family members attended meeting and there was positive feedback received.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Add the food suggestions and when suggestions will be served at mealtimes added to the newsletter each month.

Process measure

• # of newsletters that had food suggestions added and when served

Target for process measure

• Newsletter to include a dietary section as needed beginning April 2024.

Lessons Learned

Monthly meetings were held as intended except in outbreak. These were effective in allowing time for feedback into menu suggestions.

Comment

This was not a question on the 2024 survey, so we are unable to determine current result.

However, Dietary Manager presented a power point Jan 2024 and discussed and provided highlights from the resident food council meeting in newsletter listing resident suggestion and new theme meals.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #9	12.99	12	11.33	12.78%	10
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare Southwood Lakes)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Begin "Fall Prevention Rounds" at shift change and report times. Decrease Falls during shift change/report • RPN's will be responsible for ensuring staff conduct "Fall Prevention Rounds" and report any issues with the process to management.

Process measure

• # of education sessions and staff sign off # of high-risk falling leaf residents # of high-risk rounds completed shift change # of call bells answered during shift change

Target for process measure

• Fall Prevention Rounds will begin by May 2024. 100% of frontline staff will have received education on plan for Fall prevention rounds by May 2024.

Lessons Learned

This change was not completed due to changes in leadership. We will review and continue to work on indicator.

Change Idea #2 ☐ Implemented ☑ Not Implemented

Conduct environmental assessments of resident spaces to identify potential fall risk areas and address areas for improvements.

Process measure

• # of environmental assessments completed monthly # of identified deficiencies from assessments that were corrected monthly

Target for process measure

• 100% of Environmental risk assessments of resident spaces to identify fall risk will be completed by September 2024.

Lessons Learned

This change idea was not implemented due to leadership changes. We will work on improvement to falls for 2025 plan.

Comment

Continue to have fall huddles weekly to maintain below benchmark. Education has been given to the staff when they complete the weekly rounds per resident area.51 resident part of the program. 2025 new change idea for falls to be initiated.

	Last Year		This Year		
Indicator #10	8.83	8	9.97	-12.91%	9
Percentage of LTC residents without psychosis who were given	Performance	Target		Percentage	
antipsychotic medication in the 7 days preceding their resident	(2024/25)	(2024/25)	Performance (2025/26)	Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Medication reviews completed for all residents currently prescribed antipsychotics.

Process measure

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

Target for process measure

• 100% of residents currently prescribed antipsychotics will have a medication review completed by July 2024

Lessons Learned

Average of 7 residents reviewed monthly

12 with supporting diagnosis

4 reduction strategies we have completed We have internal BSO and external BSO reduction Med reviews, 1:1, alternative medications implemented monthly

Comment

Monthly meeting are held with residents who trigger in PCC the team reviews what other alternative methods to reduce antipsychotics in the home we continue to be below the indicator threshold.

Safety | Safe | Custom Indicator

Indicator #1

% of LTC residents with restraints (Extendicare Southwood Lakes)

Last Year

0.00

Performance Target (2024/25) (2024/25)

0

This Year

0.70

Performance

(2025/26)

Percentage Improvement (2025/26)

#Error

Target (2025/26)

NA

Change Idea #1 ☑ Implemented ☐ Not Implemented

The home will continue communication with key community stakeholders to ensure target continues to be met.

Process measure

• # residents utilizing a restraint in the home

Target for process measure

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

Lessons Learned

Our challenge was resident condition changes as they had previously been able to wear seatbelt and undo themselves, but with change in condition they were no longer able to. Family did not consent to remove even with education related to restraint usage.

Comment

We have one restraint currently in facility.

	Last Year		This Year		
Indicator #2	3.90	2	2.40		NA
% of LTC residents with worsened ulcers stages 2-4 (Extendicare Southwood Lakes)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

To provide wound care education to all frontline staff to train on identifying, assessing and treating resident skin issues.

Process measure

of staff trained

Target for process measure

• Education will be completed for 100% of frontline staff by October 2024.

Lessons Learned

Staff completed training in skin and wound which was beneficial.

New pressure reduction mattresses were ordered and applied to high-risk residents which was also successful.

Challenges continue with residents returning from hospital with open areas.

Comment

We were able to successfully improve our results in this indicator. We will continue to focus on further improvement in 2025.