

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

	Last Year		This Year		
Indicator #12	80.70	85	74.10	--	NA
Survey question: Would you recommend this home? (Extendicare York)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

To improve the overall resident experience in the Home

Process measure

- # of residents who would recommend our Home to others

Target for process measure

- To be determined by next satisfaction survey in October 2024

Lessons Learned

We will continue to focus on areas for improvement and implement an action plan to enhance the overall resident experience in 2025.

Change Idea #2 Implemented Not Implemented

To improve the physical aesthetic of the Home and grounds

Process measure

- # of residents accessing outdoor garden # of resident care areas repainted

Target for process measure

- The Home's physical aesthetic will be improved by June 2024

Lessons Learned

The painting of common areas has had a positive impact on the home's atmosphere. Additionally, more residents have been observed spending time outdoors, contributing to improved overall well-being.

Comment

We did not meet our goal for 2024; however, we will continue to work towards achieving our target in 2025.

Indicator #5	Last Year		This Year		
	Survey question: I am satisfied with the quality of care from doctors (Extendicare York)	34.80 Performance (2024/25)	45 Target (2024/25)	51.30 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Improve the working relationship between physicians, and families

Process measure

- # of months physicians provided dates in advance # of days physician rounding occurred on pre-identified days, # of family members who attend “Improving Physician Support” meeting and # of suggestions provided from the “Improving Physician Support” meeting

Target for process measure

- Expected physicians rounding calendars will be in place by April 30th, 2024, and monthly thereafter. “Improving Physician Support” meeting with residents and families will be held by April 30th 2024

Lessons Learned

A physician calendar has been distributed monthly across all units, and a booking system has been implemented to address any concerns or specific needs with doctors. Unfortunately, we were unable to complete the "Improving Physician Support" meeting, but we will make an attempt to schedule it in 2025.

Comment

We have met our target for 2024 and will continue to work on improving the quality of care from doctors in 2025.

Indicator #8	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Survey question: 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 York)	65.50	75	81.80	--	NA

Change Idea #1 Implemented Not Implemented

To improve the overall call bell response times

Process measure

- # of audits completed and # of staff who attended monthly townhall to review nurse call system policy

Target for process measure

- Call bell response time audits will be completed by May 30th 2024.

Lessons Learned

The call bell audits were completed as scheduled, and the Townhall meetings were held as planned. We will continue to revise and review call bell response times throughout 2025.

Comment

We have met our target for 2024

Indicator #9	Last Year		This Year		
	Survey Question: My care conference is a meaningful discussion that focuses on what’s working well, what can be improved, and potential solutions (Extendicare York)	66.00 Performance (2024/25)	75 Target (2024/25)	55.50 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

To improve interdisciplinary care conference meetings and ensure they are meaningful, focused and resident centered.

Process measure

- # of residents who participated in care conferences and # of residents who were satisfied with care conference

Target for process measure

- To reach target performance goal by next resident satisfaction survey

Lessons Learned

We were unable to reach our target in initiating a system to ensure residents were involved in meaningful care conferences. However, we continue to work towards meeting our target in 2025.

Comment

We will continue to work towards our target in 2025.

	Last Year		This Year		
Indicator #11	47.90	60	68.90	--	NA
Survey question: Would you recommend this home? (Extencicare York)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

To improve the overall family experience in the Home

Process measure

- # of family members who would recommend our home to others

Target for process measure

- To be determined by next satisfaction survey in October 2024

Lessons Learned

We have observed an increase in the percentage of family members who would recommend our home, indicating an overall improved satisfaction.

Change Idea #2 Implemented Not Implemented

To improve communication with family members

Process measure

- # of newsletters sent to family members

Target for process measure

- The Home will create informative monthly newsletter to families by April 30th 2024

Lessons Learned

Newsletters have been temporarily replaced with a monthly email communication to ensure continued updates and engagement.

Change Idea #3 Implemented Not Implemented

To provide educational sessions and opportunities for residents and families to attend

Process measure

- # of educational sessions held # of family members and residents who attended educational sessions

Target for process measure

- The Home will implement monthly educational sessions to residents and family members by April 30th 2024

Lessons Learned

Monthly education sessions were completed on schedule, except for the month of December. Family and resident attendance at these sessions was lower than anticipated.

Comment

We have met our target for 2024 and will continue to work towards further improvement in 2025.

	Last Year		This Year		
Indicator #10	19.40	30	59.40	--	NA
Survey question: The resident has input into the recreation programs available (Extendicare York)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

The Home will initiate recreation program planning meetings with residents

Process measure

- # of meetings held # of resident who attend program planning meetings, # of family members who attend the meetings

Target for process measure

- 100% of monthly recreation program planning meetings will be held by December 31st 2024.

Lessons Learned

All recreation program planning meetings were held with residents on their respective floors. We did not take a headcount of the number of family members who attended these meetings.

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

The Home will create a Programs suggestions Box

Process measure

- # of suggestions received and implemented monthly

Target for process measure

- Activity suggestion box will be implemented by April 30th 2024

Lessons Learned

The Programs suggestion box was implemented, but only one suggestion was received. It was not implemented due to a lack of interest and participation.

Comment

We have met our target for 2024 and will continue to encourage residents to provide input into program planning in 2025.

	Last Year		This Year		
Indicator #6	56.80	70	63.00	--	NA
Survey question: I am satisfied with the quality of care from doctors (Extendicare York)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Improve the working relationship between physicians, and residents

Process measure

- # of residents seen by physician monthly # of residents seen by the physician through the appointment booking system.

Target for process measure

- Working relationship between physicians, and residents will have improved by December 2024. Physician appointment booking system will be in place by June 30th, 2024.

Lessons Learned

Some challenges were observed with tracking the number of residents seen by physician monthly and residents who booked through the appointment system, but we will continue to work on improving in 2025.

Comment

We will continue to work towards our target in 2025.

	Last Year		This Year		
Indicator #7 Survey question: I have an opportunity to provide input on food and beverage options (Extendicare York)	36.60	45	NA	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Invite families to attend the Food Committee meetings

Process measure

- # of family members who attended meeting and # of suggestions provided by family for food and beverage options # of suggestions implemented

Target for process measure

- Invite families to attend the food committee meetings by May 30th 2024.

Lessons Learned

The families were invited to the Food Committee meeting; however, there was zero attendance from family members. We will attempt to reschedule meetings in 2025.

Change Idea #2 Implemented Not Implemented

Provide additional opportunities for families to have input on menu planning

Process measure

- # of family members who provide feedback on menu planning during care conferences

Target for process measure

- All feedback regarding menu planning will be reviewed during annual care conference by December 30th, 2024

Lessons Learned

We will continue to encourage families to provide feedback on menu planning during the annual care conference, as well as whenever needed or required.

Comment

Based on resident feedback, survey questions were changed in 2024 and this question was not included so we are unable to compare with previous results.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #3	20.28	15	18.64	8.09%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Extendicare York)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Implement specific activity programs during afternoon change of shift for residents who are high risk for falls

Process measure

- # of activity programs that occurred weekly during afternoon change of shift and # of falls that occurred during the program times.

Target for process measure

- Program during afternoon shift change will be implemented for residents at high risk of falls by June 2024

Lessons Learned

The activity programs have been implemented during afternoon shift change, however we continue to see a number of falls during those times.

Change Idea #2 Implemented Not Implemented

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

Process measure

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

Target for process measure

- Environmental risk assessments will be completed and addressed by June 2024

Lessons Learned

Most of the environmental assessments are completed post-fall, and this process is now being reviewed, and corrected when required.

Comment

We will continue to work towards our target in 2025.

	Last Year		This Year		
Indicator #4 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Extendicare York)	13.33	10	11.82	11.33%	10
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage 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

- All residents currently prescribed antipsychotics will be reviewed by July 2024

Lessons Learned

100% of residents with prescribed antipsychotic medications have been reviewed, inclusive of supporting diagnosis, medication reviews and care plans

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

Provide educational material to families and/or residents on antipsychotics and the importance of minimizing use.

Process measure

- # of families provided with best practice information on reducing antipsychotics monthly # of admission packages provided with antipsychotic reduction information monthly

Target for process measure

- Families will be provided educational materials with best practice information on reducing antipsychotics by Sept 2024

Lessons Learned

We continue to provide families with information on best practices for reducing antipsychotics. However, this has not yet been incorporated into the admission package.

Comment

We will continue to work towards our target in 2025.

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)
Percentage of long-term care home residents in daily physical restraints over the last 7 days (Extendicare York)	0.00	0	0.00	--	NA

Change Idea #1 Implemented Not Implemented

Review restraint use with all application received through the NE LHIN. If a restraint is in use begin communication with the LHIN before admission to inform the potential resident and family on our least restraint policy and the homes use of alternatives to restraints.

Process measure

- # of application monthly where a restraint is in use. # of communication sent back to applicant and family through the NE LHIN to explain out least restraint policy

Target for process measure

- Process for review of NE LHIN applications for restraint use and communication followed to inform/educate on our policy will be in place by July 2024.

Lessons Learned

All applications have been reviewed for restraint use prior to admission, ensuring 100% compliance with our least restraint policy.

Comment

This process has been very successful, and we remain at 0%

Indicator #2	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 York)	1.79	1	1.80	--	NA

Change Idea #1 Implemented Not Implemented

To decrease the risk of LTC Home acquired pressure injuries

Process measure

- # of residents with PURS score 3 or greater # of reviews completed of bed surfaces / mattresses # of bed surfaces mattresses replaced monthly

Target for process measure

- Residents with PURS score of 3 or greater will have bed surfaces and mattresses reviewed and identified for replacement by June 2024

Lessons Learned

All residents with PURS scores of 3 or greater have been reviewed, including their bed surfaces/mattresses, and 100% of the surfaces/mattresses have been replaced as required.

Change Idea #2 Implemented Not Implemented

To improve registered staff knowledge on identification and staging of pressure injuries

Process measure

- # of registered staff who attended education sessions

Target for process measure

- Registered staff members will receive pressure injury education by December 31, 2024

Lessons Learned

Education sessions were completed with registered staff as scheduled, and we will continue to offer education sessions in the coming year.

Comment

We will continue to work towards our target for 2025.

