Experience | Patient-centred | Custom Indicator

Indicator #12

Resident Satisfaction – Would Recommend (Main Street Terrace)

Last Year		This Year		
95.10	**75**	**88.90**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Promote a positive resident experience by offering programs that meet resident needs

Process measure

- # of the residents completed next year survey

Target for process measure

- By next survey, there will be a 5% increase in resident survey result recommending Main Street Terrace

Lessons Learned

Residents are actively engaged so that programming reflects their interests.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Survey residents on the spiritual program's choices.

Process measure

- # of the residents attended spiritual programs of their choice

Target for process measure

- Resident satisfaction for 2024 has increase by 5%

Lessons Learned

Residents have provided ongoing feedback as to the spiritual services they are interested in.

Change Idea #3 ☐ Implemented ☑ Not Implemented

Offer in services to residents on continence care program.

Process measure

- # of the residents satisfied with their continent products

Target for process measure

- Resident satisfaction for 2024 has increased by 5%

Lessons Learned

This change idea was not implemented but will be a primary focus for 2025.

Comment

The resident satisfaction score decreased from the previous year. Change ideas largely focused on recreation programs, spiritual services and satisfaction with continence products. The home will focus on these areas but also include the satisfaction of medical services offered in the home for 2025.

	Last Year		This Year		
Indicator #8	**43.20**	**75**	**88.60**	**--**	**NA**
I have input into the recreation programs available. (Main Street Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Increase resident input to recreation programs 10% in the following quarter.

Process measure

- # of the program suggestions implemented in the monthly calendar

Target for process measure

- Increase participation rates in recreation programs by 10% within the first three months through improved promotion and program offerings.

Lessons Learned

This idea was implemented successfully as the residents are regularly engaged for feedback on what programs they would like in the home.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Promote residents' contribution to recreation programs

Process measure

- # of the events held in 2024

Target for process measure

- Increase resident satisfaction by 15% by August 2024

Lessons Learned

Monthly planning meetings reflect resident input. This is also discussed at monthly resident council meetings as the calendar of activities is developed month to month.

Comment

Great success was seen this year. There has also been stability in the recreation department with staffing and leadership and this has reflected in the ability for the team to engage residents and then plan programs according to their preferences.

	Last Year		This Year		
Indicator #5 I am satisfied with the relevance of recreation programs. (Main Street Terrace)	**55.30** Performance (2024/25)	**75** Target (2024/25)	**88.60** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Increase satisfaction with resident programs by 10% in the next quarter

Process measure

- # of the residents participating in recreation programs to assess the impact of changes on resident engagement.

Target for process measure

- Provide training and support to staff and volunteers, resulting in a 10% improvement in participant satisfaction with program execution and delivery within three months.

Lessons Learned

The residents have been engaged in feedback on a monthly basis for programs. This has been successful as we have reached this target.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Monthly Program Planning Meetings on Each home area

Process measure

- # of the programs implemented

Target for process measure

- Increase participation rates in recreation programs by 10% within the first three months through improved promotion and program offerings.

Lessons Learned

Monthly program meetings take place as scheduled, and minutes are kept with resident feedback and responses. This will continue going forward.

Comment

There has been a significant increase in satisfaction for residents in the relevance of their recreation programs. The team has tailored programs to suit each home area and to gain an understanding of the hobbies and interests of the residents.

Indicator #6

I am satisfied with the variety of spiritual care services. (Main Street Terrace)

Last Year		This Year		
60.00	**75**	**96.90**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Resident will provide the input on variety of spiritual programs they would like to participate in

Process measure

- # of the residents attending spiritual care events and activities

Target for process measure

- Maintain consistent communication with residents about spiritual care services, achieving a minimum of 65% awareness among the residents by July 2024

Lessons Learned

Input is offered monthly through resident's council and with 1:1 discussion with residents. there has been positive response to this.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Increase satisfaction with the variety of spiritual care services from 60.0% to 65% within the next six months.

Process measure

- # of spiritual programs offered quarterly

Target for process measure

- Increase attendance rates at spiritual care services by 5% by July 2024

Lessons Learned

Successfully met target as we have exceeded this threshold.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Recreation Manager has been engaging residents and family members to receive more feedback to engage more community spiritual resources. More variety is being added. In 2025, we are seeking to add Eastern Christian Orthodox services.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Engagement of residents and families for increased feedback on community spiritual resources has been effective. We successfully increased the variety of spiritual resources available, and we will continue to increase as able for 2025.

Comment

The idea implemented have been effective and we will continue to build upon these. More religious/spiritual services will be offered as the home continues to engage the community. The home is currently served by seven (7) different religious services.

Indicator #3

Family Satisfaction- Would Recommend (Main Street Terrace)

Last Year		This Year		
85.70	**85**	**91.30**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

Provide Education to the families on Continence care Program.

Process measure

- % of the survey outcome

Target for process measure

- Increase in Satisfaction by August 2024

Lessons Learned

This change idea was not implemented due to significant turnover of the team. This idea will be a priority for this year.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Improve family satisfaction on Spiritual programs offered at home.

Process measure

- # of the surveys completed

Target for process measure

- 10% increase in Family Satisfaction survey on resident spiritual programming

Lessons Learned

There has been an improvement in this as families are notified of spiritual programming which has been positive.

Change Idea #3 ☐ Implemented ☑ Not Implemented

Medical Directors to attend annual care conferences

Process measure

- # of the care conferences attended

Target for process measure

- Increase in % of Family and resident satisfaction by August 2024

Lessons Learned

This area requires further improvement as MDs are not attending care conferences consistently. We continue to focus on this in 2025.

Change Idea #4 ☑ Implemented ☐ Not Implemented

Increase satisfaction with food and beverage choices from 66.7% to 75% within six months.

Process measure

- # of the received feedbacks

Target for process measure

- Increase in % annual satisfaction survey by 10%

Lessons Learned

Monthly food committee meetings show positive feedback by the residents that they are enjoying the food and beverages offered.

Comment

Overall, there has been an improvement in family satisfaction with respect to recommending the home. Notable areas of improvement have shown positive feedback in the quality of the food.

	Last Year		This Year		
Indicator #7 I am satisfied with variety, time and a schedule of Spiritual Care Services (Main Street Terrace)	**40.00** Performance (2024/25)	**85** Target (2024/25)	**61.90** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

Improve family satisfaction with Spiritual Programs by 5% quarterly

Process measure

- The recreation manager will survey families by August 2024 to determine the effectiveness of the changes incorporated.

Target for process measure

- Increase in the % of satisfaction with spiritual programming.

Lessons Learned

The goal of increasing satisfaction by 5% was reached however we are still below the benchmark.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Spiritual programs offered on the weekends and evening

Process measure

- # of the families that joined spiritual programs

Target for process measure

- Increase family satisfaction with Spiritual care Services by August 2024

Lessons Learned

More spiritual services are being offered on weekends and evenings. The schedule suits the residents, but this needs to be communicated better to families.

Comment

An improvement from the previous year but below the benchmark. This is an area of focus for this year and will be better advertised and communicated to family members to make them aware of the services offered.

Indicator #9

Involvement from doctors (Main Street Terrace)

Last Year		This Year		
60.00	**85**	**56.50**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Increase involvement from doctors in care conferences from the current rate of 60% to the target rate of 70% in next quarter.

Process measure

- # of the CC MD's attended

Target for process measure

- Achieve a monthly increase in doctor attendance at care conferences by 5% until reaching the target of 75% by August 2024

Lessons Learned

The physicians have been attending the care conferences on a more consistent basis however family members have expressed they would like more face-to-face time with the doctors. We will review and work on for this year.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Improve the communication between home and MD's

Process measure

- # of the meetings held

Target for process measure

- 100% participation by doctors in the meetings scheduled

Lessons Learned

The communication between the home and the doctors is excellent. Upon discussing this indicator with family members there seems to be a knowledge gap as to the role of the MD in the home. This will be addressed in 2025.

Comment

No improvement seen here. Some areas the home has identified as a gap is that family members are not aware of the MD schedule and the role of the MD in the home. This will continue to be a focus in 2025.

	Last Year		This Year		
Indicator #4 I am satisfied by food and beverage choices. (Main Street Terrace)	**66.70** Performance (2024/25)	**85** Target (2024/25)	**91.70** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Provide the opportunity for Family Council to review and give input on resident's food menu Quarterly.

Process measure

- # of families that provided the feedback

Target for process measure

- Achieve an increase in satisfaction levels to 75% by August 2024

Lessons Learned

Monthly food committee meetings are held with residents and input is also sought by Family Council on a quarterly basis.

Change Idea #2 ☑ Implemented ☐ Not Implemented

The Dietary Department will have resident choice dinner once a month.

Process measure

- # Number of resident suggestions

Target for process measure

- Implementation of this initiative by May 2024

Lessons Learned

This change idea was implemented successfully.

Comment

The change ideas were implemented successfully. There is frequent input from residents and family members into the menu planning and there have been positive results.

Safety | Safe | Custom Indicator

Indicator #1	Last Year		This Year		
% of LTC residents with restraints (Main Street Terrace)	**0.00** Performance (2024/25)	**2.50** Target (2024/25)	**0.00** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Continue with zero restraints approach at the home.

Process measure

- Organize education sessions with all staff on restraint policy and alternatives to restraints

Target for process measure

- # of education sessions held monthly

Lessons Learned

The education with staff, residents and families has been successful as we have maintained 0 restraints in the home.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Assess the current use of restraints and develop a plan to test alternative approaches.

Process measure

- # of the staff attending interdisciplinary meetings

Target for process measure

- 100% of staff will be re-educated on restraint policy and alternatives to restraints by Sept 2024

Lessons Learned

Team members have been engaged from various departments in understanding the reason for implementing no restraints.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Upon admission and application to our home, potential residents and their families are advised of the home's no restraint policy/approach.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

At the time of admission and upon accepting a bed to our home, new residents and their families are informed of the home's no restraint policy.

Comment

Will continue with current processes as they have been effective.

	Last Year		This Year		
Indicator #2 % of LTC residents with worsened ulcers stages 2-4 (Main Street Terrace)	**2.93** Performance (2024/25)	**2** Target (2024/25)	**2.77** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

Re-educate frontline staff regarding prevention of skin break down.

Process measure

- #of education, sessions provided monthly for front-line staff on prevention of skin break downs

Target for process measure

- 100% of registered staff will have received education on identification and staging of pressure injuries by Sept 2024

Lessons Learned

This idea was not implemented due to staff turnover in the Staff Educator and Skin and Wound Lead role. We will review and complete in 2025.

Change Idea #2 ☐ Implemented ☑ Not Implemented

Review current bed systems/surfaces for residents with PURS score 3 or greater.

Process measure

- # of reviews completed of bed surfaces/mattresses monthly # of bed surfaces /mattresses replaced monthly

Target for process measure

- A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by August 2024

Lessons Learned

This idea was not implemented due to staff turnover in the Staff Educator and Skin and Wound Lead role.

Comment

The change ideas that were noted for last year's QIP will be implemented for the current QIP as the home now has a complete team that has a full time Staff Educator and a permanent Skin & Wound Lead. The home has already seen improvements in Skin & Wound indicators and anticipate we will reach the expected benchmark of 2.0%.

Safety | Safe | Optional Indicator

Indicator #10

Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Main Street Terrace)

Last Year		This Year		
7.53	15	6.50	13.68%	6
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Implement a specific activity program at the afternoon change of shift for residents who are at high risk for falls.

Process measure

- # of activity programs that occur during change of shift in afternoon weekly

Target for process measure

- Specific activity program at afternoon change of shift will be implemented by June 2024

Lessons Learned

Recreation team members have been engaging residents in activities for increased supervision during shift exchange in the afternoon.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Conduct environmental assessments of resident spaces to identify potential tripping hazards.

Process measure

- # of environmental assessments completed monthly

Target for process measure

- Environmental risk assessments of resident spaces to identify fall risk will be completed by June 2024

Lessons Learned

A weekly falls checklist has been implemented whereby the registered staff sign off that all environmental hazards and cleared and equipment is in place and working.

Comment

The home has been successful in significantly reducing falls. The change ideas were effective and will continue.

	Last Year		This Year		
Indicator #11	**7.37**	**17.30**	**7.61**	**-3.26%**	**7**
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Main Street Terrace)	**Performance (2024/25)**	**Target (2024/25)**	**Performance (2025/26)**	**Percentage Improvement (2025/26)**	**Target (2025/26)**

Change Idea #1 ☑ Implemented ☐ Not Implemented

Continue with participating in antipsychotic reduction program and decision support tool pilot.

Process measure

- # of the residents without psychosis who were given antipsychotic medication

Target for process measure

- Successfully completing the pilot program

Lessons Learned

The decision-making tool is utilized monthly to review residents who are appropriate for reduction of antipsychotic usage.

Change Idea #2 ☑ 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 have a medication review completed by July 2024

Lessons Learned

The multidisciplinary team meets monthly to review residents who may be appropriate for reduction of antipsychotics. This is working effectively as we have remained well below the benchmark.

Comment

The home remains below the benchmark, but we have increased since our last review. The home has seen an increase of resident admitted with prescribed antipsychotics. There are a number of challenging behaviours that we manage, and antipsychotics are reduced with safety in mind.

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: Overall satisfaction - continence products keep me dry and are comfortable	C	% / LTC home residents	In-house survey / October 2024 - October 2025	66.70	85.00	Extendicare Benchmark	Prevail

Change Ideas

Change Idea #1 Review sizing and selection of products for residents

Methods	Process measures	Target for process measure	Comments
1) Complete audit of residents using incontinent products for correct sizing and selection of product. 2) Prevail to assist with audit and on the spot education of staff for proper placement on all shifts	1) # of residents using incontinence products per shift 2) # of audits completed by shift 3) # of on-the-spot education sessions completed by shift	1) 100% of residents who use incontinent products will be audited for correct sizing and selection of product by May 1, 2025 2) Product vendor will be contacted to assist with audit and on the spot, education provided by July 1, 2025	

Change Idea #2 Invite Prevail representative to Resident council and Family council meeting to discuss products

Methods	Process measures	Target for process measure	Comments
1) Prevail representative for Continence to be invited to Resident and Family council meeting to discuss products. 2) Feedback provided by committees will be actioned and discussed at CQI committee 3) Follow up with councils on results of action items.	1) # of Resident and family council meetings vendor attends annually 2) # of action items based on feedback received. 3) # of action items that are resolved to satisfaction of councils.	1) Product vendor will attend resident council and family council by May 2025 2) Action plan will be in place for feedback items by June 30, 2025 3) Follow up on action plan will be communicated to resident and family councils by August 1, 2025	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfaction with involvement from doctors	C	% / Family	In-house survey / Sept 2024-Oct 2025	56.50	85.00	Corporate target	

Change Ideas

Change Idea #1 Communicate role the Medical Director and Physicians and give opportunity for feedback.

Methods	Process measures	Target for process measure	Comments
1) Medical Director to meet at minimum annually with Family and Resident councils 2) Feedback on services and areas for improvement will be discussed 3) update at the CQI meeting on action plan and ongoing actions	1) # of meetings with Councils where Medical Director attended 2) # of suggestions provided by councils 3) # of CQI meetings where action items were discussed with Medical Director and outlined in the committee minutes	1) Medical Director will attend Family Council by August 31, 2025 2) Medical Director will attend Resident Council by July 31, 2025 3) Action items and plan will be discussed at CQI committee with Medical Director by August 31, 2025.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I can provide input into the products used for me	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	66.70	85.00	corporate target	Prevail

Change Ideas

Change Idea #1 Implement process to obtain feedback from residents on a more frequent basis.

Methods	Process measures	Target for process measure	Comments
1) Create list of residents using incontinent products 2) determine how many residents will be asked for their feedback per month per home area. 3) Review feedback and determine action to address	1) # of residents who are using incontinent products 2) # of residents to be asked for feedback per month /per home area 3) # of responses received 4) # of action items received based on survey	1. List of residents who are using incontinent products will be created by May 1, 2025 2. Process for ongoing feedback will be in place by June 1, 2025	

Change Idea #2 Invite Prevail representative to Resident council and Family council meeting to discuss products

Methods	Process measures	Target for process measure	Comments
1) Prevail representative for Continence to be invited to Resident and Family council meeting to discuss products. 2) Feedback provided by committees will be actioned and discussed at CQI committee 3) Follow up with councils on results of action items.	1) # of Resident and family council meetings vendor attends annually 2) # of action items based on feedback received. 3) # of action items that are resolved to satisfaction of councils.	1) Product vendor will attend resident council and family council by May 2025 2) Action plan will be in place for feedback items by June 30, 2025 3) Follow up on action plan will be communicated to resident and family councils by August 1, 2025	

Safety

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	6.50	6.00	Continue to improve and remain below Corporate target of 15%	Achieva

Change Ideas

Change Idea #1 Ensure each resident at risk for falls has a individualized plan of care for fall prevention

Methods	Process measures	Target for process measure	Comments
1) Determine residents at risk for falls 2) Review plan of care for each resident at risk 3) Discuss strategies with fall team and staff 4) update plan of care 5) communicate changes in plan of care with care staff	1) # of residents at risk for falls 2) # of plans of care reviewed 3) # of new strategies determined 4) # of plans of care updated 5) # of sessions held to communicate changes with staff	1) Residents at risk for falls will be identified by April 15, 2025 2) Care plans for high-risk residents will be reviewed and updated by April 30, 2025, 3) Changes in plans of care will be communicated to staff by May 15, 2025	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	7.61	7.00	Continue to improve and remain below Corporate target of 17.3%	Medisystem

Change Ideas

Change Idea #1 Collaborate with the physician to ensure all residents using anti-psychotic medications have a medical diagnosis and rationale identified.

Methods	Process measures	Target for process measure	Comments
1) complete medication review for residents prescribed antipsychotic medications 2) Review diagnosis and rationale for antipsychotic medication. 3) consider alternatives as appropriate	1) # of medication reviews completed monthly 2) # of diagnosis that were appropriate for antipsychotic medication use 3) # of alternatives implemented	1) 75% of all residents will have medication and diagnosis review completed to validate usage by August 31, 2025 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by October 1, 2025	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of home care patients who developed a stage 2 to 4 pressure ulcer	C	% / LTC home residents	Other / October - December 2024	2.77	2.00	Extendicare Benchmark	Solventum/3M, Wounds Canada

Change Ideas

Change Idea #1 Dietician referral communication process with the home for worsened and healed skin issues

Methods	Process measures	Target for process measure	Comments
1)Education to improve communication between the dietitian and the skin and wound lead to look at the dashboard skin and wound or list already generated from PCC. 2)Wound Care lead to provide a updated list of skin issues to the dietician internally 3) DOC to audit this process as part of the evaluation process of the program	# of skin issues followed up by the dietitian # of Audits completed monthly # of Audits that identified areas for improvement monthly % of education completed	1)Wound care lead to provide refresh education on improving Dietitian referral communication by July 1, 2025 with 100% completion.2) Standardized communication process will be 100% in place by April 30, 2025	