Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #10	**77.80**	**75**	**71.10**	**--**	**NA**
Percentage of residents who would positively respond to the statement "I would recommend this home" on the Annual Resident Satisfaction Survey. (Thorntonview)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Ensure all residents are given the opportunity to become involved in Resident Council meetings in the home monthly

Process measure

- Ensure all residents that are invited to attend resident council are tracked monthly

Target for process measure

- Remain above 75% Satisfaction on 2024 Survey to the statement "I would recommend this home"

Lessons Learned

Successfully implemented. Communicated via admission letter, newsletter, monthly calendar, poster.
There was a significant increase in participation compared to 2023.

	Last Year		This Year		
Indicator #9	**53.70**	**75**	**73.70**	**--**	**NA**
Percentage of residents who would positively respond to the statement "I am satisfied with the quality of care from doctors" on the Annual Resident Satisfaction Survey. (Thorntonview)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

Implement the use of updated SBAR forms to better communicate concerns with MD/NP • Provide education to registered staff on SBAR use on a as needed basis

Process measure

- Will audit and track amount of CC for the year vs attendance of MD/NP

Target for process measure

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the quality of care from doctors"

Lessons Learned

This change idea was not successfully implemented.
Challenge - turnover of clinical team to implement. Although we did see an improvement in our overall results.

Indicator #3

Percentage of family members who would positively respond to the statement "I am satisfied with the variety of spiritual care services" on the Annual Resident Satisfaction Survey. (Thorntonview)

Last Year		This Year		
53.70	**75**	**77.40**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Ensure Chaplain Position is filled or posted if not filled.

Process measure

- Ensure the Chaplain position is filled for over 80% of the year.

Target for process measure

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the variety of spiritual care services"

Lessons Learned

The home successfully recruited and retained a Chaplin from December 2023, resulting in significant improvement in the 2024 survey.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Re-establish outreach programming with local churches so they are able to provide spiritual support and services to our residents

Process measure

- Increase spiritual programming by 25% this year.

Target for process measure

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the variety of spiritual care services"

Lessons Learned

Efforts are ongoing to increase local church involvement in the home. There was a 10% increase in 2024 survey.
Challenge - limited parking for visitors.

Indicator #1	Last Year		This Year		
Percentage of families who would positively respond to the statement "I would recommend this home" on the Annual Family Satisfaction Survey. (Thorntonview)	**63.30** Performance (2024/25)	**85** Target (2024/25)	**65.00** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Ensure all families are provided information on how to form a Family Council

Process measure

- Audit new admission package to ensure "How to form a Family Council information" is included. Track which months "How to form a Family Council" information is included in the Newsletters and Family Forum meetings

Target for process measure

- 100% of families receive information on how to form a Family Council

Lessons Learned

This was successfully implemented. The information is currently included in the admission package.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Ensure all families receive invitations to attend quarterly Family Forum meetings

Process measure

- Complete tracking to ensure all families receive invitations to Family Forum

Target for process measure

- 100% of our families will receive notification or an invitation to quarterly Family Forum meetings

Lessons Learned

All families with email contact receive invitation via email. Notice is posted in the home and added to the Family Newsletter.

We have seen a slight increase in attendance.
Challenges:
Participants are not tech savey.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Family members to be included in quarterly Quality Council meetings

Process measure

- Family members will be called to determine if they would be interested and available to attend a Quality Council meeting. If response is positive, an invite will be sent by email or Canada Post if there is no email

Target for process measure

- Family members will be in attendance at all Quality Council Meetings

Lessons Learned

A Family representative is invited to quarterly quality council which has been successful .

Indicator #4

Percentage of family members who would positively respond to the statement "The resident has input into the Recreation Programs available: on the Annual Family Satisfaction Survey. (Thorntonview)

Last Year		This Year		
33.30	**75**	**55.20**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

Share with families the results of "Suggested Programs for the future" agenda item from Resident Council. Additionally, share with families the results of monthly Pulse Survey's completed by residents about Recreation Programs.

Process measure

- Create a tracking tool to ensure all families receive the monthly newsletter and quarterly Family Forum invitations and minutes

Target for process measure

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "The resident has input into the Recreation Programs available"

Lessons Learned

This change idea was not successfully implemented. Alternatively, the home engaged residents in bi-monthly selection of resident's choice programs. This was geared towards Home Area or Whole home programing.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Share with Families our Admission Initial Recreation Assessment, "All About Me", and how we use it to enhance person centered care and programming.

Process measure

- Create a tracking tool to ensure all families receive a quarterly Family Forum invitation and minutes.

Target for process measure

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "The resident has input into the Recreation Programs available"

Lessons Learned

This was successfully implemented. Information and photos of residents participating in person centred programs is included in the monthly newsletter.

Comment

There was an increase in the percentage of family members who would positively respond to the statement "The resident has input into the Recreation Programs available" from the previous year by 21.9%.

Indicator #2

Percentage of family members who would positively respond to the statement "Continence care products are available when the resident needs them" on the Annual Family Satisfaction Survey. (Thorntonview)

Last Year		This Year		
33.30	**75**	**72.20**	**--**	**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 by: Attending Family Council to discuss Understandings/beliefs around incontinence products and their use in LTC; including information quarterly in the monthly Family Newsletter on continence products and their use and include family education on incontinence products and their use in LTC with admission packages

Process measure

- Will create an audit tracking to cross reference with resident product needs.

Target for process measure

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "Continence care products are available when the resident needs them"

Lessons Learned

This change idea was not successfully implemented due to turnover of clinical team. Will be revisited in 2025.

Change Idea #2 ☐ Implemented ☑ Not Implemented

Implement use of Prevail signs posted in resident closets for easy referral by PSWs

Process measure

- Tracking tool to be created. Random monthly audits conducted to ensure process is working and efficient.

Target for process measure

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "Continence care products are available when the resident needs them"

Lessons Learned

Change idea not successfully implemented due to turnover clinical team. Will be revisited in 2025.

Change Idea #3 ☑ **Implemented** ☐ **Not Implemented**

Implement use of updated incontinence product change form

Process measure

- Continence lead to monitor the usage and efficiency of product change form by PSW

Target for process measure

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "Continence care products are available when the resident needs them"

Lessons Learned

Partially implemented. Requires enhancement and oversight. Revisit in 2025.

Safety | Safe | Optional Indicator

Indicator #6

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

Last Year		This Year		
15.34	13	15.61	-1.76%	15
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Establish weekly Interdisciplinary meetings to review falls and interventions to reduce falls.

Process measure

- 1) Two residents reviewed for activity needs/preferences weekly 2) On each fall, run report to determine if resident meets criteria and if so, look for patterns and discuss in weekly falls meeting to determine potential personalized interventions"

Target for process measure

- Number of falls that high-risk residents have decreases

Lessons Learned

Successfully implemented. The home saw reduction in the number of falls from 2023 -2024 (19.5% to 15.5% average)

Comment

We continue to focus on this indicator, and it will be included our workplan for 2025.

Indicator #8

Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Thorntonview)

Last Year		This Year		
15.86	**18**	**25.81**	**-62.74%**	**17.30**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Ensure antipsychotics are prescribed appropriately

Process measure

- Monthly, review residents that had annual RAI/MDS assessment and complete Cohen Mansfield Agitation Inventory when determined appropriate, begin plan to attempt reduction in Antipsychotic Prescribing

Target for process measure

- Identified residents will successfully have a reduction in antipsychotic prescribing

Lessons Learned

Partially implemented. There is a process in place for the Attending Physician and clinical team to review residents identified in this group and deprescribe where appropriate.

Challenge - Unable to fill BSO position for 50% of the year.

Comment

This indicator will continue to be a focus on our workplan for 2025.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #7 Percentage of LTC residents with worsened ulcers stages 2-4 (Thorntonview)	**3.70** Performance (2024/25)	**2** Target (2024/25)	**3.09** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

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

Process measure

- 1) Monthly, review residents that had RAI/MDS assessment to determine residents with PURS score 3 or greater 2) Monthly review identified resident to determine if surface meets their needs 3) Monthly visually inspect bed surface/mattress of identified residents to determine if they need to be replaced

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 change idea was partially completed in terms of the audits. The home a plan to replace aging matrasses in 2025.

Comment

We will continue to focus on this indicator to further improve in 2025.

Indicator #5

Percentage of long-term care home residents in daily physical restraints over the last 7 days (Thorntonview)

Last Year		This Year		
0.00	**4**	**0.00**	**#Error**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Educate staff on restraint policy and use of alternatives to restraints in Annual Mandatory Education

Process measure

- % of Staff to complete Annual Mandatory Education

Target for process measure

- 100% of staff will be educated on restraint policy and alternatives by May 2024

Lessons Learned

The home has successfully been able to care for residents without the use of physical restraints for the last year.
Will continue to educate families and staff for 2025.

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Bladder Care products keep the resident dry and comfortable.	C	% / LTC home residents	In-house survey / 2024	38.70	50.00	To continue to improve from previous years performance as we strive to be closer to corporate target 80%.	Prevail

Change Ideas

Change Idea #1 Invite Product vendor to Resident council and Family forum meeting to discuss products

Methods	Process measures	Target for process measure	Comments
1) Product vendor for Continence to be invited to Resident council and Family forum 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 times product vendor attended Resident council and Family forum meeting 2) # of action items as a result of feedback received. 3) # of actions completed monthly 4) # of meetings with councils/forums where progress on action items reviewed	1) Product vendor will attend resident council and family forum by July 30, 2025 2) Action plan will be in place for feedback items by August 30, 2025 3) Follow up on action plan will be communicated to resident council and family forum by September 30, 2025	

Change Idea #2 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) Product Vendor 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 July 31, 2025 2) Product vendor will be contacted to assist with audit and on the spot education provided by April 30, 2025.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have input into the recreation programs available	C	% / LTC home residents	In-house survey / 2024	56.80	62.50	To continue to improve from previous years performance as we strive to be closer to corporate target 80%.	

Change Ideas

Change Idea #1 Implement monthly Program Planning Meetings to inform and engage residents in program decision making

Methods	Process measures	Target for process measure	Comments
1) Add Program Planning Meetings on the calendar, every other month for each applicable unit 2) Document on meeting minute template 3) Share and post minutes in common area	1) # of meetings throughout the year 2) # of change ideas provided in meeting that were implemented 3) # of residents participating on each applicable home area	1) Program will be introduced and implemented as by April 30, 2025. 2) Residents will meet every other month on applicable home area providing feedback on programs and selecting upcoming events	

Change Idea #2 Use real-time feedback tools such as evaluations of programs, seeking resident feedback on enjoyment and satisfaction of program in real time

Methods	Process measures	Target for process measure	Comments
1) Select 4 programs per month to audit. 2) Use evaluation templates or ActivityPro to complete 3) Review and action after each evaluation	1) # of audits completed throughout the year 2) Rate of satisfaction of program 3) # of change actions	1) 8 audits will be completed monthly directly after programs to evaluate level of enjoyment/satisfaction 2) There will be a 10 % improvement with satisfaction of program by December 31, 2025	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of laundry services for personal clothing and linens.	C	% / Clients	In-house survey / 2024	50.00	65.00	To continue to improve from previous years performance as we strive to be closer to corporate target 80%.	

Change Ideas

Change Idea #1 Review process for labelling clothing

Methods	Process measures	Target for process measure	Comments
1)Review process for labelling with staff 2) Attend Family forum and Resident councils to discuss labelling process 3) Put communication about labelling process in monthly newsletter to families and residents	1) # of staff attending session about process for labelling 2) # of resident council and family forum meetings attended by Environmental Services Manager 3) # of newsletters where labelling process was communicated	1) Staff session about labelling process will be held by April 30, 2025, and ongoing 2) Support Services manager will attend resident council and family forum meeting by April 30, 2025 3) Communication will be sent out about labelling process in newsletter by April 30, 2025	

Change Idea #2 Hold a lost and found day 2x/year

Methods	Process measures	Target for process measure	Comments
1) Advertise a lost and found day 2) Arrange items in a specified location for residents/families to come and look for missing items 3) Obtain feedback from resident councils and family forums on lost and found days	1) # of lost and found days advertised per year 2) % of missing items returned to resident/family member 3) # of resident council and family forum meetings where lost and found days discussed and feedback obtained 4) # of improvements made based on feedback	1) By December 31st, 2 lost and found days will have occurred 2) 25% of missing items will have been returned to residents and families by September 30, 2025 3) Feedback from resident councils and family forums will be obtained on the lost and found days by October 30, 2025.	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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	C	% / LTC home residents	Other / October 1 to December 31, 2024	3.90	2.00	Extendicare Benchmark	Solventum/3M, Wounds Canada

Change Ideas

Change Idea #1 Review team membership to ensure interdisciplinary. and that team ensures that all wounds and skin issues in previous month are reviewed during their meeting

Methods	Process measures	Target for process measure	Comments
1) Review current membership of Skin and Wound team 2) Recruit new members and ensure each discipline is represented 3) Standardized agenda and follow up by team on skin issues in home.	1) # of reviews completed on current membership 2) # of new members recruited by discipline 3) Standardized agenda developed which includes review of # pressure ulcers by stage on each unit on a monthly basis	1) Membership review of skin and wound committee will be completed by April 30,2025 2) Recruitment of new members will be completed by April 30,2025 3) Standardized agenda will be developed and in place by April 30, 2025	

Change Idea #2 Implement per unit tracking for all pressure ulcers to measure status and trends of pressure ulcers in the home.

Methods	Process measures	Target for process measure	Comments
1) Provide education for staff on tracking tool on each unit. 2) Implement tracking tool on each unit and shift 3) Wound care lead to collect tools and do analysis for trends	1) # of education sessions held for Registered staff on tracking tools 2) # of tracking tools completed monthly 3) # of tracking tools that were reviewed on a monthly basis for trends	1) 100% of Registered staff will have attended education sessions on tracking tool by July 30, 2025 2) Tracking tools will be correctly completed on a monthly basis by August 30, 2025 3) Process for review, analysis and follow up of trends from tools will be 100% in place by August 30, 2025	

Measure - Dimension: Effective

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents in daily physical restraints over the last 7 days	C	% / LTC home residents	In-house survey / October 1 to December 31, 2024	0.00	0.00	Maintain 0 restraints and continue to perform better than Extendicare Benchmark 2%	Achieva

Change Ideas

Change Idea #1 Trial alternatives to each restraint in use (change in environments, sensory rooms)

Methods	Process measures	Target for process measure	Comments
1). Discuss alternatives and options with interdiciplinary team and frontline care staff. 2). Review alternatives trialed during each monthly restraint use review.	1.) # of Alternatives trialed per month 2.) # of reviews completed	1.) 100% of the restraints in the home have had alternatives trialed and documented by December 31, 2025	

Measure - Dimension: Safe

Indicator #6	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	15.61	15.00	Extendicare Benchmark	Achieva

Change Ideas

Change Idea #1 Implement 4 P's (Pain, Position, Personal Possessions, Potty) Rounding

Methods	Process measures	Target for process measure	Comments
1) Educate staff on 4P's process 2) Provide 4P's cards to staff as reminder 3) Inform resident council and family council what 4P process is.	1) # of staff educated on the 4P's process 2) # of 4P cards provided 3) Resident council and family council informed of process	1) 100% of front-line staff will be educated on 4P process by June 30, 2025, and ongoing for new hires. 2) 4P cards will be distributed to staff by June 30, 202,5 and ongoing for new hires. 3) Resident council and Family council will be informed of process by July 30, 2025	

Change Idea #2 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 30, 2025 and ongoing 2) Care plans for high risk residents will be reviewed and updated by April 30, 2025, and ongoing. 3) Changes in plans of care will be communicated to staff by April 30, 2025, and ongoing.	

Measure - Dimension: Safe

Indicator #7	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	25.81	17.30	Extendicare Benchmark	Medisystem, Behavioural Supports, GPA

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 July 30, 2025, and ongoing. 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by July 30, 2025, and ongoing.	

Change Idea #2 Enhance collaboration with Behavioral Supports Ontario (BSO) Lead and interdisciplinary team.

Methods	Process measures	Target for process measure	Comments
1. Recruit and Retain BSO Lead 2. Invite BSO lead to PAC meeting, or other interdisciplinary meetings for increased visibility 3. Remind staff to refer to BSO for supports	1. Aim to fill BSO position by April 30, 2025. 2. # of interdisciplinary meetings BSO invited to attend. 3. 3. # of monthly referrals to BSO	1.) BSO will have increased collaboration and visibility in home by July 30, 2025	