Experience | Patient-centred | Custom Indicator

Indicator #9

Resident Satisfaction - Would Recommend (Forest Heights)

Last Year		This Year		
70.00	**75**	**56.30**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Engage in regular discussions with residents related to their satisfaction

Process measure

- Improve survey results in 2024

Target for process measure

- Increase 2024 results by 5% from 70% to 75%

Lessons Learned

Survey results did not improve. Many changes in the home may have affected results due to a change in staffing. Feedback is welcomed from residents during Residents council. A suggestion box is also available for residents' input which has had some success.

Indicator #3

Family Satisfaction - Would Recommend (Forest Heights)

Last Year		This Year		
60.30	**85**	**58.90**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

During family council, explain how valued their feedback is related to all departments of their loved ones care

Process measure

- A family newsletter will be distributed with updates from all departments monthly

Target for process measure

- The goal is to increase the survey result by 5% during the 2024 survey.

Lessons Learned

The family newsletter was not distributed monthly, more sporadic throughout the year which was one of our challenges. Moving forward we have communicated to families that the newsletter will be sent out on the 2nd Friday of every month on a regular schedule. The suggestions box was somewhat successful but will continue to urge families to utilize it. We also had challenges seeking feedback during Family council meetings but will now add it to the standing agenda to ensure more input is collected.

	Last Year		This Year		
Indicator #10 The resident has input into the recreational programs available (Forest Heights)	**32.50** Performance (2024/25)	**37.50** Target (2024/25)	**38.10** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

All families will be called by the recreation department with a script developed for those that have access to the family portal and for those that do not have access to the portal to encourage feedback related to their input into recreations programs available.

Process measure

- Increase percentages on the annual survey

Target for process measure

- Increase the 2024 survey score by 5% to 37.5% through continued , ongoing feedback

Lessons Learned

The script developed was successful in increasing this score.
A "subcommittee" will be created for direct input from residents for programming in an effort to implement their ideas into the monthly schedules. We will continue to work on this in 2025.

Indicator #6	Last Year		This Year		
	39.90	**44.60**	**NA**	**--**	**NA**
I have the opportunity to provide input on food and beverage options. (Forest Heights)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Communicate with families during family council and through the newsletter about implementing a suggestion box and encouraging them to use it

Process measure

- Increase percentages for the 2024 survey

Target for process measure

- Through ongoing feedback, increase the 2024 score by 5% to 44.6%

Lessons Learned

Newsletter was not implemented as intended. A communication box was implemented, suggestions implemented when possible and communicated on communication board. The family newsletter was not distributed monthly, more sporadic throughout the year which was one of our challenges. Moving forward we have communicated to families that the newsletter will be sent out on the 2nd Friday of every month on a regular schedule. The suggestions box was somewhat successful but will continue to urge families to utilize it. We also had challenges seeking feedback during Family council meetings but will now add it to the standing agenda to ensure more input is collected.

Comment

The survey was changed in 2024 based on feedback from residents and families. As a result, this question was not included so we are unable to compare data with previous results.

Indicator #5

I am updated regularly about changes in my home 59.1% (Forest Heights)

Last Year		This Year		
59.10	**64.10**	**59.10**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Communicate changes with staff during daily huddles, PCC dashboard, email all staff to enable staff to relay changes to residents when an inquiry is made.

Process measure

- increase scores for 2024 surey

Target for process measure

- Increase score 5% in 2024 from 59.1% to 64.1%

Lessons Learned

Ideas were implemented and staff, families and residents had more avenues to find information. We were not successful in meeting the target. Staff are provided with huddles in the staff room now and will also be emailed the daily huddle in order to read when they are available. We continue to communicate and try to improve this area.

Indicator #4

I am satisfied with the food and beverages served to me (Forest Heights)

Last Year		This Year		
60.40	**65.40**	**58.90**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Engage in conversations with residents and collaborate with residents during resident council and the resident food council meetings

Process measure

- Improve survey results in 2024

Target for process measure

- Increase survey result 5% in 2024 from 60.4 % to 65.4 %

Lessons Learned

Conversations were had during both meetings but were not reflective in the outcome of the 2024 survey. We were not successful. This will be added as a standing agenda for family council. Residents are still choosing a meal monthly.

Safety | Safe | Custom Indicator

Indicator #1

% of LTC Residents with restraints (Forest Heights)

Last Year		This Year		
1.90	**2.50**	**1.20**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Ensure alternatives trialed prior to restraint use

Process measure

- Reduce restraint use in 2024

Target for process measure

- Continue with restraint reduction strategies and reduce usage by 1% in 2024

Lessons Learned

All requests for restraints are reviewed by a multidisciplinary team. We were successful in meeting the target throughout the year and did not meet any additional challenges.

Indicator #2

% of LTC residents with worsened ulcers stages 2-4 (Forest Heights)

Last Year		This Year		
1.90	**2**	**0.60**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Work in partnership with our vendors to enhance our assessment process and ensure correct product selection to promote healing

Process measure

- improve % in 2024

Target for process measure

- Improve by 1% in 2024

Lessons Learned

Collaboration to ensure the best product in place when not seeing the expected progress. The target was met. Frequent education throughout the year was successful through various forms such as huddles and care team meetings.

Safety | Safe | Optional Indicator

Indicator #7

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

Last Year		This Year		
11.59	7	14.24	-22.86%	12.24
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Ongoing interdisciplinary team huddle for falls to determine the root cause of the fall.

Process measure

- Improve QI % in 2024, remain under corporate target

Target for process measure

- Reduce falls by 2%

Lessons Learned

Team meetings continue to occur and were effective in reducing falls and getting to the root cause of the falls. Increased communication for new admissions and residents in isolation that may be at a greater risk for falls. Focus on completion of environmental scans. We will continue to focus on this indicator in 2025 workplan.

Comment

Increased communication for new admissions and residents in isolation that may be at a greater risk for falls. Focus on completion of environmental scans in 2025.

	Last Year		This Year		
Indicator #8	**9.07**	**8**	**14.63**	**-61.30%**	**12.63**
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Forest Heights)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Collaborate with pharmacy and physicians regularly to safely reduce the use of antipsychotics.

Process measure

- Residents that trigger the QI monthly will be reviewed with the team

Target for process measure

- Continue to monitor progress of the change idea

Lessons Learned

ongoing, completed the last quarter under target. BSO team continues to meet with the physicians and pharmacists. Review of medications to ensure an appropriate diagnosis is in place. We plan to increase GPA education for ALL staff in 2025.

Comment

Review of medications to ensure an appropriate diagnosis is in place. Increase GPA education for ALL staff for 2025 workplan.

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the schedule of religious and spiritual care programs	C	% / Residents	In-house survey / Sept 2024- Oct 2025	41.70	50.00	team set goal that we feel is achievable for 2025.	

Change Ideas

Change Idea #1 Increase frequency of 1:1 chaplain visits.

Methods	Process measures	Target for process measure	Comments
Review residents in home and spiritual and religious needs 2) Determine hours and develop weekly schedule for 1:1 visits 3) Track completion of 1:1 visits weekly	A review of all residents spiritual and religious needs. 8 1:1 visits will be scheduled weekly.	By May 30, 2025 there will be a full review of each resident's spiritual and religious needs completed. By June 30, 2025 a weekly schedule for 1:1 visits will be 100% completed with 8 1:1 visits completed weekly. By September 30, 2025 all residents who have designated they wish to have a 1:1 visit by Chaplain will have had one completed at least 1 time.	Ongoing feedback from residents with services being provided

Change Idea #2 Create inclusive and respectful offerings with structured programs run by Program team members

Methods	Process measures	Target for process measure	Comments
1) Review existing offerings and resident faith/cultures 2) Include programs such as interfaith discussions, Christian prayer circles, mediation for Buddhists, etc. that meet said needs 3) Implement regular and structured practices such as group prayer, rosary, hymn sings, etc. to meet said needs 4) utilize Peace Garden	1) # of religions and cultures represented in home 2) % of programs that support all 3) # of new programs implemented to target gaps	1) Review and assess spiritual care needs of all residents by June 30, 2025 2) Identify at minimum 2 programs to increase for spiritual care offerings by October 30, 2025	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have input into the recreation programs available	C	% / Residents	In-house survey / Sept 2024 - Oct 2025	42.70	50.00	Team set goal for continued improvement that is achievable for 2025.	

Change Ideas

Change Idea #1 A "subcommittee" will be created for direct input from residents for programming in an effort to implement their ideas into the monthly schedules

Methods	Process measures	Target for process measure	Comments
1) Meet with the residents monthly to discuss activity programs 2) Gather suggestions for programs and add 2 resident ideas to the programming calendar for the following month 3) Add the scheduled program of choice into the minutes 4) Track attendance at scheduled programs	# of meetings held with residents # of ideas incorporated into calendar monthly # of program ideas received # of program choices added to minutes and # of residents who attended the resident choice programs monthly	By May 30, 2025 there will be a meeting scheduled each month with residents to discuss activity programs. There will be at least 2 suggestions each month for new programs which are incorporated into the schedule beginning June 2025. There will be an increase of attendance at the resident choice programs by 10% by September 30, 2025.	Continued monitoring of change idea

Change Idea #2 Increase staffing to 1 team member/unit

Methods	Process measures	Target for process measure	Comments
1) Review existing schedules 2) Identify gaps in days, evenings, and weekend programming 3) Develop scheduled that compliment and address noted gaps 4) increase staffing in home	1) Increased # of programs/week/month/quarter/year 2) # of program staff vacancies	Review of existing programs and schedules will be 100% completed by May 2025. Increase number of programs by 2% by June 30, 2025 Fill 50% of identified program vacancies by June 30, 2025 and 100% by September 30 2025	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the food and beverages served to me	C	% / Residents	In-house survey / Sept 2024- Oct 2025	45.60	60.00	team set goal for continued improvement that we feel is achievable for 2025.	

Change Ideas

Change Idea #1 Residents choice will occur once every 3 weeks.

Methods	Process measures	Target for process measure	Comments
1)Options will be discussed at resident council meetings monthly and documented.2) Report back the following month as to the success of the previous month's choices	# of times options were discussed at resident council meetings and documents. # of times follow up the following month occurred	Ongoing feedback from residents with services being provided to increase the score in 2025 to 60%. Options will be discussed on an ongoing basis at resident council meetings monthly beginning in May 2025 and report back will occur at the next month's meeting for 2025 year.	Continued monitoring of change idea

Change Idea #2 Menu is adjusted to seasonal availability

Methods	Process measures	Target for process measure	Comments
1) Monitor seasonal availability of fruits and vegetables and incorporate where possible 2) Ensure Residents are aware of fresh fruits and vegetables being utilized. Items will be discussed at the monthly Resident Food Council meeting	1)# of Seasonal foods to be incorporated in each menu cycle 2) Advertisement of seasonal fruits / vegetables and seasonally appropriate menu items incorporated and communicated to residents	Ongoing feedback from residents with services being provided to increase the score in 2025 to 60% by October 2025 . There will be at least 2 seasonal food incorporated into each menu cycle starting May 2025	Continued monitoring of change idea

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	14.24	12.24	continue to improve and maintain results better than corporate target 15%	Achieva, Behavioural Supports

Change Ideas

Change Idea #1	Increased communication during shift report for newly admitted residents and during outbreaks for residents that are an increased risk for falls during those situations		
Methods	Process measures	Target for process measure	Comments
1) Remind staff about increased risk of falls when in outbreaks and during admission period. 2) Registered staff to communicate list of residents on isolation and/or new admissions during each shift report to oncoming staff 3) Residents identified as being at increased risk of falls d/t isolation or new admission will have enhanced monitoring by all staff for two week period. 4) Enhanced monitoring and plan of care updated	1) # of staff receiving reminders for resident fall risk 2) # of shift reports where registered staff communicated list of high risk residents, buddy up list 3) # of residents on enhanced monitoring per shift 4) # of residents who had enhanced monitoring entered and plan of care updated.	Process for shift report and communicating fall risks will be 100% in place by September 2025 and will occur on all three shifts. 100% of residents who require enhanced monitoring will have this fully in place by June 30, 2025. Plans of care for 100% of residents who require enhanced monitoring will be completed by June 30, 2025	Continued monitoring of change idea

Change Idea #2 Education for staff on environmental risk assessment for residents at risk of falls.

Methods	Process measures	Target for process measure	Comments
1) Educate staff on how to do environmental risk assessment 2) Track education 3) Audit post education and correct any identified deficiencies.	1) # of staff education sessions completed on environmental risk assessment 2) # of environmental risk assessments completed monthly 3) # of identified deficiencies corrected monthly	1) Staff education on completing an environmental risk assessment will be completed for 100% of staff by September 2025 2) By December 2025 there will be a reduction of at least 25% in identified deficiencies during monthly environmental audits.	Continued monitoring of change idea

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	14.63	12.63	Continue to improve and maintain results better than corporate target 17.3%	Medisystem, Behavioural Supports

Change Ideas

Change Idea #1 Systematic review of residents on antipsychotic medications			
Methods	Process measures	Target for process measure	Comments
1) Complete review of all residents who are prescribed antipsychotic medications 2) Complete Cohens Mansfield assessments and provide data to physicians for those residents on antipsychotics. 3) Meet with pharmacy consultant and physician q month to review medications that can be deprescribed	# of reviews completed for residents on antipsychotic medications # of Cohens Mansfield assessments completed and data provided to physician # of meetings with pharmacy consultant and physician monthly to review medications to deprescribe	100% of residents on antipsychotics without a diagnosis will be reviewed by December 2025. Cohen Mansfield assessments will be completed for 100% of residents prescribed antipsychotics and data provided to physicians by September 2025. There will be at least 6 meetings by December 2025 with pharmacy consultant and physician to discuss deprescribing.	Continued monitoring of change idea

Change Idea #2 'GPA education for training for responsive behaviours related to dementia.			
Methods	Process measures	Target for process measure	Comments
1). Engage with Certified GPA Coaches to roll-out home-level education 2). Contact Regional Manager, LTC Consultant or Manager of Behaviour Services & Dementia Care for support as needed. 3). Register participants for education sessions	1). # of GPA sessions provided 2). # of staff participating in education 3). # of referrals to Regional Managers, LTC Consultants or Manager of Behaviour Services & Dementia Care. 4.) Feedback from participants in the usefulness of action items developed to support resident care.	1.) GPA sessions will be provided for 10 % staff by April 30/25 2.) Feedback from participants in the session will be reviewed and actioned on by May 31, 2024	Continued monitoring of change idea

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percent of Residents with Worsened Pressure Injury	C	% / Residents	Other / Oct-Dec 2024	0.60	0.50	team set goal as we continue to strive for improvement	Solventum/3M, Wounds Canada

Change Ideas

Change Idea #1 Mandatory education for all staff for early detection of pressure ulcers

Methods	Process measures	Target for process measure	Comments
1) Add wound staging to all staff education. 2) Evaluation following education for competency by auditing	# of education sessions where wound staging was added # of staff who completed education # of audits post education completed	100% staff will have completed education on correct wound staging by September 2025 Audits post education for competency will be completed by December 2025 with a 25% improvement in compliance.	Continued monitoring of change idea

Change Idea #2 Turning and repositioning re-education

Methods	Process measures	Target for process measure	Comments
1) Educate PSW staff on the importance of turning and repositioning to off load pressure 2) Night staff to audit high risk residents that require turning and repositioning 3) Review audit results during the Skin and Wound committee meetings for trends	# of staff that have been educated # of audits completed monthly by nights staff # of audit reviews monthly by skin and wound committee for trends	1) 100% of PSW Staff will have been educated on turning and repositioning by June 30, 2025 2) Night staff audits for high-risk residents will begin August 1, 2025 for 4 weeks. 3) Audit results will be reviewed at skin and wound committee meeting September for trends and then decide if further action is required.	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percent of residents with Restraints	C	% / Residents	Other / Power BI (PCC, Momentum data) for Oct-Dec 2024	1.20	0.00	team set goal to get to 0 restraints.	Achieva

Change Ideas

Change Idea #1 Provide information to families and residents on Least Restraint for admissions and readmissions. Also any new requests

Methods	Process measures	Target for process measure	Comments
1.) Provide Restraint brochure in admission packages for new admissions. 2). Meet with Resident and family councils to provide education on Least Restraint and risks associated with restraint use.	1) # of staff education sessions completed on environmental risk assessment 2) # of environmental risk assessments completed monthly 3) # of identified deficiencies corrected monthly	1) Staff education on completing an environmental risk assessment will be completed for 100% of staff by December 2025	Continued monitoring of change idea

Change Idea #2 Provide resource for staff to use when discussing restraints with residents and families.

Methods	Process measures	Target for process measure	Comments
1.) FAQ document to assist with discussing restraints posted on quality board	1.) # of times FAQ was utilized monthly 2). # of sessions held to communicate with staff that FAQ was available as resource.	1. FAQ resource will be 100% in place by April 30, 2025 2). 100% of staff will be aware of new resource by May 30, 2025	Continued monitoring of change idea