

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

	Last Year		This Year		
Indicator #7	88.50	90	93.30	--	NA
% of residents who would recommend Burloak Long Term Care (Burloak)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Physical home improvements and upgrades including: electrical, air conditioning, Dining Room serveries, Spas and painting.

Process measure

- Improvement on the resident satisfaction survey in the # of residents who would recommend Burloak Long-Term Care on next survey.

Target for process measure

- We are aiming to increase the satisfaction with the physical home by 20% by September 30, 2024 through continued engagement with Resident Council to promote and share ideas to promote residents who would recommend Burloak Long Term Care.

Lessons Learned

Enhanced electrical framework to support resident a/c units, spa upgrades including tile, and RHA painting.
Joint venture between staff, residents and families to beautify and enhance garden spaces.

Change Idea #2 Implemented Not Implemented

Ongoing Residents' Council participation in Quality Council.

Process measure

- Improvement on the resident satisfaction survey in the # of residents who would recommend Burloak Long-Term Care on next survey.

Target for process measure

- Aiming to increase the overall resident satisfaction by 20% by September 30, 2024 by continued engagement with Resident Council and Resident Quality initiatives by the the quality of care provided and the quality of care offered by the doctors.

Lessons Learned

Residents' Council President and Treasurer attend Quality Council meetings and participated in quality initiatives in the home such as, choosing colours for new furniture in common areas and wall murals for RHA Living Rooms.

Comment

Brant House (secure dementia-care RHA) underwent significant renovation including removal of carpet in hallways and common areas, creating a more visually appealing and bright space.

	Last Year		This Year		
Indicator #1	79.60	80	89.00	--	NA
% of family who would recommend Burloak Long Term Care (Burloak)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Physical home improvements and upgrades including: electrical, air conditioning, Dining Room serveries, Spas and painting.

Process measure

- Number of families satisfied with quality of care will improve by next survey.

Target for process measure

- We aim to increase families satisfaction by 20% with family who would recommend Burloak Long-Term Care as the choice of residence for their loved ones from now until October 31, 2024 by an making physical improvements in the home.

Lessons Learned

87.2% - This was an improvement over last year's 75%. The home purchased new therapeutic centres, beds, sofas, the removal of carpets and replaced with the installation of vinyl flooring. The Home continues to work in collaboration with Extencicare assets department to improve the appearance of the home.

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

Ongoing Family Council participation in Quality Council.

Process measure

- Improvement on the family satisfaction survey in the # of families who would recommend Burloak Long-Term on next survey.

Target for process measure

- We aim to increase who would recommend Burloak Long-Term Care from now until October 31, 2024 by reporting they are satisfied with the quality of care from doctors on the next survey.

Lessons Learned

89% -The Home continues to work in collaboration with family council with a resident centered approach, meeting on a quarterly basis and reviewing the results of our quality indicators and get their perspective and input. This was an improvement over last year's 79.6%.

Comment

In 2024, the home saw an increase in the number of families who would recommend Burloak. In 2024 = 89%, in 2023 = 79.6%.

Indicator #5	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
% of residents satisfied with the variety of spiritual care services. (Burloak)	41.70	75	78.90	--	NA

Change Idea #1 Implemented Not Implemented

Recreation Manager to actively recruit new Chaplain and foster relationships with community faith partners. Encourage and support residents and families to connect with their community faith based organizations.

Process measure

- Number of residents who are satisfied with spiritual care services will improve by next survey.

Target for process measure

- We aiming to increase the number of residents satisfied by 20% with the variety of spiritual care programs by May 30, 2024 by increasing satisfaction with the spiritual care services offered.

Lessons Learned

(+40% 2023)
 Chaplain joined team April 2024, resurrecting weekly church services and pastoral care.
 Successful recruitment and building of community pastoral team that supports weekly church services.
 Forged relationship with specific denominations (Catholic Parish) to offer residents communion.

Comment

Active participation with the Palliative Care team, supporting team, residents and families, at end-of-life. Chaplain leads annual Memorial Service.

Indicator #6	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
% of residents who reported "If I need help right away, I can get it." (Burloak)	61.50	75	90.70	--	NA

Change Idea #1 Implemented Not Implemented

Staff recruitment and retention initiatives including corporate and Ministry of Long-Term Care sponsored.

Process measure

- Number of residents reporting improved care and assistance by next survey.

Target for process measure

- Aiming to reduce Agency care partner usage by 30% and increase by 20% the number of residents reporting satisfaction in continuity of care by filling staff vacancies and residents satisfied with continuity of care by June 30, 2024

Lessons Learned

(+80.8% 2023)
 Successful recruitment, onboarding and retention of staff, including PSAs, PSWs, RPNs and RNs.
 Partnership with schools and Colleges as well as incentive programs for recruitment.

Comment

Partnered with staff and union partners to implement enhanced staffing plan in October 2024, creating increased full-time opportunities and consistent staffing.

Indicator #4	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
% of residents satisfied with the variety of food and beverage options. (Burloak)	55.80	75	80.00	--	NA

Change Idea #1 Implemented Not Implemented

Dietary Manager will collaborate with Residents' Council and Food Council to obtain input and seek opportunities to increase variety.

Process measure

- Number of residents satisfied with the variety of food and beverage options will improve by next survey.

Target for process measure

- We aim to increase families satisfaction by 20% for families who would recommend Burloak Long-Term Care as the one choice from now until October 31, 2024 by continued engagement with Food and Resident Council.

Lessons Learned

(+73.1%)

Continued participation and engagement between Food Service Manager and Residents' Council, including menu input and adjustments. this was beneficial and we were able to improve.

Comment

Collaborative events that included Fine Dining for residents and families were well received and successful.

Indicator #12	Last Year		This Year		
	The care residents receive is improving. (Burloak)	57.00 Performance (2024/25)	85 Target (2024/25)	97.70 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

To improve residents care by reviewing goals of care upon move in, care conferences and as needed.

Process measure

- Number of families responding favourably to improving resident care will increase by the next survey.

Target for process measure

- We aim to increase the percentage of 'satisfied with the care residents receive is improving' by ED developing questionnaire at the end of each care conference as a guide for improvement by April 30, 2024

Lessons Learned

The implementation of a Care Conference Survey sent to residents/families ahead of Annual and Admission Care Conferences supported a meaningful and focused discussion of current needs, identified areas for attention and goals of care.

Comment

High rate of participation and favourable feedback from residents and families, appreciating the opportunity to have meaningful input and participation.

Indicator #8 I am satisfied with the quality of maintenance of the physical building and outdoor spaces. (Burloak)	Last Year		This Year		
	66.70	85	79.60	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Physical home improvements and upgrades including: electrical, air conditioning, Dining Room serveries, Spas and painting.

Process measure

- Number of satisfied families with maintenance of the physical building and space in next survey

Target for process measure

- We are aiming to increase the percentage of families satisfied with the quality of maintenance of the physical building and outdoor space by October 31, 2024 by physical improvement to the home.

Lessons Learned

(+66.7)

Enhanced electrical framework to support resident a/c units, spa upgrades including tile, and RHA painting.
Joint venture between staff, residents and families to beautify and enhance garden spaces.

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

Ongoing Family Council participation in Resident Quality Council.

Process measure

- Number of satisfied families with maintenance of the physical building and space will improve in next survey.

Target for process measure

- We aim to increase the overall family satisfaction by 20% of families who would recommend the home by October 31, 2024 by the recreation team developing outdoor friends and family events.

Lessons Learned

Family Council Chair and/or Co-Chair attend and participate in Quality Council meetings and participated in quality initiatives in the home such as, choosing colours for new furniture in common areas and representing home on REACH Committee.

Comment

Brant House (secure dementia-care RHA) underwent significant renovation including removal of carpet in hallways and common areas, creating a more visually appealing and bright space.

Indicator #9	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Laundry Services are improving (Burloak)	45.60	85	77.50	--	NA

Change Idea #1 Implemented Not Implemented

ESM to review for improvement in laundry aide hours of operation and the accessibility of supplies

Process measure

- Number of satisfied families with laundry services will improve in next survey.

Target for process measure

- We aim to increase family satisfaction with 'overall I am satisfied with laundry, cleaning and maintenance services' through increase audits and satisfied families by October 31, 2024.

Lessons Learned

(+66.5%)

Laundry Aide hours were adjusted to support department needs and ensure timely delivery of resident laundry and linens. This was beneficial and helped us improve in laundry.

Comment

Leadership Team conducted regular audits of supplies including bed linens and towels to ensure adequate supply and timely access. We were able to successfully improve this indicator although we did not meet our target. Improvements will continue.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #2	5.40	2.50	2.10	--	NA
% of LTC residents with restraints. (Burloak)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Review current restraints and determine plan for trialing alternatives to restraints.

Process measure

- Decrease in the number of residents on restraints.

Target for process measure

- We are aiming to reduce 30% of restraints through review of resident restraints and trialing alternatives to restraints by December 31, 2024.

Lessons Learned

2024 = 2.1%, 2023 = 1.5%

There was an increase in the number of restraints from the previous year due to bedrails with Genadyn mattress. All Genadyn mattresses have since been replaced

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

Re-educate staff on restraint policy and use of alternatives to restraints

Process measure

- Decrease in the number of resident restraints.

Target for process measure

- We are aiming to reduce the number of restraints by 100% of staff education/reeducation on restraint policy and alternatives to restraints by December 31, 2024

Lessons Learned

2024 = 2.1%, 2023 = 1.5%

There was an increase in the number of restraints from the previous year due to bedrails with Genadyn mattress. Annual staff education and any changes in gap identified.

Change Idea #3 **Implemented** **Not Implemented**

Ongoing education to residents and families upon move in and as needed.

Process measure

- Decrease in the number of residents with restraints after providing health education to residents and families.

Target for process measure

- We are aiming to educate 100% of new residents and/or families regarding restraints including the Least Restraint Policy and alternatives to restraints by September 30, 2024.

Lessons Learned

There was an increase in restraints use in the home in 2024 due to an increase in Family request despite education provided to them on restraints and entrapment risk. Re education has been provided and alternate measures are now in place.

2024 - 2.1%, 2023 = 1.5%

Change Idea #4 **Implemented** **Not Implemented**

Offer alternative interventions such as recreation, medication review, physiotherapy and staff engagement to keep residents engaged.

Process measure

- Increase in the number of recreation programs or engagement interventions as an alternative to restraints.

Target for process measure

- We are aiming to reduce restraints to meet target by providing recreational activities, staff engagement for keeping residents engaged, and medication reviews by November 30, 2024.

Lessons Learned

In 2024 there was an enhance of increasing staff compliment across the home. Recreation program and activities were being offered from 0800 to 2000 times 7 days per week. This is a change from 0830- to 1700.

The Interdisciplinary team identified residents for antipsychotic reduction program, working in collaboration with pharmacist, the care community including external resources. This will be improve in management of antipsychotic usage.

Comment

Even though the there was a slight increase in the number of restraints in 2024 at 2.1%, the home is still below the corporate benchmark of 2.5%. Home was not able to meet the target due to high turnover of the resident population and family requesting bed rails. We will continue to focus on this in 2025.

	Last Year		This Year		
Indicator #3	5.80	2	3.50	--	NA
% of LTC residents with worsened ulcers stages 2-4 (Burloak)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

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

Process measure

- Increase in the number of surface assessments for high risk residents.

Target for process measure

- We are aiming to reduce the number of residents with worsened pressure ulcers by December 31, 2024 through review of the current bed system/surfaces for residents with PURS score 3 or greater by June 30, 2024.

Lessons Learned

All residents have a therapeutic surface. This did help us improve and in our preventative strategy.

Change Idea #2 Implemented Not Implemented

Education on early identification and wound staging to the care community

Process measure

- Increase the number of registered staff trained on early identification & wound staging.

Target for process measure

- We are aiming to educate 100% of our staff and community partners on the early identification and wound staging by August 30, 2024.

Lessons Learned

All new staff trained upon orientation on early identification and preventative interventions. All clinical staff trained on RISE Solventum program

Annual staff education on continence program (Prevail)

New introduction of skin & wound community of practice through Extendicare Inc has also enhanced the knowledge and understanding around the program.

Change Idea #3 Implemented Not Implemented

Review the high-risk residents and the treatment on weekly basis.

Process measure

- Decrease the number of residents with worsening ulcers staged 2-4.

Target for process measure

- We are aiming to review 100% of residents with wound care treatment and monitor effectiveness by August 31, 2024.

Lessons Learned

2023 = 4.4%

2024 = 3.5%

Weekly skin and wound rounds continue within the home to ensure timely assessments, re-assessments and treatments of high-risk residents. This was completed last year as well and was effective. Plan is to continue to ensure compliance in this area.

Change Idea #4 **Implemented** **Not Implemented**

Front line staff will monitor the continence care and the team will increase with education regarding the effect of continence care on skin & wound.

Process measure

- Decrease the number of residents with worsening ulcers staged 2-4.

Target for process measure

- We are aiming to reduce worsening pressure ulcers by December 31, 2024 by doing frequent huddles on the units and care team about the importance of proper continent product.

Lessons Learned

Staff education around continence care was effective. Training ongoing.

Comment

In 2024 the home has seen consistent improvement in skin & wound program with continuous interdisciplinary approach, including external resources and stake holders. Home was able to meet the target by focusing on preventative measures, providing continuous education to the staff, completing frequent audits, and monitoring the high risk residents. We will continue to focus on improvement in this indicator in 2025.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #10	13.11	13	13.68	-4.35%	12.50
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Burloak)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Continue to promote the falls program throughout the home, focusing on educating staff on residents at high risk for falls.

Process measure

- Reduction in the # of falls on the CIHI falls in the last 30 days indicator.

Target for process measure

- We aim to reduce the number of falls by 20% by December 31, 2024 by reviewing activity needs/preferences weekly and the # of activity programs that occur during change of shift in afternoon weekly.

Lessons Learned

Falls team continue to with bi-weekly interdisciplinary fall meetings/huddles on resident home areas to review the effectiveness of current interventions and any alternatives to be added to care plan.

Change Idea #2 Implemented Not Implemented

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

Process measure

- Increase in the # of environmental scans completed post fall.

Target for process measure

- We are aiming to reduce risk up to 30% by conducting environmental risk assessments of resident spaces to identify fall risk by June 30, 2024

Lessons Learned

Environmental scans are completed at every move-in, return from hospital and as needed.

Change Idea #3 Implemented Not Implemented

Interdisciplinary fall rounds meetings will occur bi-weekly with staff on each home area.

Process measure

- Decrease in the number of resident falls.

Target for process measure

- We are aiming to increase staff involvement in falls meetings by 30%, by ensuring bi-weekly meetings are occurring and interdisciplinary attendance by December 31, 2024

Lessons Learned

Ongoing multidisciplinary meetings held bi-weekly in the residents home area to review high risk residents at high risk for fall.

Change Idea #4 Implemented Not Implemented

Implement program during busy times likes shift exchange to engage residents and prevent falls.

Process measure

- Increase in the number of recreation programs or interventions at heightened risk times such as shift change.

Target for process measure

- We are aiming to reduce the number of residents who fall during heighten risk times, i.e. change of shift, by increasing recreational activities by December 31, 2024

Lessons Learned

Increased in full-time recreation and dedicated staff members to further support and positively engage residents. This also strengthened therapeutic relationships developed with residents on all home areas.

Comment

Clinical leadership continue to work with interdisciplinary team to help reduce the number of falls. Home was not able to meet the target related to high turn around in the resident population. However, care team has been working with all the departments to ensure resident safety and providing all the universal fall prevention intervention as needed. We will continue to focus on this in 2025.

	Last Year		This Year		
Indicator #11	26.06	24	23.76	8.83%	17.30
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Burloak)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Burloak's responsive behavior team will work in collaboration with the pharmacist, RAI-coordinator, attending physician and care community, to review all residents use of antipsychotic without diagnosis.

Process measure

- Decrease in the number of residents receiving antipsychotic medication without a supporting diagnosis.

Target for process measure

- We are aiming to conduct a medication review on 30% of residents who are currently prescribed antipsychotics by October 31, 2024.

Lessons Learned

Medication review was completed for the resident triggering QI. Diagnosis was reviewed and updated as needed. Anti-psychotic reduction and deprescribing plan was initiated and successful.

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

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

Process measure

- Decrease in the number of residents receiving antipsychotic medications after providing health education to residents and families.

Target for process measure

- We are aiming to provide educational material to families and/or residents on antipsychotics and the importance of minimizing by September 30, 2024 during the move-in process and quarterly reviews.

Lessons Learned

Antipsychotic usage, side-effects and alternatives has been included as part of the admission process and reviewed during care conferences as needed.

Change Idea #3 **Implemented** **Not Implemented**

New antipsychotic reduction program implemented within the home.

Process measure

- Decrease in the number of residents without psychosis receiving antipsychotic medications.

Target for process measure

- We are aiming to reduce 40% percent of residents receiving antipsychotics without a diagnosis, through monthly updates and review of the antipsychotic reduction program DST tool by December 31, 2024

Lessons Learned

New tracking tool was introduced to keep track of actions implemented as part of the review process and is updated on the monthly basis.

Change Idea #4 Implemented Not Implemented

Burloak's responsive behavior team will involve external resources to assist in strategies for non-pharmacological interventions.

Process measure

- Increase in the number of non-pharmacological interventions in the de-escalation and management of responsive behaviours.

Target for process measure

- We are aiming to reduce 20% of antipsychotics usage by trialing non-pharmacological measures in partnership with external resources by September 31, 2024.

Lessons Learned

Burloak responsive behavior team has been working closely with Halton psychogeriatric region team, pain consultant, BSO and continue to meet monthly discussing non-pharmacological interventions and follow ups.

Comment

High rate of participation and feedback from residents and families, appreciating the opportunity to have awareness regarding anti-psychotic usage and side effects. Awareness among the registered staff regarding anti-psychotic usage.