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

(Columbia Forest)

#### **Last Year This Year** Indicator #3 **52.00** 62.10 NA NA I am updated regularly about changes in my home. Percentage Performance Target 52% for 2023 Performance Improvement Target (2024/25)(2024/25)No data from 2022 (2025/26)(2025/26)(2025/26)

# Change Idea #1 ☑ Implemented ☐ Not Implemented

Add information signs to the daily area on the home areas- announcements and about outbreaks/work being done in the home, Special events for staff and birthdays if the staff or resident feels comfortable with it.

#### **Process measure**

• This will be monitored and reviewed at resident council meetings to see if this is effective.

# Target for process measure

• This will be determined by satisfaction of the residents and outcome of the resident council meetings.

#### **Lessons Learned**

Success - Signage posted on resident home areas to update Residents on outbreaks, Resident programs, special events, and Resident birthday's

Challenges - Have not been successful in posting Staff birthdays.

#### Comment

This survey question was not included in the 2024 RSS. Management team members to attend RC on a rotation to provide Residents an opportunity to ask questions about certain programs.

(Columbia Forest)

	Last Year		This Year		
Indicator #2	36.10	57.60	55.30		NA
I am satisfied with the timing and schedule of Spiritual care	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
services.					
36.1% for 2023					
No data for 2022					

Change Idea #1 ☑ Implemented ☐ Not Implemented

To increase the amount of faith and spiritual activities

#### **Process measure**

• To implement new faith-based programs as requested by residents.

# Target for process measure

• Based on previous calendar events that were scheduled to current and the diversity of programs.

### **Lessons Learned**

Success- We grew our community resource base with our spiritual partners through youth groups and other spiritual volunteers.

Success- Catholic Mass is now held quarterly.

Success - Staff are offering spiritual based programs related to their skills and abilities - hymm sings, church services, celebration of life, poetry writing.

Challenge - Not having enough qualified staff on site to provide spiritual programming.

#### Comment

We are continuing to work on improving our spiritual programs in the home. We do utilize our community volunteers to help support the home in this area.

	Last Year		This Year		
Indicator #8  Resident Satisfaction - Would Recommend (Columbia Forest)	82.00	<b>75</b>	77.60		NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Work with Resident's Council to understand the feedback and priorities of the residents

#### **Process measure**

• Attendance and feedback action plan on lower performing questions

# Target for process measure

• 12 of 12 months discussing with Resident Council President By invitation to meeting twice, or preferably 3 of 4 quarters

### **Lessons Learned**

Challenge - Some Residents have a difficult time answering survey questions.

Challenge - Lack of attendance at Resident Council meetings.

### Comment

We are going to work on having more residents attend the monthly resident's council meeting.

	Last Year		This Year		
Indicator #1	77.00	85	80.80		NA
Family Satisfaction - Would Recommend (Columbia Forest)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Work with Family Council to understand the feedback and priorities of the families

#### **Process measure**

• Attendance and feedback action plan on lower performing questions

## Target for process measure

• 9 of 12 months discussing with Council President By invitation to meeting twice, or preferably 3 of 4 quarters

## **Lessons Learned**

Family Council was reestablished in July 2024 and continued to meet monthly with the exception of December. Guest speakers attended twice to educate family members on our palliative care program, as well as the recreation program.

Challenge - FC was not running for many years so forming the committee was a challenge. We now have committed members who attend meetings monthly.

#### Comment

We have a family email list that we use to communicate news to family members as needed. Information that is shared includes upcoming events, in house clinics, outbreak information, and changes in the home.

# Safety | Safe | Optional Indicator

Indicator #4

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

**Last Year** 

10.13

Performance (2024/25) 10

Target (2024/25) **This Year** 

**15.16** -49.65%

Performance

(2025/26)

Percentage Improvement (2025/26)

Target (2025/26)

**15** 

Change Idea #1 ☑ Implemented ☐ Not Implemented

lighting, supportive mobility devices

#### **Process measure**

• Decrease falls in residents will be determined by the number of fractures, ED visits.

## Target for process measure

• under 13% for the following year.

#### **Lessons Learned**

Success - falls prevention lighting was installed in residents rooms as required.

#### Comment

We have been successful in reducing falls and are currently under the benchmark. We will be providing education to staff on the 4 P's of falls prevention and working with the staff to ensure they are completing the post fall huddle as per policy.

14

(2025/26)

**Indicator #6** 

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

**Last Year** 

**15.47** 

Performance (2024/25) 18

Target (2024/25) **This Year** 

15.17

Performance

(2025/26)

1.94%

Percentage

Improvement

(2025/26)

Target

Change Idea #1 ☑ Implemented ☐ Not Implemented

recommendations to prescribers for safe reduction of antipsychotics, engaging Behavioral supports leads to work with team to support behavior management. Columbia forest uses an antipsychotic tools is utilized with RAI, Front line staff, registered nurses and clinical leads.

#### **Process measure**

• Through the methods listed.

# Target for process measure

• To keep under 7.5%

# **Lessons Learned**

Success - BSO lead completes BSO rounds with staff to review antipsychotic medication usage and reduction strategies.

Challenge - Physicians are sometimes reluctant to reduce medications if they are effective in managing symptoms.

#### Comment

This indicator is reviewed monthly at our KPI meetings. BSO rounds are completed weekly with our BSO team and interdisciplinary teams. Timely interventions are implemented and trialed based off team feedback.

# Safety | Safe | Custom Indicator

#### This Year **Last Year** Indicator #7 0.00 NA 0.00Percentage of residents with Percentage Performance **Target** restraints (Columbia Forest) Performance Improvement Target (2024/25)(2024/25)(2025/26)(2025/26)(2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

To maintain a restraint free home.

#### **Process measure**

· Monthly indicators and audits

# Target for process measure

• To maintain at zero percent.

## **Lessons Learned**

Success - No restraint use in the home.

#### Comment

We have been successful in maintaining a restraint free facility. Each resident is reviewed on admission and alternatives to restraints are implemented.

(2025/26)

(2025/26)

(2025/26)

# Safety | Safe | Custom Indicator

#### **This Year Last Year** Indicator #5 0.76 0.00NA Percentage of LTC residents with Percentage Performance Target worsened wounds stage 2-4 (Columbia Forest) Performance Improvement Target (2024/25)(2024/25)

Change Idea #1 ☐ Implemented ☑ Not Implemented

Education with families.

#### **Process measure**

• To review monthly the KPI's to ensure we are maintaining are goal.

## Target for process measure

• To maintain a restraint free home

#### **Lessons Learned**

Success - We have been successful in reducing our number of worsened wounds throughout the year.

Challenge - We were not successful in providing education to family members about wound prevention.

#### Comment

We continue to monitor this indicator closely during our monthly KPI meetings. Each resident is reviewed to determine the best possible interventions to improve wound healing.