

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

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	Last Year		This Year		
<b>Indicator #9</b>	<b>64.00</b>	<b>65</b>	<b>78.30</b>	<b>--</b>	<b>NA</b>
Resident satisfaction with variety of spiritual care services	Performance	Target	Performance	Percentage	Target
(Ridgeview)	(2024/25)	(2024/25)	(2025/26)	Improvement	(2025/26)
				(2025/26)	

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

Hiring a chaplain to provide spiritual services.

**Process measure**

- # of resumes reviewed until hire #of interviews conducted until hire

**Target for process measure**

- We are aiming to hire a chaplain by July 2024

**Lessons Learned**

Chaplain was hired and is well received by residents. this was positive and benefited the residents.

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

Incorporating residents feedback regarding the schedule for spiritual care services

**Process measure**

- # of residents who provided feedback # of feedback provided monthly # of changes made to the schedule monthly

**Target for process measure**

- We are aiming to have the schedules revised to incorporate resident feedback by July 2024

**Lessons Learned**

Resident were satisfied with the schedule for spiritual care services. Improvement was shown in this area.

**Comment**

Improvement of 14.3% noted in 2024. Chaplain has developed great rapport with residents and there has been a very positive response.

Indicator #8	Last Year		This Year		
Resident satisfaction with their goals and wishes being considered and incorporated into the care plan whenever possible. (Ridgeview)	<b>70.00</b> Performance (2024/25)	<b>70</b> Target (2024/25)	<b>72.50</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)	<b>NA</b> Target (2025/26)

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

Residents with a CPS score 0-3 who can participate in their care conference will attend it.

**Process measure**

- # of residents reviewed to attended care conference monthly

**Target for process measure**

- We are aiming to have residents attend their care conference by July 2024

**Lessons Learned**

Some resident declined to attend the care conference, but we will continue to promote attendance.

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

Incorporate resident goals and wishes into the care plan whenever possible

**Process measure**

- # of residents care plans reviewed monthly # of residents care plans updated to reflect residents goals and wishes monthly.

**Target for process measure**

- We are aiming to have residents care plans updated to reflect residents goals and wishes by July 2024

**Lessons Learned**

Input received from resident helped to guide their plan of care and this was positive and will continue going forward.

**Comment**

Slight improvement noted in 2024, residents were invited to participate in their care conferences which was positive although some preferred not to attend.

	Last Year		This Year		
<b>Indicator #3</b>	<b>50.00</b>	<b>51</b>	<b>77.30</b>	<b>--</b>	<b>NA</b>
Family Satisfaction with food and beverage options (Ridgeview)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Family members will have an opportunity to attend family council meetings

**Process measure**

- # of family members attending family council monthly # of feedback emails from family members received by culinary manager monthly

**Target for process measure**

- We are aiming to have family members provide feedback at resident council or contact Culinary Manager by July 2024

**Lessons Learned**

No feedback emails received from families.

**Change Idea #2**  Implemented  Not Implemented

Implement changes to the menu based on feedback received from family council

**Process measure**

- # of feedback reviewed via email and through resident council. # changes implemented based on family members feedback

**Target for process measure**

- We are aiming to implement menu changes based on feedback received by September 2024

**Lessons Learned**

No feedback was received from families.

New menu was implemented and was well received by residents and families

**Comment**

Improvement noted, new menu implemented in 2024 was well received by residents.

Indicator #4 Family satisfaction with the variety of spiritual care services (Ridgeview)	Last Year		This Year		
	<b>54.30</b> Performance (2024/25)	<b>59</b> Target (2024/25)	<b>81.00</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)	<b>NA</b> Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Increase the percentage of satisfaction the variety of spiritual care services

**Process measure**

- # of resumes reviewed until hire #of interviews conducted until hire

**Target for process measure**

- We are aiming to increase the satisfaction percentage of the variety of spiritual care services by hiring a chaplain by July 2024

**Lessons Learned**

A chaplain was hired and works well with residents, families and staff. this has been positive.

**Change Idea #2**  Implemented  Not Implemented

Provide educational material to families on current spiritual activities

**Process measure**

- # of families provided with newsletter monthly # of tour and admission packages provided with spiritual activities included monthly

**Target for process measure**

- We are aiming to mail newsletter containing information about spiritual activities provided educational material will to families on spiritual activities and by July 2024

**Lessons Learned**

Newsletter, tour and admission packages included spiritual activities and was well received

**Comment**

Improvement noted with the hiring of the chaplain in 2024.



	Last Year		This Year		
<b>Indicator #10</b>	<b>90.90</b>	<b>91</b>	<b>82.50</b>	<b>--</b>	<b>NA</b>
Resident would recommend this home to others (Ridgeview)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Resident would recommend this home to others

**Process measure**

- The number of residents who are satisfied with spiritual care services offered will increase.

**Target for process measure**

- We are aiming to increase the percentage of residents who would recommend this home from now until December 31, 2024, by increasing satisfaction with the spiritual care services provided.

**Lessons Learned**

Improvement noted with resident who were satisfied with spiritual care services. Chaplain well received.

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

Residents will recommend the home to others

**Process measure**

- The number of residents satisfied with their goals and wishes are considered and incorporated into the care plan whenever possible increase.

**Target for process measure**

- We are aiming to increase the percentage of residents who would recommend this home from now until December 31, 2024, by increasing satisfaction with goals and wishes are considered and incorporated into the care plan whenever possible.

**Lessons Learned**

Resident were invited to participate in their plan of care updates which was beneficial and helped to incorporate goals and wishes.

**Comment**

Decline noted in 2024 in the percentage of Resident would recommend this home to others but still above the corporate benchmark.

	Last Year		This Year		
<b>Indicator #5</b>	<b>93.20</b>	<b>94</b>	<b>94.60</b>	<b>--</b>	<b>NA</b>
Family would recommend this home to others (Ridgeview)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Increase the percentage of satisfaction with the food and beverage options

**Process measure**

- The number of families satisfied with the food and beverage options in the home will increase.

**Target for process measure**

- We are aiming to increase the percentage of families who would recommend this home from now until December 31, 2024, by increasing satisfaction with the food and beverage options.

**Lessons Learned**

New menu was well received and no concerns noted.

**Change Idea #2**  Implemented  Not Implemented

Increase the percentage of satisfaction with the spiritual care services provided.

**Process measure**

- The number of families satisfied with the spiritual care services provided in the home will increase.

**Target for process measure**

- We are aiming to increase the percentage of families who would recommend this home from now until December 31, 2024 by increasing the satisfaction with the spiritual care services provided.

**Lessons Learned**

New chaplain adjusted well into the role and there has been good feedback from this.

**Comment**

Slight improvement noted with 2024 family survey.

Safety | Safe | **Optional Indicator**

Indicator #6	Last Year		This Year		
	Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Ridgeview)	<b>12.33</b> Performance (2024/25)	<b>12</b> Target (2024/25)	<b>11.50</b> Performance (2025/26)	<b>6.73%</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Implement specific activity program at after dinner for residents who are high risk for falls.

**Process measure**

- # of residents reviewed for activity needs/preferences weekly # of activity programs that occur after dinner weekly.

**Target for process measure**

- We are aiming to implement specific activity program after dinner by June 2024.

**Lessons Learned**

High risk residents were engaged in activities and this was effective. will continue.

**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**

- # of environmental assessments completed monthly, # of identified deficiencies from assessments that were corrected monthly

**Target for process measure**

- We are aiming to complete environmental risk assessments of resident spaces to identify fall risk by June 2024.

**Lessons Learned**

Environmental scans completed as needed and will continue ongoing as it was effective.

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

Interdisciplinary fall rounds meetings will occur weekly with staff on the floor.

**Process measure**

- Number of falls meetings occurring monthly

**Target for process measure**

- We are aiming to increase staff involvement in falls meetings by 20%, from now to December 31, 2024 by ensuring weekly meetings are occurring

**Lessons Learned**

Fall interdisciplinary meetings well received and having on each floor was beneficial. this will continue.

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

Recreation providing programs after dinner.

**Process measure**

- Numbers of residents who have fallen after dinner.

**Target for process measure**

- We are aiming to reduce the number of residents who fall after dinner by 20% from now to December 31, 2024, by increasing the provision of recreational activities after dinner.

**Lessons Learned**

Improvement noted and programs will continue as implemented.

**Comment**

Improvement of 6.73% noted in 2024. Multidisciplinary team worked together.

Indicator #7	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Ridgeview)	16.48	16	15.11	8.31%	15

**Change Idea #1**  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**

- We aiming to complete medication reviews for all residents currently prescribed antipsychotics by July 2024.

**Lessons Learned**

Medication review for identified residents was completed and was effective. This process will continue.

**Change Idea #2**  Implemented  Not Implemented

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

**Process measure**

- # of families provided with best practice information on reducing antipsychotics monthly, # of tour and admission packages provided with antipsychotic reduction information included monthly

**Target for process measure**

- We are aiming to provide families and/or residents with educational material on reducing antipsychotics and on the importance of minimizing use by September 2024.

**Lessons Learned**

Newsletter sent to all families with information which was beneficial and helped to increase awareness.

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

New antipsychotic reduction program implemented within the home.

**Process measure**

- Number of residents receiving antipsychotics without a diagnosis as part of DST tool, Number of residents receiving antipsychotics with a diagnosis as part of DST tool, CIHI QI percent of residents receiving an antipsychotic without a diagnosis.

**Target for process measure**

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

**Lessons Learned**

Successfully discontinued antipsychotic medication for some residents. We continue to review and reduce antipsychotics as appropriate.

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

Staff to receive education on responsive behaviours and education geared towards individual resident responsive behaviours

**Process measure**

- The number of education sessions held monthly.



**Target for process measure**

- We are aiming to reduce the number of residents receiving antipsychotics from now until December 31, 2024 by providing additional education opportunities for staff.

**Lessons Learned**

GPA training well received by staff and helped to inform them about caring for those with responsive behaviors and person-centered care.

**Comment**

Improvement of 8.31% noted in 2024. Multidisciplinary team approach was effective in reducing Percentage of residents without psychosis who were given antipsychotic medication.

**Safety | Safe | Custom Indicator**

	Last Year		This Year		
<b>Indicator #1</b>	<b>0.85</b>	<b>0.80</b>	<b>0.58</b>	<b>--</b>	<b>NA</b>
% of LTC residents with restraints (Ridgeview)	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**

- # residents reviewed monthly, # of action plans in place for reduction of restraints in collaboration with family/resident quarterly

**Target for process measure**

- We are aiming to review 100% of restraints and plan for trialing alternatives by September 2024

**Lessons Learned**

Zero restraints at the end of the year.

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

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

**Process measure**

- # of education sessions held monthly

**Target for process measure**

- We are aiming to re-educate 100% of staff on restraint policy and alternatives to restraints by September 2024

**Lessons Learned**

All staff receptive to education

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

Ongoing education to families on admission and ongoing

**Process measure**

- Monitor monthly QI CIHI percent of residents with restraints

**Target for process measure**

- We are aiming to maintain current percentages from now until December 31, 2024 by providing ongoing education to families and/or residents as need is identified.

**Lessons Learned**

Family education went well, families were willing to try alternative and it was successful.

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

Re-evaluation of restraints as situations change.

**Process measure**

- Maintain the current percentage of residents with restraints.

**Target for process measure**

- We are aiming to maintain current percentages from now until December 31, 2024, by evaluating the restraint quality indicator and reviewing high risk residents at morning report.

**Lessons Learned**

Currently zero restraints

**Comment**

Improvement noted, no resident in physical restraint by the end of the year 2024

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
% of LTC residents with worsened ulcers stages 2-4 (Ridgeview)	0.98	0.90	1.35	--	NA

**Change Idea #1**  Implemented  Not Implemented

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

**Process measure**

- # of residents with PURS score 3 or greater, # of reviews completed on bed surfaces/mattresses monthly, # of bed surfaces /mattresses replaced monthly

**Target for process measure**

- We are aiming to review the current bed systems/surfaces for residents with PURS score 3 or greater by August 2024.

**Lessons Learned**

All mattresses are considered to have therapeutic surface. As changes occur with residents' condition or when they are declining, low air surface mattress implemented as needed.

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

Improve Registered staff knowledge on identification and staging of pressure injuries

**Process measure**

- # of education sessions provided monthly for Registered staff on correct staging of pressure injuries

**Target for process measure**

- We are aiming to have 100% of registered staff receive education on identification and staging of pressure injuries by September 2024

**Lessons Learned**

Mandatory registered staff education for skin and wound care provided in November.

Wound care nurse provides 1:1 education if pressure ulcer not staged properly. Huddles held with staff for pressure injuries not identified as stage I.

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

3M to provide wound care education to staff.

**Process measure**

- Number of staff educated on wound care by 3M will increase.

**Target for process measure**

- We are aiming to reduce the number of worsening pressure ulcers from now until December 31, 2024, by increasing the number of staff who have received education by 3M.

**Lessons Learned**

Ongoing open session for 3M education which has been positive.

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

Review residents at risk at morning report.

**Process measure**

- The number of residents identified at risk at morning report on weekdays reviewed.

**Target for process measure**

- We are aiming to reduce the number of residents with worsened pressure ulcers from now until December 31, 2024, by reviewing residents at risk at morning report.

**Lessons Learned**

ongoing collaboration with Interdisciplinary team regarding high-risk residents, interventions implemented as needed.

**Comment**

Even though there was a slight increase in the number of restraints in 2024 at 1.35%, the home is still below the corporate benchmark of 2%. Interventions have been effective and will continue.