

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

	Last Year		This Year		
Indicator #11	56.80	75	83.30	--	NA
Resident Satisfaction - would recommend home (West Oak Village)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Improve overall opinion of home

Process measure

- Amount of action plan items completed each month and number of meetings completed by December 2024.

Target for process measure

- Action plan is completed by end of Q1, all action plan items completed by December 2024.

Lessons Learned

Goal met this year, worked closely with resident council to build relationship and strengthen communication. We will continue strengthen this relationship.

Comment

Goal met this year and we had significant improvement in our results, worked closely with resident council to build relationship and strengthen communication. We will continue strengthen this relationship.

Indicator #8	Last Year		This Year		
	If I need help right away, I can get it. (West Oak Village)	33.30 Performance (2024/25)	75 Target (2024/25)	78.50 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Proactive review of call be response times.

Process measure

- Number of audits completed monthly.

Target for process measure

- 100 % of audits will be completed each month.

Lessons Learned

going well. This was beneficial and helped to identify any gaps that needed to be addressed. Will continue to be reviewed.

Change Idea #2 Implemented Not Implemented

Ensure all call bells are in good working order.

Process measure

- All call bells will be check each quarter for functionality.

Target for process measure

- 100% of call bells will be check each quarter.

Lessons Learned

Checks in place and annually, good process in place and has been successful.

Change Idea #3 Implemented Not Implemented

Re-education on call bell response times

Process measure

- All existing staff will be re-educated on the importance of answering call bells within response times.

Target for process measure

- 100% of staff will be educated by Q3

Lessons Learned

occurs each month at PSW and RPN/RN meetings. Has been beneficial to increase awareness of response times which has improved.

Comment

Goal met, audits of call bells and education on response time for all staff completed. This process will continue as it was successful.

	Last Year		This Year		
Indicator #6	44.20	75	66.00	--	NA
I am updated regularly about changes in my home (West Oak Village)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Ensure effective communication to residents on changes.

Process measure

- Number of newsletters added to resident council binder.

Target for process measure

- 100% of newsletters added to resident council binder by December 2024.

Lessons Learned

Improved in 20204, All departments will attend Resident council to provide updated information as things change in real time. Updates are also provided to resident council assistant when leaders can't attend.

Change Idea #2 Implemented Not Implemented

Ensure effective communication to residents on changes.

Process measure

- Amount of written communication provided to residents.

Target for process measure

- 100% of written communication provided to Resident council by December. 2024.

Lessons Learned

Improved in 2024, All departments will attend Resident council to provide updated information as things change in real time. Updates are also provided to resident council assistant when leaders can't attend.

Comment

Improved in 20204, All departments will attend Resident council to provide updated information as things change in real time. Updates are also provided to resident council assistant when leaders can't attend.

	Last Year		This Year		
Indicator #7 I feel my goals and wishes are considered and incorporated into the care plan whenever possible. (West Oak Village)	45.50 Performance (2024/25)	75 Target (2024/25)	79.20 Performance (2025/26)	-- Percentage Improvement (2025/26)	NA Target (2025/26)

Change Idea #1 Implemented Not Implemented

increase involvement of residents in care plan development.

Process measure

- Amount of residents invited to attend care conference.

Target for process measure

- 100% of residents who are capable to attend, have attend care plan meeting by December. 2024

Lessons Learned

resident included in weekly care rounds and this had positive feedback and will continue.

Change Idea #2 Implemented Not Implemented

Provide more opportunities for resident feedback in care plan development.

Process measure

- Amount of residents who attended interdisciplinary.

Target for process measure

- 70% of total residents will attend interdisciplinary by December 2024.

Lessons Learned

Residents were given many opportunities to participate in care and development of care plan. We improved significantly in this in 2024.

Comment

Goal met, residents were given many opportunities to participate in care and development of care plan and this will continue to be part of our processes.

Indicator #3	Last Year		This Year		
	Family Satisfaction Survey- Would recommend home. (West Oak Village)	66.10 Performance (2024/25)	75 Target (2024/25)	87.30 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Improve overall opinion of home.

Process measure

- Amount of action plan items completed each month and number of meetings completed by December 2024.

Target for process measure

- Action plan is completed by end of Q1, all action plan items completed by December 2024.

Lessons Learned

went well, communication improved and relationship with family strengthened

Comment

Goal met this year, worked closely with family council to build relationship and strengthen communication. We will continue strengthen this relationship.

Indicator #4	Last Year		This Year		
	I am satisfied with the quality of care from social worker. (West Oak Village)	31.90 Performance (2024/25)	85 Target (2024/25)	66.70 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Connect regularly with new admission families.

Process measure

- All new admissions will have a 2, 4 and 6 week check in after admission.

Target for process measure

- 100 % of new admissions will have a 2, 4 and 6 week check in by December 2024

Lessons Learned

Did not occur will be implemented in 2025

Change Idea #2 Implemented Not Implemented

Build and sustain family relationships.

Process measure

- Amount of Family council meetings attended by RSC by December 2024

Target for process measure

- RSC will attend 100% of family council meetings by December 2024

Lessons Learned

attended all 12 Family meetings, no concerns. Was good to help build relationship.

Change Idea #3 Implemented Not Implemented

Build and sustain family relationships.

Process measure

- Amount of surveys completed each month and action items addressed.

Target for process measure

- 100% of surveys completed each month and 100% of action items completed.

Lessons Learned

Was not needed

Change Idea #4 Implemented Not Implemented

Re-educate families on Resident Support Coordinator role.

Process measure

- 1. number of sessions provided to families. 2. number of family members provided refresher education.

Target for process measure

- 100% of existing families will be provided education.

Lessons Learned

completed and went well, families reported a better understanding of her role.

Comment

Improved in 2024, RSC worked closely with resident and family council, to build relationship. reintroduction of RSC roles and responsibilities and how to contact.

	Last Year		This Year		
Indicator #5	40.70	85	60.00	--	NA
I am satisfied with the quality of cleaning services throughout the home. (West Oak Village)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Proactive audits of home areas for cleanliness.

Process measure

- Amount of survey completed each month and follow session provided.

Target for process measure

- 100 % of room audits are completed, with follow up education sign of sheets for any identified gaps.

Lessons Learned

some audits occurred, still gaps on frequency. this will continue in 2025.

Change Idea #2 Implemented Not Implemented

Improve access to cleaning supplies for all staff.

Process measure

- Staff will be provided access code to housekeeping closet.

Target for process measure

- 100% of staff will receive access code to housekeeping room.

Lessons Learned

yes, staff now have access to supply room and this has been successful.

Change Idea #3 Implemented Not Implemented

Ensure regular deep cleaning schedule is being followed.

Process measure

- Amount of daily rooms deep cleaned. Amount of housekeeping staff provide training on deep cleaning guidelines.

Target for process measure

- 100% of 10 rooms are deep cleaned each day. 100% of housekeeping staff provide education on deep cleaning.

Lessons Learned

Was not implemented, was revamped in 2025 and is now in place

Comment

although improved this still continues to be a focus in home, this will be actioned in 2025.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #1	2.40	2.50	0.83	--	NA
% of residents with restraints (West Oak Village)	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.

Process measure

- 1. number of residents assessed per month 2. number of meetings held with families/resident to discuss alternatives each month 3. number of action plans in place for reduction of restraints.

Target for process measure

- 100% of restraints will be reviewed and plan implemented for trialing alternative by September 2024.

Lessons Learned

challenges to reduce were families understand risk restraints. Also trying to find alternatives that kept resident safe.

Change Idea #2 Implemented Not Implemented

Re-educate staff on restraint policy and use of alternatives.

Process measure

- # of education sessions held monthly.

Target for process measure

- 100% of staff will be re-educated on restraint policy and alternatives to restraints by Sept 2024

Lessons Learned

Able to provide at annual training, went well

Comment

Improved over last year, worked with interdisciplinary team to reduce use of restraints.

	Last Year		This Year		
Indicator #2	2.76	2	5.83	--	NA
% Residents with worsened ulcers stages 2-4 (West Oak Village)	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 great

Process measure

- 1. # of residents with PURS score 3 or greater 2. # of reviews completed of bed surfaces/mattresses monthly 3. # of bed surfaces /mattresses replaced monthly

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

at times late to review or missed. we will continue to review for 2025.

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 injurie

Target for process measure

- 100% of registered staff will have received education on identification and staging of pressure injuries by Sept 2024

Lessons Learned

This is ongoing as new nurses have come into home but is needed education and beneficial to improving our outcomes. We have a new program lead which will help to provide leadership in this area for registered staff.

Comment

Goal was not met in 2024 due to changes in program lead, complex wounds. this will continue to be a focus in 2025

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #9	12.87	15	14.29	-11.03%	13
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (West Oak Village)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Staff in hallways at shift change (runners)

Process measure

- All home areas will have rotating weekly runner schedule.

Target for process measure

- Runners will be implemented by end of Q2

Lessons Learned

Was not executed due to staffing issues, will be brought forward for 2025.

Change Idea #2 Implemented Not Implemented

Ensure all resident who fall monthly have a up to date falls care plan focus.

Process measure

- All resident who fell in each month will have care plan reviewed

Target for process measure

- 100 % of resident who fell each month will have up to date falls focus on CarePlan.

Lessons Learned

daily fall audits helped to ensure CP up to date and ensure that individualized strategies were in place and effective.

Comment

Goal was met in 2024, ensured we had fall supplies, post fall huddles occurred and audit of all falls each month. we continue to work on further improvement in this area.

Indicator #10	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (West Oak Village)	22.25 Performance (2024/25)	17.30 Target (2024/25)	26.80 Performance (2025/26)	-20.45% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Review of resident receiving anti-psychotic without appropriate diagnosis

Process measure

- All residents who are taking antipsychotics without diagnosis will be reviewed.

Target for process measure

- 100% of resident on antipsychotics without diagnosis will be reviewed.

Lessons Learned

completed with no concerns, this will be ongoing as process is effective.

Change Idea #2 Implemented Not Implemented

Provide education materials to families/residents on benefits of anti-psychotics' reduction.

Process measure

- number of families with residents on anti-psychotics will be provided education sheet.

Target for process measure

- 100% of residents on anti-psychotics will have Education sheet provided to family or resident.

Lessons Learned

Education provided to families, resident and staff which helped to increase awareness about antipsychotic use.

Change Idea #3 Implemented Not Implemented

Ensure that any resident on anti-psychotics have at least 1 non -pharmacological intervention in care plan.

Process measure

- total number of residents receiving anti-psychotics who have non-pharmacological interventions in care plan.

Target for process measure

- 100% of resident on anti-psychotics will have non-pharmacological interventions in care plan

Lessons Learned

going well, good process in place and this will be maintained.

Comment

Although goal was not met, we had a large reduction at end of year. We had 16 residents who were taken off antipsychotics. We continue to work with reduction committee each month to further improve and meet our targets.