

Experience | Patient-centred | Optional Indicator

Indicator #7	Last Year		This Year		
	CB	CB	NA	--	NA
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Stoneridge Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Process measure

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Target for process measure

No target entered

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Lessons Learned

This indicator was not included in our 2024 workplan and was not a question on our 2024 survey.

Comment

We did not include this in our 2024 workplan

Indicator #8	Last Year		This Year		
	CB	CB	NA	--	NA
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Stoneridge Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Process measure

-

Target for process measure

No target entered

-

Lessons Learned

We did not have this in our 2024 workplan and our 2024 Resident survey did not include this question.

Comment

This question was not in this years' surveys

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

	Last Year		This Year		
Indicator #11	48.30	75	64.30	--	NA
Resident satisfaction - Would Recommend: Timely Assistance (Stoneridge Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Timely Assistance - update call bell system to improve Marquis, sounds and reports.

Process measure

- 1. # of nurse call bell audits completed. 2. Review of nurse call bell reports.

Target for process measure

- This action is targeted to be implemented by March 2024

Lessons Learned

Additional marquis display's installed on each home area along with accessible call bell reports.

Change Idea #2 Implemented Not Implemented

Timely Assistance - Educating staff regarding customer service using the HEART approach.

Process measure

- # of staff educated on HEART approach.

Target for process measure

- This action is targeted to be implemented by December 2024.

Lessons Learned

Staff educated annually and during orientation

Comment

New installation of call bell display- has improved response time.
All staff educated on Heart approach.

Indicator #3	Last Year		This Year		
	Family Satisfaction - Would Recommend: Continence Care products (Stoneridge Manor)	47.20 Performance (2024/25)	85 Target (2024/25)	63.20 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Continence Products - have families complete Prevail (continence product) survey

Process measure

- # of surveys mailed out and responses received.

Target for process measure

- This action is targeted to be implemented by March 2024.

Lessons Learned

We sent survey with family townhall meeting minutes and newsletter to family.

Change Idea #2 Implemented Not Implemented

Implement Continence Care Committee

Process measure

- # of continence care meetings held - minutes of meetings.

Target for process measure

- This action is targeted to be implemented by April 2024

Lessons Learned

4 times

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

Discussion regarding continence care products at care conferences.

Process measure

- # of post move-in and annual care conferences held.

Target for process measure

- This action is targeted to be implemented Immediately.

Lessons Learned

153

Comment

Some challenges presented around family response to continence survey's. Education provided to family town hall by Prevail representative well received. This is evident by our 2024 survey results around continence satisfaction.

	Last Year		This Year		
Indicator #4	41.70	85	54.50	--	NA
Family Satisfaction - Would recommend: Food & Beverage options (Stoneridge Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Invite families to attend Menu tasting events during the year.

Process measure

- 1. # of menu tastings held. 2. # of family members who participated in menu tasting events.

Target for process measure

- This action is targeted to be implemented by May 2024

Lessons Learned

1 menu tasting held.
20 family members participated

Change Idea #2 Implemented Not Implemented

Dining room audits that include family input.

Process measure

- # of audits completed weekly.

Target for process measure

- This action is targeted to be implemented Immediately.

Lessons Learned

Dining room audit

Comment

The menu tasting was successful and will become an annual event.

	Last Year		This Year		
Indicator #9	56.00	75	73.00	--	NA
Resident Satisfaction - Would Recommend: Communication (Stoneridge Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Post communication in each home area, i.e. Family Newsletters, ED updates.

Process measure

- 1. # of family/POAs who were sent monthly newsletter. 2. # of residents who were given newsletter.

Target for process measure

- This action is targeted to be implemented Immediately

Lessons Learned

1. 154 were sent monthly newsletters
2. All residents offered Newsletters, extra copies always available

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

Residents' Council - meet the manager/resident town hall.

Process measure

- 1. # of Residents' Council meetings. 2. # of Town Hall meetings.

Target for process measure

- This action is targeted to be implemented Immediately

Lessons Learned

1. Resident council meetings held monthly along with monthly family town hall meetings.
2. Managers in attendance at Residents townhall 1x annually

Comment

We saw improvement in 2024, We have added a variety of methods & strategies to communicate with our residents to reach as many people as possible.

	Last Year		This Year		
Indicator #10	61.50	75	67.50	--	NA
Resident Satisfaction - Would recommend: Recreation program input (Stoneridge Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Increase number of Activity Pro post program surveys to obtain feedback from residents.

Process measure

- # of post program surveys completed.

Target for process measure

- This action is targeted to be implemented immediately

Lessons Learned

12 Completed.

Feedback - all positive

Change Idea #2 Implemented Not Implemented

Resident at risk action plans

Process measure

- # of resident at risk action plans completed and implemented.

Target for process measure

- This action is targeted to be implemented by April 2024

Lessons Learned

12 completed

Action plans were implemented, successful with engaging residents who do not attend group programs plan to engage in 1 to 1 programs. Developed new programs by asking residents at Residents Council for input and referring to Recreation assessments for ideas (residents' interest)

Comment

We will increase the frequency of program planning meetings that involve residents to - to increase the number of residents who have input.

Safety | Safe | Custom Indicator

Indicator #1	Last Year		This Year		
	% of LTC Residents with restraints (Stoneridge Manor)	CB Performance (2024/25)	2.50 Target (2024/25)	1.98 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Review current restraints and determine plan for trialing alternatives to restraints

Process measure

- 1. # of residents reviewed monthly. 2. # of discussions held with families/residents to review alternatives. 3. # of action plans in place monthly for reduction of restraints in collaboration with family/resident.

Target for process measure

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

Lessons Learned

We were able to successfully decrease restraint usage in our home. We found it was beneficial to provide education about least restraint and it helped to increase awareness.

Comment

The education provided to residents & families was successful. We continue to provide education to maintain our success in this area.

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 (Stoneridge Manor)	CB	2	2.08	--	NA

Change Idea #1 Implemented Not Implemented

Ensure care plan is updated with resident skin & wound interventions related to ulcers stages 2-4.

Process measure

- 1. # of resident care plans reviewed. 2. # of residents with worsening ulcers stages 2-4.

Target for process measure

- 1. Weekly skin & wound meetings to start March 2024. 2. A review of the current residents with ulcers stages 2-4 to be completed by June 2024.

Lessons Learned

We reviewed care plan for all residents and make sure we had all interventions in place. This process was beneficial and is continuing.

Change Idea #2 Implemented Not Implemented

Improve Registered staff knowledge on identification and staging of pressure injuries.

Process measure

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

Target for process measure

- 100% of Registered staff will have received education on identification and staging of pressure injuries by September 2024.

Lessons Learned

We organized skin and wound education for all registered staff in June 2024 and this helped to increase their knowledge about pressure injuries.

Comment

We educated all Registered staff on Skin & Wound Program. Their competency was evident after the education by Skin & Wound Audit results.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #6	CB	17	20.49	--	17.30
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Stoneridge Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Medication reviews completed for all residents currently prescribed antipsychotics.

Process measure

- # of residents reviewed monthly # of plan of care reviewed that have supporting diagnosis # of reduction strategies implemented monthly

Target for process measure

- All residents currently prescribed antipsychotics will have a medication reviewed completed by July 2024.

Lessons Learned

128 Residents medications reviewed.

Successfully decreased % of antipsychotic use by implementing & evaluating new interventions.

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

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

Process measure

- 1. # of families provided with best practice information on reducing antipsychotics 2. # of tour and admission packages provided with antipsychotic reduction information included monthly.

Target for process measure

- Educational material will be provided to families and/or residents on antipsychotics and importance of minimizing use by September 2024.

Lessons Learned

families provided with information during Care Conferences (if resident currently taking antipsychotics)

Family provided information upon admission & included in the tour package

Comment

Introduced new antipsychotic tool in 2024 which has been successful in decreasing the number of residents on antipsychotics without diagnosis.

	Last Year		This Year		
Indicator #5	X	15	17.57	--	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Stoneridge Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Ensure care plans are updated with resident fall interventions.

Process measure

- # of residents who had 6.7 plan of care audit completed.

Target for process measure

- Review of plan of care for residents at high risk for falls to be completed by June 2024.

Lessons Learned

23

Change Idea #2 Implemented Not Implemented

Ensure care plans are updated with resident fall interventions.

Process measure

- # of care plan meetings held each week.

Target for process measure

- Weekly care plan meetings to be implemented March 2024.

Lessons Learned

7 care plan discussions every week

Comment

Great successes in this area with overall compliance in our falls program along with implementation of a program lead. Although target was not met, we did decrease our falls as a whole within the home