

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #9	75.00	75	64.30	--	NA
Resident Satisfaction - Would Recommend: Vary the time and schedule of events and recreation activities & Additional meal choice desired (Blenheim Community Village)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Vary the time and schedule of events and recreation activities

Process measure

- # of times residents were provided an opportunity to participate in the planning of recreation events and activities

Target for process measure

- Increased number of times residents were provided an opportunity to participate in the planning of recreation events and activities

Lessons Learned

Resident choice improved but failed to meet expectations. Additional measures need to be explored. Additional offerings for times and dates of activities were added but were inadequate based on feedback of residents. In the upcoming year, we will revamp the calendar, offerings and means of communication about program offerings. We optimized time and scheduling of events based on available staffing.

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

Additional meal choice desired

Process measure

- # of additional residents meal choices offered

Target for process measure

- By beginning July, increase over current the # of additional residents meal choices offered

Lessons Learned

We have implemented a new seasonal corporate menu which was reviewed and approved by the resident council and food committee to seek their input. We offer special food choice on a monthly basis including themed meals in conjunction with the recreation/activities department.

Comment

Aim to improve on current performance

Indicator #4	Last Year		This Year		
	68.80	78.20	68.80	--	NA
Home Specific Indicator: % of residents satisfied with the variety, timing and schedule of recreation services (Blenheim Community Village)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Increase the variety and number of recreation program offerings

Process measure

- # of outings, events and themed meals

Target for process measure

- Increase over current levels (2023) the number of outings, events and themed outings

Lessons Learned

Variety and number of out outings were not able to be fully provided based on the number of resources available. opportunities for outings are based fair distribution.

Change Idea #2 Implemented Not Implemented

Increase opportunities for residents to choose their preferred programming

Process measure

- # of surveys completed by residents on their preferred choice of recreation activities and events # of surveys completed by residents on their level of satisfaction following recreation activities and events

Target for process measure

- Survey results are shared at each Resident's Council starting July 2024 Survey results are shared with families twice a year starting August

Lessons Learned

Resident input is sought at resident council meetings through resident assessments. The number of surveys respondents was increased this year over the previous year.

Change Idea #3 Implemented Not Implemented

Increase educational opportunities for recreation employees

Process measure

- # of education opportunities provided for recreation employees and volunteers

Target for process measure

- 100% of recreation staff and recreation volunteers provided education on best practices for LTC recreation departments in LTC settings by end June 2024

Lessons Learned

Staff were provided increased opportunities for training on types of programs, going to other homes to observe and ask questions of their peers.

Comment

Aim to improve on current performance in 2025

	Last Year		This Year		
Indicator #3 Family Satisfaction – Would Recommend: Improved communication & Improved dining experience for residents (Blenheim Community Village)	100.00	85	63.90	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Improve the communication with families on upcoming events and activities

Process measure

- # of residents and volunteers who participated in events and activities # of individuals who attended Family Council or equivalent meetings and functions which would achieve the same outcome

Target for process measure

- Increase over current levels the number of residents and volunteers who participated in events and activities Initiate a Family Council or equivalent meetings and functions at least three times yearly

Lessons Learned

We offer opportunities to engage families through drop-in coffee sessions. We significantly improved the newsletter for residents and families and are promoting our presence on social media.

Change Idea #2 Implemented Not Implemented

Improve the dining experience for residents

Process measure

- # of surveyed residents who indicated their satisfaction had improved over current levels

Target for process measure

- By beginning September 2024, increase over current levels the number of residents who indicated improved pleasurable experience at mealtime

Lessons Learned

Additional opportunities provided for residents to provide input at food committee and resident council. Staff input to renew work routines to better manage use of time to enhance the dining of experience of residents.

Comment

Aim to improve on current performance

	Last Year		This Year		
Indicator #6	50.00	85	88.90	--	NA
Home Specific Indicator: Maintenance of the physical building and outdoor space is improving (Blenheim Community Village)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Improved maintenance of the physical building and outdoor space

Process measure

- # of physical improvements initiated in the home

Target for process measure

- Increase over current the number of large-scale and small-scale projects improving the ambiance of the home

Lessons Learned

Significant improvements have been made to the physical plant and the home including new flooring, baseboards, and painting. Capital projects are reviewed on a quarterly basis and are prioritized based on available resources.

Comment

Aim to improve on current performance

	Last Year		This Year		
Indicator #5	50.00	85	70.30	--	NA
Home Specific Indicator: I have an opportunity to provide input on food and beverage options (Blenheim Community Village)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Increase the number of opportunities for family members to have input on food and beverage options

Process measure

- # of family members who attended committee meetings or completed surveys to address their concerns and preferences related to resident dietary satisfaction

Target for process measure

- Increase over current participation rate, the # of family members and/or POA’s who attended committee meetings or completed surveys to address their concerns and preferences related to resident dietary satisfaction

Lessons Learned

We offer families opportunities for families to review and provide feedback on the menus. This coming year we are adding taste testing on new menu items two yearly when the seasonal menus change.

Comment

Aim to improve on current performance

Safety | Safe | Optional Indicator

Indicator #7	Last Year		This Year		
	Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Blenheim Community Village)	16.67 Performance (2024/25)	15 Target (2024/25)	25.00 Performance (2025/26)	-49.97% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Safety Rounds on Day & Evening Shift targeting Residents that are a high risk for falls

Process measure

- 1) # of falls will decrease 2) # of falls with significant injuries will decrease.

Target for process measure

- Safety Rounds Routines for D/E shifts trial will be fully implemented by May 2024

Lessons Learned

Falls have decreased for seven straight months. Need to maintain safety rounds but improve the capability of staff to prevent falls. One-to-ones and safety rounds have been a significant asset to address resident falls. Huddles have assisted the nursing team to address causal factors.

Change Idea #2 Implemented Not Implemented

Conduct Screening of all Residents Related to Fall Safety and identify potential interventions that can address areas for improvement

Process measure

- 1) # of Audits completed monthly and as required 2) # of identified deficiencies from audits that were corrected monthly

Target for process measure

- Audits/Assessments of Residents environment & fall interventions will full be implemented by April 2024

Lessons Learned

Audits completed with deficiencies identified and addressed. Fall screening is completed on all new admissions including falls assessments and post falls. Our falls performance is reviewed on a monthly basis to identify areas for improvement.

Comment

Aim to improve on current performance

Indicator #8	Last Year		This Year		
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Blenheim Community Village)	15.69	17.30	10.58	32.57%	10
	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

- 1) # of residents reviewed monthly 2) # of plans of care reviewed that have supporting diagnosis 3) # of reduction strategies implemented monthly

Target for process measure

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

Lessons Learned

Strategies to improve performance were effective and need to be maintained. Medication reviews were effective. Care plan reviews completed for all residents. Regional auditing and support helped to ensure compliance. Our antipsychotic usage is reviewed on a monthly basis to identify areas for improvement.

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 monthly 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 important of minimizing use by Sept 2024

Lessons Learned

Education provided met expectations. Care conferences were utilized to address concerns about use of medications. We promoted a non-pharmacological approach based on individual resident's needs.

Comment

Aim to improve on current performance

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
Indicator #1	0.00	2.50	0.00	#Error	NA
% of LTC residents with restraints (Blenheim Community 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 Restraint Policy & Procedures with all Nursing Staff

Process measure

- # of Education Sessions provided

Target for process measure

- 100% of Nursing Staff will be re-educated on restraint policy and alternatives to restraints by June 2024

Lessons Learned

100% of staff completed policy review. This was effective at helping us improve in this indicator

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

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

Process measure

- # of education sessions held

Target for process measure

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

Lessons Learned

100% of staff were reeducated on policy use and alternates which was an effective strategy and helped us improve.

Comment

Aim to maintain current performance of 0%

Indicator #2 % of LTC residents with worsened ulcers stages 2-4 (Blenheim Community Village)	Last Year		This Year		
	<p>3.30</p> <p>Performance (2024/25)</p>	<p>2</p> <p>Target (2024/25)</p>	<p>1.08</p> <p>Performance (2025/26)</p>	<p>--</p> <p>Percentage Improvement (2025/26)</p>	<p>NA</p> <p>Target (2025/26)</p>

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

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

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

Bed systems were reviewed to ensure appropriate surfaces were in place. All bed surfaces audits were completed semiannual basis.

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

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

Lessons Learned

Education completed and metrics attained for all registered staff. This was effective at helping improve staff knowledge of pressure injury staging.

Comment

Aim to further improve on current performance

