

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

	Last Year		This Year		
<b>Indicator #11</b>	<b>73.70</b>	<b>75</b>	<b>77.80</b>	<b>--</b>	<b>NA</b>
Would recommend this home to other families (Brierwood Gardens)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Increase family recommendation through trust and open communication.

**Process measure**

- Add up to date leadership contact list to move in checklist. Share changes and updates at the quarterly Family Council Town Hall meetings/

**Target for process measure**

- Add upto date leadership contact list to move in checklist by April 2024 Share changes and updates at the quarterly Family Council Town Hall meetings commencing in March 2024

**Lessons Learned**

Creating new and consistent methods of sharing information is key. Leadership continues to create open door policy the norm

**Comment**

Performance has improved. We share information through information board postings, family townhalls, newsletters, and emails. Leadership maintains an open-door policy and is visible and approachable throughout the home which maintains and strengthens relationships. Leadership completes frequent walkabouts which are discussed at daily leadership morning meetings.

Indicator #9	Last Year		This Year		
	The resident has input into recreation programs available to (Brierwood Gardens)	<b>28.60</b> Performance (2024/25)	<b>60</b> Target (2024/25)	<b>41.70</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

To increase awareness of program development process and ensure residents and families know when new programs are being implemented and where to share their input.

**Process measure**

- Request ongoing feedback from families on how we are communicating and to share how to do this at quarterly Family Council Town Halls

**Target for process measure**

- An increase from 2023 indicators on the 2024 Family Satisfaction Survey

**Lessons Learned**

Continue to request feedback from families on how we are communicating and to share how to do this at quarterly Family Council Town Halls

**Comment**

Performance has improved. We continue to request feedback from families on how we are communicating and to share how to do this through emails, newsletters, communication postings, and quarterly townhalls. Monthly recreation calendars are provided on the family portal and at reception and information boards in the home.

Indicator #6	Last Year		This Year		
	I have the opportunity to provide input on food and beverage (Brierwood Gardens)	<b>28.60</b> Performance (2024/25)	<b>60</b> Target (2024/25)	<b>50.00</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

To ensure families are aware how to provide input into resident food options.

**Process measure**

- Ensuring menu is uploaded to ActivityPro monthly Requesting any food preferences to move in day process. Having Food Service Manager visit new residents within 72 hours of move in to review nutritional needs

**Target for process measure**

- Checklist to be updated with food and beverage preference on move in checklist by April 2024 Adding move in visits of new residents to FSM process by April 2024

**Lessons Learned**

We continue to upload the monthly menu to Activity Pro for ease of family viewing. We continue to engage families in speaking up and sharing feedback regarding all aspects of meal service

**Comment**

We continue to upload the monthly menu to Activity Pro for ease of family viewing. Family portal information is provided on admission regarding how to access. We continue to engage families in speaking up and sharing feedback regarding all aspects of meal service. We communicate with families via newsletters and emails and address any concerns and questions in a timely manner.

Indicator #10	Last Year		This Year		
	There is a good choice of continence care products (Brierwood Gardens)	<b>43.80</b> Performance (2024/25)	<b>60</b> Target (2024/25)	<b>66.70</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Educate families of the range of incontinence products available and inform them they can approach any staff member to answer any questions they may have.

**Process measure**

- To add incontinence education and information to May 2024 newsletter Share at Family Council Town Hall that families are welcome to speak to staff about continence care needs. Discuss incontinence needs and product options at annual care conferences.

**Target for process measure**

- Add incontinence section to May 2024 newsletter Add discussion topic to agenda for the March 28 2024 Family Council Town Hall and bi annually thereafter

**Lessons Learned**

Ongoing education provided to families regarding incontinence products and availability. Information shared through town halls, postings and newsletters.

**Comment**

Performance has improved. Ongoing education provided to families regarding incontinence products and availability. Information shared through town halls, postings and newsletters.

	Last Year		This Year		
<b>Indicator #12</b>	<b>95.70</b>	<b>96</b>	<b>90.90</b>	<b>--</b>	<b>NA</b>
Would recommend this home to others (Brierwood Gardens)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

To maintain and increase resident recommendation of home.

**Process measure**

- Review at resident Council monthly to evaluate events and programs

**Target for process measure**

- Improved social interaction and social opportunities with peers and community members.

**Lessons Learned**

continue meeting with Resident council to address any concerns and receive timely feedback

**Comment**

We are performing well and plan to maintain current strategies such as meeting with Resident Council and addressing any concerns received in a timely manner. We review our programs and services daily to meet the individual and evolving needs of our residents.

Indicator #5	Last Year		This Year		
	I have friends in the home. (Brierwood Gardens)	<b>57.10</b> Performance (2024/25)	<b>65</b> Target (2024/25)	<b>86.40</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Create opportunities for residents to have social interactions that foster relationships and increased socialization and wellbeing.

**Process measure**

- -Follow up with residents’ council to see what they would like to see and how they could assist with building friendships.

**Target for process measure**

- Improved social interactions and social opportunities with peers and community.

**Lessons Learned**

continue to create new opportunities for resident to foster and increase relationships and improve social wellbeing

**Comment**

Performance for this indicator has improved as we continue to create new opportunities for residents to foster new connections and improve social wellbeing. We are exploring having a resident navigator/ambassador to greet new residents. The home will continue to offer a variety of programs, which are communicated via calendars, posting, residents council. Recreation programs strive to include the five domains of recreation. Residents at risk are identified and the home looks at interventions.

Indicator #3	Last Year		This Year		
	I am satisfied with the temperature of my food and beverages. (Brierwood Gardens)	<b>62.50</b> Performance (2024/25)	<b>65</b> Target (2024/25)	<b>50.00</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Improve resident satisfaction with meal service by improving food temperatures.

**Process measure**

- Audits of temperature logs to ensure they are being tracked both at production and meals service. Review with Resident Council and Food Committee on how this indicator is trending and request ongoing feedback

**Target for process measure**

- Review at monthly Resident Council and Food Committee meetings.

**Lessons Learned**

We continue to further work on this indicator to improve resident satisfaction with meal service

**Comment**

We have planned additional training and re-enforcement of accountabilities with dietary staff to ensure they are documenting food temperatures. Retraining staff on table-by-table and course by course service and holding staff accountable.

Indicator #4	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
I am updated regularly about changes in the home (Brierwood Gardens)	65.00	70	100.00	--	NA

**Change Idea #1**  Implemented  Not Implemented

Create visual displays that are eye catching and more visually appealing to share information within the home

**Process measure**

- The Resident Satisfaction Survey for 2024 will be used to validate improvement. Throughout the year we will monitor feedback at resident council meetings and trending of CSRs for satisfaction or areas requiring improvement.

**Target for process measure**

- Monthly Resident Council meetings and quarterly Family Council Town Halls

**Lessons Learned**

Continue to create innovative ways to share information with residents and families and seek feedback to gauge satisfaction

**Comment**

Planning to maintain current performance and ensure frequent and transparent communication continues as our strategies are working well.



**Safety | Safe | Custom Indicator**

	Last Year		This Year		
<b>Indicator #2</b>	<b>1.81</b>	<b>2</b>	<b>1.67</b>	<b>--</b>	<b>NA</b>
% of LTC residents with worsened ulcers stages 2-4 (Brierwood Gardens)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Ongoing education of all staff on pressure ulcers. Review bed systems for all residents with a PURS score of 3 or greater with Registered staff

**Process measure**

- Staff education of staging pressure injuries. Review of residents with PURS score of 3 or greater. Review of bed systems

**Target for process measure**

- All registered staff to be reeducated on pressure ulcers and bed systems/surfaces by August 2024

**Lessons Learned**

continued education of all staff regarding pressure ulcers and bed systems.

**Comment**

Currently we remain under benchmark. We review our indicator performance on a monthly basis. PSWs are trained to assess for impaired skin integrity identified during care and report any concerns to the registered staff. We have a dedicated wound care RN who leads our skin and wound care programs and works with the interdisciplinary team. We continue to provide ongoing education to staff about early detection of pressure ulcers.

Indicator #1	Last Year		This Year		
	% of LTC residents with daily restraints (Brierwood Gardens)	<b>0.00</b> Performance (2024/25)	<b>2.50</b> Target (2024/25)	<b>1.64</b> Performance (2025/26)	<b>#Error</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Education of all staff on restraint policies and alternative measures. Offer education to families/caregivers and residents on the restraint policy and the alternatives.

**Process measure**

- Ongoing education with all staff and any family members who would like to obtain more information.

**Target for process measure**

- All staff will be reeducated on restraint policy by September 2024

**Lessons Learned**

Continue to educate both staff and families on policies and alternative measures.

**Comment**

Currently we have no restraints in the home and remain under benchmark. We review our indicator performance on a monthly basis and assess for alternative measures on a case-by-case basis. We have no bedrails in the home unless ordered and we consider every possible alternative. We continue to provide ongoing education to families and residents about risks of restraints based on each resident's individual needs.

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 (Brierwood Gardens)	<b>15.83</b> Performance (2024/25)	<b>15</b> Target (2024/25)	<b>24.19</b> Performance (2025/26)	<b>-52.81%</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

create list of residents that frequently fall. The PSA will be assigned to circulate with the residents that are in this category.

**Process measure**

- Monthly falls meetings will be held to review falls and residents who are experiencing repeated falls. Ensure that we are utilizing an interdisciplinary approach to reviewing prevention strategies. Monthly QI interdisciplinary meetings to be held on the last Thursday of each month to review falls.

**Target for process measure**

- Less residents with repeated falls. Getting our percentage under target

**Lessons Learned**

Created a list of residents who are frequent fallers and utilized interdisciplinary approaches

**Comment**

Falls prevention and frequency reduction continues to be a priority. We have installed automatic lighting in resident bathrooms. We have provided staff with a list of residents at risk for falls and staff monitor for pain, position, placement, and personal needs during continuous rounds. We hold falls huddles weekly and post fall with the interdisciplinary team. We review these indicators at our monthly QI review as well as at our CQI committee meetings and discuss at morning report with leadership team.

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 (Brierwood Gardens)	<b>19.13</b> Performance (2024/25)	<b>17.30</b> Target (2024/25)	<b>15.64</b> Performance (2025/26)	<b>18.24%</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

proper diagnosis and review and careful weaning of antipsychotics,

**Process measure**

- Monthly meetings with registered staff, physician and regional team to review ongoing measures to align with target.

**Target for process measure**

- We have set a goal to meet or exceed the 17.3% target

**Lessons Learned**

Monthly meetings have improved interdisciplinary awareness to assist in aligning with targets

**Comment**

Upon admission, medication reviews are completed by the interdisciplinary team with the goal of reducing antipsychotic medication that are not indicated. Review of residents with antipsychotic medications to assess if requirements may be pain driven. Ongoing regional audits and support related to behaviors and use of antipsychotics. The home explores nonpharmacological interventions and reduction on a case-by-case basis. The home works collaboratively with the PRC and BSO on case management and educating staff. Many staff are trained on GPA and dementiability and we strive to maintain 90% at all times.