

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

Indicator #9	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Resident Satisfaction - Would Recommend (Forest Heights)	70.00	75	56.30	--	NA

Change Idea #1 Implemented Not Implemented

Engage in regular discussions with residents related to their satisfaction

Process measure

- Improve survey results in 2024

Target for process measure

- Increase 2024 results by 5% from 70% to 75%

Lessons Learned

Survey results did not improve. Many changes in the home may have affected results due to a change in staffing. Feedback is welcomed from residents during Residents council. A suggestion box is also available for residents' input which has had some success.

Indicator #3	Last Year		This Year		
	Family Satisfaction - Would Recommend (Forest Heights)	60.30 Performance (2024/25)	85 Target (2024/25)	58.90 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

During family council, explain how valued their feedback is related to all departments of their loved ones care

Process measure

- A family newsletter will be distributed with updates from all departments monthly

Target for process measure

- The goal is to increase the survey result by 5% during the 2024 survey.

Lessons Learned

The family newsletter was not distributed monthly, more sporadic throughout the year which was one of our challenges. Moving forward we have communicated to families that the newsletter will be sent out on the 2nd Friday of every month on a regular schedule. The suggestions box was somewhat successful but will continue to urge families to utilize it. We also had challenges seeking feedback during Family council meetings but will now add it to the standing agenda to ensure more input is collected.

	Last Year		This Year		
Indicator #10	32.50	37.50	38.10	--	NA
The resident has input into the recreational programs available (Forest Heights)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

All families will be called by the recreation department with a script developed for those that have access to the family portal and for those that do not have access to the portal to encourage feedback related to their input into recreations programs available.

Process measure

- Increase percentages on the annual survey

Target for process measure

- Increase the 2024 survey score by 5% to 37.5% through continued , ongoing feedback

Lessons Learned

The script developed was successful in increasing this score.

A "subcommittee" will be created for direct input from residents for programming in an effort to implement their ideas into the monthly schedules. We will continue to work on this in 2025.

Indicator #6	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
I have the opportunity to provide input on food and beverage options. (Forest Heights)	39.90	44.60	NA	--	NA

Change Idea #1 Implemented Not Implemented

Communicate with families during family council and through the newsletter about implementing a suggestion box and encouraging them to use it

Process measure

- Increase percentages for the 2024 survey

Target for process measure

- Through ongoing feedback, increase the 2024 score by 5% to 44.6%

Lessons Learned

Newsletter was not implemented as intended. A communication box was implemented, suggestions implemented when possible and communicated on communication board. The family newsletter was not distributed monthly, more sporadic throughout the year which was one of our challenges. Moving forward we have communicated to families that the newsletter will be sent out on the 2nd Friday of every month on a regular schedule. The suggestions box was somewhat successful but will continue to urge families to utilize it. We also had challenges seeking feedback during Family council meetings but will now add it to the standing agenda to ensure more input is collected.

Comment

The survey was changed in 2024 based on feedback from residents and families. As a result, this question was not included so we are unable to compare data with previous results.

Indicator #5	Last Year		This Year		
	I am updated regularly about changes in my home 59.1% (Forest Heights)	59.10 Performance (2024/25)	64.10 Target (2024/25)	59.10 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Communicate changes with staff during daily huddles, PCC dashboard, email all staff to enable staff to relay changes to residents when an inquiry is made.

Process measure

- increase scores for 2024 surey

Target for process measure

- Increase score 5% in 2024 from 59.1% to 64.1%

Lessons Learned

Ideas were implemented and staff, families and residents had more avenues to find information. We were not successful in meeting the target. Staff are provided with huddles in the staff room now and will also be emailed the daily huddle in order to read when they are available. We continue to communicate and try to improve this area.

Indicator #4	Last Year		This Year		
	60.40	65.40	58.90	--	NA
I am satisfied with the food and beverages served to me (Forest Heights)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Engage in conversations with residents and collaborate with residents during resident council and the resident food council meetings

Process measure

- Improve survey results in 2024

Target for process measure

- Increase survey result 5% in 2024 from 60.4 % to 65.4 %

Lessons Learned

Conversations were had during both meetings but were not reflective in the outcome of the 2024 survey. We were not successful. This will be added as a standing agenda for family council. Residents are still choosing a meal monthly.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #1	1.90	2.50	1.20	--	NA
% of LTC Residents with restraints (Forest Heights)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Ensure alternatives trialed prior to restraint use

Process measure

- Reduce restraint use in 2024

Target for process measure

- Continue with restraint reduction strategies and reduce usage by 1% in 2024

Lessons Learned

All requests for restraints are reviewed by a multidisciplinary team. We were successful in meeting the target throughout the year and did not meet any additional challenges.

Indicator #2	Last Year		This Year		
	% of LTC residents with worsened ulcers stages 2-4 (Forest Heights)	1.90 Performance (2024/25)	2 Target (2024/25)	0.60 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Work in partnership with our vendors to enhance our assessment process and ensure correct product selection to promote healing

Process measure

- improve % in 2024

Target for process measure

- Improve by 1% in 2024

Lessons Learned

Collaboration to ensure the best product in place when not seeing the expected progress. The target was met. Frequent education throughout the year was successful through various forms such as huddles and care team meetings.

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 (Forest Heights)	11.59 Performance (2024/25)	7 Target (2024/25)	14.24 Performance (2025/26)	-22.86% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Ongoing interdisciplinary team huddle for falls to determine the root cause of the fall.

Process measure

- Improve QI % in 2024, remain under corporate target

Target for process measure

- Reduce falls by 2%

Lessons Learned

Team meetings continue to occur and were effective in reducing falls and getting to the root cause of the falls. Increased communication for new admissions and residents in isolation that may be at a greater risk for falls. Focus on completion of environmental scans. We will continue to focus on this indicator in 2025 workplan.

Comment

Increased communication for new admissions and residents in isolation that may be at a greater risk for falls. Focus on completion of environmental scans in 2025.

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 (Forest Heights)	9.07 Performance (2024/25)	8 Target (2024/25)	14.63 Performance (2025/26)	-61.30% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Collaborate with pharmacy and physicians regularly to safely reduce the use of antipsychotics.

Process measure

- Residents that trigger the QI monthly will be reviewed with the team

Target for process measure

- Continue to monitor progress of the change idea

Lessons Learned

ongoing, completed the last quarter under target. BSO team continues to meet with the physicians and pharmacists. Review of medications to ensure an appropriate diagnosis is in place. We plan to increase GPA education for ALL staff in 2025.

Comment

Review of medications to ensure an appropriate diagnosis is in place. Increase GPA education for ALL staff for 2025 workplan.