

Experience | Patient-centred | **Optional Indicator**

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

Change Idea #1 ☐ Implemented ☒ Not Implemented

Process measure

-

Target for process measure

No target entered

-

Lessons Learned

We did not have this indicator in our 2024 workplan. We had other areas of focus from our resident and family survey as priorities.

Indicator #7	Last Year		This Year		
	CB	CB	CB	--	NA
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Fosterbrooke)	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 include this indicator in our 2024 workplan. Instead, we had other areas from our resident and family survey as a focus.

Experience | Patient-centred | Custom Indicator

Indicator #9	Last Year		This Year		
	90.90	75	73.10	--	NA
Resident Satisfaction – Would Recommend (Fosterbrooke)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

1)Address concerns from residents timely 2)Engage residents when managers are completing management by walk about

Process measure

- Improved score on Resident Satisfaction Survey Improved score on Resident Satisfaction Survey

Target for process measure

- Quarterly review of all CSRs will demonstrate timely response for 100% of concerns by September 2024 Monthly MBWA review will show no trends related to concerns from residents by September 2024.

Lessons Learned

CSRs addressed in a timely manner. Increase in MBWA numbers in 2024. Managers all have an open door policy for both staff and residents. We continue to monitor all quality indicators to ensure resident satisfaction.

Comment

Increase in resident participation in 2024 may have affected these numbers.

Indicator #12	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Temperature of Food and Beverages (Fosterbrooke)	59.10	67.80	68.00	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

1) Ensure steam tables are turned on and to the correct temperature and cold wells at temperature 2)Ensure beverages are served at the appropriate temperature each meal and snack time 3)FSS to complete rounds of tables with different meal services to monitor service is good and obtain feedback from the residents

Process measure

- Resident Satisfaction Survey score

Target for process measure

- Monthly audit of food temps will show all within range by September 2024. Monthly audit of beverage temps will show all within range by September 2024. Monthly MBWA review will show no trends related to food/beverage temps by September 2024.

Lessons Learned

Significant improvement noted in this area. Monthly audit of food and beverage temperatures were within range. Walkabout in dining room by Nutrition Manager showed no trend related to food or beverage temperatures. No food or beverage temperature complaints received at monthly food committee meetings.

Comment

We will continue to monitor our processes to sustain results, but have not included this as a priority area in our action plan.

Indicator #10	Last Year		This Year		
	61.50	73	68.80	--	NA
Spiritual Care (Fosterbrooke)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

1)Spiritual care to be offered every other Sunday, possibly by an outside clergy 2)Spiritual Care Coordinator to organize a spiritual program for self or recreation staff to provide on Sundays 3)Make available virtual church services on Sundays for the residents

Process measure

- Resident Satisfaction Survey score

Target for process measure

- Review spiritual care satisfaction and ask for input at Resident’s Council monthly

Lessons Learned

We do now offer spiritual care services every sunday. Virtual was not necessary as we were able to have outside clergy every week which was well received. We also have one non-denominational service provided by local church per month. We continue to have a spiritual care co-ordinator 6 hours per week in house.

Comment

We will continue to monitor our current processes to sustain results, but have not included as a priority area in our action plan.

Indicator #4	Last Year		This Year		
	80.00	85	96.60	--	NA
Family Satisfaction – Would Recommend (Fosterbrooke)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

1)Managers have open door policy for families 2)All departments are represented at the resident care conferences

Process measure

- Family Satisfaction Survey score

Target for process measure

- Communication included in newsletter by September 2024. Care conference audits will show all departments represented 85% of the time by September 2024.

Lessons Learned

Successful implementation of this change idea has shown a significant improvement in this indicator. Communication provided via family newsletter, family portal and family council regularly by September. All departments attended care conferences 85% of the time or provided a report by September. Families do take advantage of the open door policies of managers within the home.

Comment

For 2025 we will continue to monitor our current processes to sustain results.

	Last Year		This Year		
Indicator #3	57.60	66.10	89.30	--	NA
Continence Care for Loved Ones (Fosterbrooke)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

1)Invite Prevail/Medline product provider to attend a Family Council meeting to provide an education session for families 2)Program lead or delegate to provide an in-service on the program at Fosterbrooke 3) Review resident continence at care conferences with families

Process measure

- Family satisfaction survey score

Target for process measure

- Education will be completed by September 2024 Leadership team will be aware of enhanced care conference process by April 2024.

Lessons Learned

Continence care program lead did present at Family Council meeting. Continence care program and resident's specific needs discussed at each care conference with opportunity for feedback.

Comment

For 2025 we will continue monitor our current processes to sustain results.

Indicator #11	Last Year		This Year		
	50.00	57.60	87.50	--	NA
Spiritual Care of a Loved One (Fosterbrooke)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

1)Spiritual care to be offered every other Sunday, possibly by an outside clergy 2) Spiritual Care Coordinator to organize a spiritual program for self or recreation staff to provide on Sundays 3) Make available virtual church services on Sundays for the residents

Process measure

- Family satisfaction survey

Target for process measure

- Review spiritual care satisfaction and ask for input at Family Council annually.

Lessons Learned

Significant improvement noted in family satisfaction in this area. Community clergy in house each sunday. Monthly non-denominational church service provided and well attended. Spiritual care coordinator providing services 6 hours per week.

Comment

We will continue to monitor our current processes to sustain results, but have not included as a priority area in our action plan.

Safety | Safe | **Optional Indicator**

Indicator #6	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Fosterbrooke)	22.01	17.30	24.34	-10.59%	17.30

Change Idea #1 ☒ Implemented ☐ Not Implemented

Medication reviews completed for all residents currently prescribed antipsychotics without diagnosis

Process measure

- # of residents reviewed monthly # of reduction strategies implemented monthly

Target for process measure

- All residents currently prescribed antipsychotics without supporting diagnosis will have a medication review completed by July 2024

Lessons Learned

Pharmacist and MD did medication reviews on all residents and worked toward de-prescribing as appropriate. Antipsychotic Decision Support Tool was implemented and completed monthly to update all action taken on any residents triggering this indicator. Total of 19 residents no longer triggering this indicator.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Medication reviews completed for all residents currently prescribed antipsychotics without diagnosis

Process measure

- # of residents reviewed monthly # of reduction strategies implemented monthly

Target for process measure

- All residents currently prescribed antipsychotics without supporting diagnosis will have a medication review completed by July 2024

Lessons Learned

Pharmacist and MD did medication reviews on all residents and worked toward de-prescribing as appropriate.

Comment

We will continue to implement new change ideas for this indicator in 2025 as we work toward our goal.

Indicator #5	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Fosterbrooke)	13.17	15	14.07	-6.83%	13

Change Idea #1 ☒ Implemented ☐ Not Implemented

Conduct environmental assessments of resident spaces to identify potential fall risk areas and address areas for improvement

Process measure

- # of environmental assessments completed monthly

Target for process measure

- Environmental risk assessments of resident spaces to identify fall risk will be completed per policy by June 2024

Lessons Learned

Successful implementation of this change idea has resulted in maintenance of this indicator below target. Environmental room scans completed monthly on all high risk residents - an average of 8 per month. Multidisciplinary falls committee held every week to review all falls each week for root cause and interventions, and reviewed again in one month or sooner as necessary.

Comment

We will continue to work on change ideas for this indicator in 2025 as we work to maintain and improve.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #2	0.00	2.50	0.00	#Error	NA
% of LTC residents with restraints (Fosterbrooke)	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 to restraints

Process measure

- # residents reviewed monthly

Target for process measure

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

Lessons Learned

No residents with any physical restraints for 2024. Continue to educate families at time of admission and as questions arise regarding least restraint policy and risks.

Comment

For 2025 we will continue to monitor our current processes to sustain results.

Indicator #1	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
% if LTC residents with worsening ulcers stages 2 - 4 (Fosterbrooke)	1.40	2	3.47	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

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

Process measure

- # 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

16 bed systems/surfaces were replaced. Wound Care Champion educated by 3M and all clinical staff educated annually on skin and wound program.

Comment

All residents with PURS score of 3 or higher were given a therapeutic surface. It has increased our awareness of the necessity to continue with that proactive step with all new admissions and as residents decline.