

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #3	47.20	67.80	70.60	--	NA
I am satisfied with the temperature of my food and beverages. 2023 - 47.2%	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
No data for 2022 (Hillside Manor)					

Change Idea #1 Implemented Not Implemented

- Ensure steam cart is plugged in at each meal, - temperature sheets to be maintained and documented, - Conduct random food audits temperature and quality audits 3x/ week. - Communicate with Residents in D/R about meal service. - Resident choice meal once a month to be discussed at Resident Council/ and food committee meetings. - New menu coming out from Extencicare Monthly food council meetings.

Process measure

- Obtain feedback from Residents during meal service and in Food Council meetings to determine if they are satisfied with outcomes.

Target for process measure

- Each meal will be within the desired temperature range by April 1st, 2024.

Lessons Learned

Resident's choice meal has been implemented into the menu and Residents are enjoying it. The new Extencicare menu has been implemented. Food temperatures remain a concern for some Residents while others are satisfied. The cart is being consistently plugged in. Food quality is discussed at Resident Council meetings. A challenge we experience is satisfying all Residents as food preference and temperature is specific to each individual.

Comment

Food quality and temperature audits are ongoing. Pleasurable dining will continue to be a focus as well as meal satisfaction.

	Last Year		This Year		
Indicator #7	35.30	47.20	57.60	--	NA
resident has input into the recreation programs available.	Performance	Target	Performance	Percentage Improvement	Target
35.3% for 2023	(2024/25)	(2024/25)	(2025/26)	(2025/26)	(2025/26)
no data for 2022					
(Hillside Manor)					

Change Idea #1 Implemented Not Implemented

- Send out survey questions every six months to Families for input. - Promote enrollment in activity pro. - Continue to discuss family input in care conferences. - ED will share monthly emails with Families with updates within the home and activity and food calendars

Process measure

- Family members who visit regularly and who are highly involved in their loved one's care will be asked during their visits if they are satisfied with outcomes.

Target for process measure

- Track progress and feedback at each Family Council meeting.

Lessons Learned

Our home did promote enrollment into activity pro for Families, it is discussed at care conferences, and it has been included in the Family newsletter.

Challenges include Family involvement and lack of understanding or use of technology from families.

We did not meet our goal for sending out survey questions every six months and did not share monthly emails with Families regarding activities and food calendars. Our challenges have been meeting the needs of the demographics of the Residents in our home. Other challenges include frontline Staff recognizing the importance that recreation plays in the lives of our Residents.

Comment

We will prioritize sharing monthly information with Families.

Indicator #2	Last Year		This Year		
	Family satisfaction Would recommend - 85.7 (Hillside Manor)	85.70 Performance (2024/25)	85 Target (2024/25)	87.50 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

I am satisfied with the variety of spiritual care services. 52.6%

Process measure

- Measured with ongoing feedback with Families during Council meetings and care conferences.

Target for process measure

- Increase target results by July 2024.

Lessons Learned

Additional spiritual programs outside of religious programs were added to the calendar. Recreation participated in online education for Spiritual Care.

Challenges include recognition of what is defined as being spiritual as spirituality is unique to each individual.

Indicator #8	Last Year		This Year		
	Resident satisfaction would recommend. 88.9 % (Hillside Manor)	88.90 Performance (2024/25)	75 Target (2024/25)	85.30 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

I have input into recreation programs available. 48.3%

Process measure

- Meet with Residents to determine who would like to participate in what kind of programs. Obtain feedback from Residents during Resident council meetings and care conferences.

Target for process measure

- Increase variety of recreation programs and resident participation levels by July 2024.

Lessons Learned

Our home was successful in meeting this goal. Calendar planning was included on the Recreation calendar. Resident requested programs were highlighted on the calendar to help Residents identify which programs they requested.

Challenges include creating programs for Residents who are non-verbal or for those who cannot advocate for themselves. Other challenges include, cognitive Residents not accepting their favorite programs are not on the calendar daily due to need to accommodate to as many preferences as possible.

Indicator #4	Last Year		This Year		
	Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Hillside Manor)	14.29 Performance (2024/25)	15 Target (2024/25)	17.87 Performance (2025/26)	-25.05% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

The home will host falls parties to assist in engaging staff in falls prevention. Information such as falls trends, location and time of falls will be shared with Staff via routine huddles. Charting buddies will be implemented for Residents at high risk for falls this will allow for PSWs to provide additional supervision while completing their documentation.

Process measure

- # of Residents reviewed for activity needs/ preferences weekly # of activity programs that occur during change of shift in early afternoon weekly. # of environmental assessments completed monthly # of identified deficiencies from assessments that were corrected monthly.

Target for process measure

- Specific activity program at afternoon change of shift will be implemented by July 2024.

Lessons Learned

In 2024 we celebrated a reduction in falls. Details of falls are reviewed, and the falls teams meets regularly. The charting buddy's system has been rolled out to Staff. Challenges have been frontline Staff engaging in the buddy system and taking the initiative to recognize and react to Residents at high risk for falls.

Comment

We will continue to emphasize the importance of providing enhance supervision to Residents who are at high risk for falls. We will cleebrate our falls reduction successes and consider feedback from other homes.

Indicator #5	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Hillside Manor)	16.48 Performance (2024/25)	17.03 Target (2024/25)	18.79 Performance (2025/26)	-14.02% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Medication reviews completed for all residents currently prescribed antipsychotics.

Process measure

- # of residents reviewed monthly # of care plans reviewed that have supporting diagnoses # of reduction strategies implemented monthly.

Target for process measure

- Residents who are currently prescribed antipsychotics will have a medication review completed by July. 2024.

Lessons Learned

Our home has improved greatly with reducing antipsychotic's med reviews were completed. In December 2024 we were within the target benchmark for antipsychotics. Antipsychotic reduction involves collaboration with the multidisciplinary team including, Nursing, Physician, Pharmacy and our BSO team.

Challenges include implementing effective alternative strategies to manage responsive behaviors in order to reduce/eliminate antipsychotics.

Comment

We will continue to focus on managing antipsychotic usage and continue to involve our BSO and care team in trialing alternatives to antipsychotic's.

Indicator #1	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 (Hillside Manor)	1.60	2	1.60	--	NA

Change Idea #1 Implemented Not Implemented

Conduct a review of therapeutic surfaces e.g. beds for Residents who have a PURS score of 3 or greater. Enhance Registered Staff knowledge on early identification of wounds and staging of pressure injuries. Education for PSW's related to importance of turning and repositioning.

Process measure

- Determine number of Residents with PURS score of 3 or greater. - # of monthly reviews completed on bed surfaces. - # of bed surfaces requiring replacing monthly. - # of monthly education sessions for Registered Staff related to staging of pressure ulcers.

Target for process measure

- Review of current bed surfaces for residents with a PURS score of 3 or greater by August. 2024.

Lessons Learned

Our home ensured PURS scores were reviewed, and proper interventions were in place. Therapeutic devices to support prevention of pressure ulcers were ordered. Nov 26th Aseptic technique/ NSWAC Nurse was here, and education was initiated. Education was provided to PSW's on wound prevention strategies. Challenges include education for all Staff on each shift especially for our casual staff members. Other challenges include connecting with our Physio Therapist for feedback on days he is here.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #6	0.00	2.50	0.00	--	NA
percentage of residents with restraints. (Hillside Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Maintain least restraint usage home through ongoing communication.

Process measure

- # of meetings held with families/residents to discuss alternatives monthly.

Target for process measure

- least restraint utilization.

Lessons Learned

Our home was successful in maintaining the least number of restraints possible. Education is provided to Staff, residents, and families when a restraint is being considered, and least restraint options are tried first. If the restraint is still requested, we collaborate the usage with our multidisciplinary team and Physican. We also monitor the Resident using the restraint for its duration.

When a restraint is still requested by a Resident or family member, it can be challenging finding alternatives to trial, resulting in the potential to be above the restraint benchmark.