

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

	Last Year		This Year		
Indicator #9	63.90	75	65.40	--	NA
Resident Satisfaction - Would recommend. (Humber Valley Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Encourage resident participation in resident council.

Process measure

- Increased resident participation in council meetings.

Target for process measure

- Target for process measure June 2024.

Lessons Learned

Resident Council meets monthly and has become very active with discussions and suggestions.

Change Idea #2 Implemented Not Implemented

Get ideas from resident what they would like to see changed and determine if those ideas are feasible.

Process measure

- Increased participation of residents during care conferences.

Target for process measure

- Target for process measure June 2024.

Lessons Learned

Residents are invited and encouraged to attend the care conferences which has been positive.

Comment

Residents have expressed satisfaction with changes within the home throughout the past year. Strategies will continue as they have been shown to be effective.

	Last Year		This Year		
Indicator #11	50.00	75	NA	--	NA
Resident Satisfaction: I am updated regularly about any changes in my home. (Humber Valley Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Increase information available to residents and families.

Process measure

- Newsletter distributed on a monthly basis. Monthly discussion of newsletter items part of monthly programs for residents.

Target for process measure

- Process measure will be implemented by April 2024.

Lessons Learned

Newsletter completed and distributed monthly. Items discussed with residents as required.

Change Idea #2 Implemented Not Implemented

Increase communication through posted information.

Process measure

- Information boards are updated and current information is posted.

Target for process measure

- Target for process measure is April 2024.

Lessons Learned

Information boards are kept updated with current information including new boards in elevators.

Change Idea #3 Implemented Not Implemented

Update residents and families with any changes occurring within the home.

Process measure

- Increased resident and family participation in quality meetings

Target for process measure

- Target for process measure Dec 2024.

Lessons Learned

Residents invited to and several attend the quality meetings. All families are sent a link to the meetings to attend virtually if able.

Comment

Residents and families are invited to attend quarterly quality meetings (open meeting). Survey was revised as per feedback and question was not included for 2024 survey.

	Last Year		This Year		
Indicator #12	51.50	75	58.10	--	NA
Resident Satisfaction: My care conference is a meaningful discussion that focusses on what's working well, what can be improved and potential solutions. (Humber Valley Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Increase resident and family participation in care conferences.

Process measure

- Increased participation of residents and families.

Target for process measure

- Target for process measure: June 2024

Lessons Learned

Residents and families are invited and encouraged to attend care conferences.

Change Idea #2 Implemented Not Implemented

Increase ability to participate in care conferences.

Process measure

- Increased participation from residents and families in care conferences.

Target for process measure

- Target for process measure June 2024

Lessons Learned

Care conference times were increased to allow more interaction and questions with residents and families which has resulted in increased participation.

Comment

Residents and families are always invited and encouraged to attend care conferences, with families invited to attend virtually if unable to attend in person. This has been successful and will continue.

	Last Year		This Year		
Indicator #10	52.80	75	62.20	--	NA
Resident Satisfaction: Communication from home leadership is clear and timely. (Humber Valley Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Ensure all information sent to residents and families is clear and sent in a timely manner.

Process measure

- Ensure posted information is up to date and clear during manager walk-about.

Target for process measure

- Target for process measure June 2024.

Lessons Learned

Information boards reviewed and updated regularly. Information boards replaced within elevators.

Change Idea #2 Implemented Not Implemented

Increase information to residents and families through activity boards.

Process measure

- Activity boards will be full of information and up to date during manager walkabouts.

Target for process measure

- Target for process measure May 2024.

Lessons Learned

Activity boards updated daily. Information about monthly and daily activities are posted.

Comment

Information boards are updated regularly and older information promptly removed. Monthly newsletter sent out to all families and available in written format. These have been very positive processes and will continue.

Indicator #3	Last Year		This Year		
Family Satisfaction - Would Recommend (Humber Valley Terrace)	69.60	85	66.00	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Encourage family participation to develop a Family Council.

Process measure

- Family Council is created and becomes an active council.

Target for process measure

- Target for process measure Oct 2024.

Lessons Learned

Although families have been frequently encouraged to create a family council, HVT does not yet have a formal Family Council. We are continuing to work with families to try to implement.

Change Idea #2 Implemented Not Implemented

Get ideas from families what they would like to see changed and determine if those ideas are feasible.

Process measure

- Increased participation and comments from families re: change ideas.

Target for process measure

- Target for process measure Dec. 2024.

Lessons Learned

More families are coming forward with ideas and suggestions through the Suggestion box and general discussion.

Comment

Continue to encourage families to create a Family Council and become involved within the home.

Indicator #4	Last Year		This Year		
	Family Satisfaction: Overall, I am satisfied with the meal, beverages and dining service. (Humber Valley Terrace)	52.70 Performance (2024/25)	85 Target (2024/25)	NA Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

FSM is aware of food change requests of residents at all times.

Process measure

- Fewer meal related concerns from residents and families documented during Residents Food Council.

Target for process measure

- Target for process measure Oct 2024.

Lessons Learned

Residents are happy with the menu and meals and less concerns have been voiced re: meals.

Change Idea #2 Implemented Not Implemented

Receive feedback from residents regarding new menu items to determine if they are in agreement with adding them to the main menu rotation.

Process measure

- Feedback obtained from residents 2x/year and menu items adopted or removed from main menu.

Target for process measure

- Target for process measure June 2024.

Lessons Learned

Food Council is run by Food Service Manager and residents are active with menu choices.

Change Idea #3 Implemented Not Implemented

Get feedback regularly from residents and families.

Process measure

- Feedback obtained from residents and families with documented dietary interventions as per resident preferences.

Target for process measure

- Target for process measure Dec. 2024

Lessons Learned

Residents and families are asked for feedback during care conferences, Resident and Food Councils, suggestion box, monthly newsletter.

Change Idea #4 Implemented Not Implemented

Improve physical dining layout for second and third floors.

Process measure

- Dining room seating is completed for all residents, and no dining room tables remain in second and third floor lounges.

Target for process measure

- Target for process measure May 2024.

Lessons Learned

Second and third sunrooms have been renovated and seating plans have been adjusted for improved seating layout on all floors.

Comment

Seating plans on all floors have been reviewed and adjusted for a much better meal experience on all floors. Survey was revised as per feedback and question was not included for 2024 survey.

Indicator #5 Family Satisfaction: The resident enjoys eating meals in the dining room. (Humber Valley Terrace)	Last Year		This Year		
	56.40	85	62.70	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Improve dining room aesthetics.

Process measure

- Resident verbally express satisfaction re: changes during Resident Council and individually.

Target for process measure

- Target for process measure March 2024

Lessons Learned

Residents have expressed satisfaction over the improvements within the dining room.

Change Idea #2 Implemented Not Implemented

Bring 2nd and 3rd floor residents down to main dining room.

Process measure

- Half of residents on second and third floors come down for meals to main dining room.

Target for process measure

- Target for process measure May 2024.

Lessons Learned

Resident seating plans have been adjusted with staff duties, with residents from 2 and 3 coming down to the main dining room for meals.

Comment

Residents have expressed their satisfaction with the changes in all dining rooms.

Indicator #6	Last Year		This Year		
	Family Satisfaction: The resident has input into the recreation programs available. (Humber Valley Terrace)	56.60 Performance (2024/25)	85 Target (2024/25)	64.40 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Increase resident participation in recreation calendar development.

Process measure

- Increased "resident choice" programs on the calendar.

Target for process measure

- Target for process measure May 2024

Lessons Learned

Residents are asked during resident council and individually what kinds of programs they would like to participate in.

Change Idea #2 Implemented Not Implemented

Give feedback to resident's council re: program changes.

Process measure

- Residents actively give feedback and those are documented in the Resident Council minutes.

Target for process measure

- Target for Process measure June 2024

Lessons Learned

Residents are asked during Resident Council re: programs which was successful.

Change Idea #3 **Implemented** **Not Implemented**

Discuss recreation and activities individually with resident and families for regular feedback.

Process measure

- Increased resident participation in activities/month.

Target for process measure

- Target for process measure Dec. 2024

Lessons Learned

Evening activation aide line added to increase activities in the evening which has been beneficial.

Comment

Residents actively involved in program planning. Evening activation aide line added. Strategies were shown to be effective and will continue.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #1	0.00	2.50	0.00	#Error	NA
% of LTC residents with restraints (Humber Valley Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

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

Process measure

- # of education sessions held monthly.

Target for process measure

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

Lessons Learned

Staff are educated annually on alternatives to restraint use resulting in the successful maintenance of a restraint free home.

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

Maintain a restraint free home.

Process measure

- Home will remain restraint free.

Target for process measure

- Target for process measure Dec. 2024

Lessons Learned

Home continues to remain restraint free.

Comment

We continue to monitor and review our successful processes to ensure we remain restraint free.

Indicator #2	Last Year		This Year		
% of LTC residents with worsened ulcers stages 2-4 (Humber Valley Terrace)	0.90	2	1.91	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

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

Process measure

- # of residents with PURS score of 3 or greater. # of reviews completed of bed surfaces/Mattresses monthly # 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

This was a successful strategy for the home. All bed systems were reviewed. High risk resident mattresses were replaced with Promats. We have a plan in place to replace all mattresses with Promats by 2025.

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

Registered staff received education on staging and treatment of pressure injuries. Ongoing education scheduled on an annual basis for all active registered staff.

Comment

Ongoing education for staff, review of non-essential emergency transfers, and review of sitting surface for all new admissions will continue to improve this indicator and will continue to be a focus for 2025.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #7	11.37	15	15.16	-33.33%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Humber Valley Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Implement specific activity program at afternoon change of shift for residents who are high risk for falls.

Process measure

- # of residents reviewed for activity needs/preferences weekly. # of activity programs that occur during change of shift in afternoon weekly

Target for process measure

- Target for process measure for programs at afternoon shift June 2024

Lessons Learned

Activation aide hired for evening shift and they provide afternoon programs.

Change Idea #2 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. # of identified deficiencies from assessments that were corrected monthly.

Target for process measure

- Target for environmental risk assessments to be completed by June 2024.

Lessons Learned

Environment reviewed and tripping hazards removed as identified. Ongoing assessments being conducted.

Comment

Falls continue to occur. Each fall results in a fall huddle and review to identify root cause and what actions can be taken to prevent additional falls. this continues to be a priority focus for 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 (Humber Valley Terrace)	11.03	17.30	6.23	43.52%	5
	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

- # of residents reviewed monthly #of plans of care reviewed that have supporting diagnosis # 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

All residents on antipsychotics reviewed and reduction strategies in place.

Change Idea #2 Implemented Not Implemented

Provide educational material to families and/or residents on antipsychotics and the importance of minimizing use.

Process measure

- # of families provided with best practice information on reducing antipsychotics monthly. # 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 importance of minimizing use by Sept 2024

Lessons Learned

Information given to families during care conferences and are part of the tour package.

Comment

Indicator continues to improve with better understanding of antipsychotic medications and family understanding. Strategies were successful and will continue.

