Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #10	**89.50**	**90**	**89.50**	**--**	**NA**
Resident would recommend this home to others (Kilean Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Education on what spiritual care services are Increase doctor involvement in quality meetings and care conferences

Process measure

- Number of residents who are satisfied with spiritual care services offered will increase Number of residents satisfied with quality of care from doctors will increase

Target for process measure

- We are aiming to increase the percentage of residents who would recommend this home from now until December 31, 2024 by increasing satisfaction with the spiritual care services provided and satisfaction with the quality of care offered by the doctors

Lessons Learned

Have partially met this goal. Education was provided on spiritual care services but MD continues to not be actively involved in majority of meetings. See action plan in satisfaction with MD

Comment

Resident satisfaction with the home remains at the same percent as last year however, both action items from resident survey last year have declined further in satisfaction and new action plans have been developed.

	Last Year		This Year		
Indicator #9 Resident satisfaction with variety of spiritual care services (Kilean Lodge)	**73.30** Performance (2024/25)	**75** Target (2024/25)	**52.60** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ **Implemented** ☐ **Not Implemented**

Education to residents as to what spiritual care services are.

Process measure

- Number of residents satisfied with variety of spiritual care services will increase.

Target for process measure

- We are aiming to increase resident satisfaction with the variety of spiritual care services offered from now until December 31, 2024 by providing education on what spiritual care services are.

Lessons Learned

Education was provided and residents are asked about satisfaction following spiritual care and are provided an opportunity each month at resident council to make requests/suggestions.

Change Idea #2 ☐ **Implemented** ☑ **Not Implemented**

Developing a survey to determine the gap as to why residents feel they are not receiving spiritual care services

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Has not yet been implemented. New change idea for 2025

Comment

Believe residents continue to not understand what spiritual care entails. Encourage residents to voice what they would like and what they perceive spiritual care to be. New action plan developed as percentage of satisfaction has dropped further.

Indicator #8

Resident satisfaction with the quality of care from the doctors (Kilean Lodge)

Last Year		This Year		
66.70	**70**	**52.60**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

Involve MD in care conferences and quality meetings.

Process measure

- Percent of satisfaction with the quality of care from the doctors will increase.

Target for process measure

- We are aiming to increase the percent of resident satisfaction with the quality of care from doctors from now until December 31, 2024 by arranging greater involvement of MD in care conferences and quality meetings.

Lessons Learned

MD is involved in PACC meetings. Has been involved in high risk care conferences. Has not been overly involved in meeting with residents when in building. New action plan created. MD has attended resident council this year and improvement already in place.

Change Idea #2 ☑ Implemented ☐ Not Implemented

CQI nurse to take MD to individual residents rooms to talk with them.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Nurse has been having MD travel to resident rooms and directly increasing engagement with the residents.

Change Idea #3 ☐ Implemented ☑ Not Implemented

MD to have greater involvement in resident care conferences, as on a day she is not here then will phone for any residents who are identified as high risk

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

To be implemented, new change idea

Comment

New action plan created to address this item as percentage has dropped further.

	Last Year		This Year		
Indicator #3 Family would recommend this home to others (Kilean Lodge)	**90.50** Performance (2024/25)	**91** Target (2024/25)	**82.10** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Increase the percentage of satisfaction with continence care product choices and spiritual care services.

Process measure

- Number of families satisfied with the continence products choices in the home will increase. Number of families satisfied with the spiritual care services will increase.

Target for process measure

- We are aiming to increase the percentage of families who would recommend this home from now until December 31, 2024 by increasing satisfaction with the continence care product choices and satisfaction with the spiritual care services provided.

Lessons Learned

Number of families satisfied with continence products and spiritual care increased and surpassed goals. See goals for each and outcomes under individual headings

Comment

Percent of families has declined but remains above 80%. Action plan created for areas to address. Percentage above 80% is satisfactory.

	Last Year		This Year		
Indicator #2 Family satisfaction with the variety of spiritual care services (Kilean Lodge)	**64.70** Performance (2024/25)	**70** Target (2024/25)	**78.30** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Education to families regarding what spiritual care services are.

Process measure

- Number of families satisfied with variety of spiritual care services will increase.

Target for process measure

- We are aiming to increase family satisfaction with the variety of spiritual care services offered from now until December 31, 2024 by providing education on what spiritual care services are.

Lessons Learned

Vast improvement in this area, exceeded goal. Will continue to provide education as necessary.
Education was provided and surveys were created to determine satisfaction with each program. Exceeding last years goal shows action plan was successful.

Comment

Exceeded expectations from last year's set goals.

	Last Year		This Year		
Indicator #1	**62.50**	**65**	**84.60**	**--**	**NA**
Family satisfaction with the choice of continence care products provided (Kilean Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Education to be provided to the families regarding continence care products and choice.

Process measure

- Percent of satisfaction with choice of continence care products provided will increase.

Target for process measure

- We are aiming to increase the satisfaction of families with the choice of continence care products from now until December 31, 2024 by providing education to families.

Lessons Learned

Questions on survey have changed. New question is Bladder care products keep the resident dry and comfortable.
Family did not attend education however, satisfaction increased and there have been no concerns identified in meetings from residents or families on follow up

Comment

Improvement in satisfaction has exceeded goal.

Safety | Effective | Custom Indicator

Indicator #4

Percent of residents with restraints (Kilean Lodge)

Last Year		This Year		
0.00	0	0.00	#Error	NA
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Ongoing education to families on admission and ongoing

Process measure

- Monitor monthly QI CIHI percent of residents with restraints

Target for process measure

- We are aiming to maintain current percentages from now until December 31, 2024 by providing ongoing education to families and/or residents as need is identified.

Lessons Learned

Zero restraints. Education provided on admission. No requests for restraints

Change Idea #2 ☑ Implemented ☐ Not Implemented

Offer alternative interventions such as recreation, medication review, and staff engagement to keep residents engaged.

Process measure

- Number of residents with a restraint will remain at current percentage

Target for process measure

- We are aiming to maintain current percentages from now until December 31, 2024 by providing recreational activities, staff engagement for keeping residents engaged, medication reviews.

Lessons Learned

Remained at zero. Not required as no requests for restraints

Change Idea #3 ☑ Implemented ☐ Not Implemented

Re-evaluation of restraints as situations change

Process measure

- Maintain the current percentage of residents with restraints

Target for process measure

- We are aiming to maintain current percentages from now until December 31, 2024 by evaluating the restraint quality indicator and reviewing high risk residents at morning report

Lessons Learned

Not required as restraints not utilized

Change Idea #4 ☑ Implemented ☐ Not Implemented

Education to staff on risks associated with restraints

Process measure

- Maintain current percentage of residents with restraints

Target for process measure

- We are aiming to maintain current percentages from now until December 31, 2024 by providing education to staff on risks associated with restraints

Lessons Learned

Completed annually. No concerns as restraints not utilized

Comment

Restraints remained at goal of zero

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #7 Percentage of residents with worsening pressure ulcers at stage 2-4 (Kilean Lodge)	**2.86** Performance (2024/25)	**2** Target (2024/25)	**2.87** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

3M to provide wound care education to staff

Process measure

- Number of staff educated on wound care by 3M will increase

Target for process measure

- We are aiming to reduce the number of worsening pressure ulcers from now until December 31, 2024 by increasing the number of staff who have received education by 3M.

Lessons Learned

Multiple education sessions provided throughout the year enhancing staff knowledge and confidence

Change Idea #2 ☑ Implemented ☐ Not Implemented

Education on wound staging to frontline staff

Process measure

- Number of staff who have received wound staging to frontline staff will have increased

Target for process measure

- We are aiming to reduce the number of residents with worsening pressure ulcers from now until December 31, 2024 by increasing education for frontline staff on wound staging.

Lessons Learned

Education helped enhance staff knowledge and confidence and identification at earliest possible stage

Change Idea #3 ☑ Implemented ☐ Not Implemented

SALT training focus on resident transfers to reduce potential skin tears

Process measure

- Number of worsened pressure ulcers reviewed monthly Number of RMM trends for care and treatment reviewed monthly Number of cushion audits for proper inflation reviewed monthly Number of CI's surrounding improper SALT transfers reviewed monthly

Target for process measure

- We are aiming to reduce the number of residents with worsened pressure ulcers from now until December 31, 2024 by focusing on SALT training for staff to reduce the risk of potential skin tears

Lessons Learned

Education provided on proper inflation and importance, trends and RCA's completed to identify route cause and address the underlying problem, no CI's related to SALT transfers

Change Idea #4 ☑ Implemented ☐ Not Implemented

Review residents at risk at morning report

Process measure

- Number of residents identified at risk at morning report on weekdays reviewed

Target for process measure

- We are aiming to reduce the number of residents with worsened pressure ulcers from now until December 31, 2024 by reviewing residents at risk at morning report.

Lessons Learned

Staff reviewing every shift and management reviewing and following up during business hours

Comment

Worsening pressure ulcers is above average for home as one resident with a pressure ulcer places the home in the red due to low denominator for the home.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #5 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Kilean Lodge)	**16.94** Performance (2024/25)	**15** Target (2024/25)	**18.60** Performance (2025/26)	**-9.80%** Percentage Improvement (2025/26)	**13** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Recreation providing programs during break times.

Process measure

- Numbers of residents who have fallen during break times for staff.

Target for process measure

- We are aiming to reduce the number of residents who fall during break times by 20% from now to December 31, 2024 by increasing the provision of recreational activities during staff break times.

Lessons Learned

With recreation high fall times altered. Also, noted decline in number of falls as year progressed

Change Idea #2 ☑ Implemented ☐ Not Implemented

Programs to be provided on both floors and transfer residents between floors.

Process measure

- Number of programs between floors will be evenly distributed between the floors.

Target for process measure

- We are aiming to reduce the number of falls on second floor by 25% from now until December 31, 2024 by ensuring a more equalized distribution of programs between first and second floor.

Lessons Learned

Rotating floors and conducting specific programs on the floor of greatest interest at times. Greater resident satisfaction

Change Idea #3 ☑ Implemented ☐ Not Implemented

Education for staff surrounding restorative care to help improve resident independence

Process measure

- Number of staff who have completed restorative care will increase

Target for process measure

- We are aiming to increase the number of staff who have received restorative care education from now to December 31, 2024 by arranging more education opportunities with Achieva for all staff within the home.

Lessons Learned

Enhanced number of staff who completed restorative care education last year and new lead for the program. Noticeable increase in residents on program and staff obtaining greater participation of residents in programs.

Change Idea #4 ☑ Implemented ☐ Not Implemented

Interdisciplinary fall rounds meetings will occur weekly with staff on the floor.

Process measure

- Number of falls meetings occurring monthly will be four to five per month

Target for process measure

- We are aiming to increase staff involvement in falls meetings by 20%, from now to December 31, 2024 by ensuring weekly meetings are occurring and staff from alternate departments are represented.

Lessons Learned

Rounds occurring weekly and staff involved with feedback on fall prevention strategies

Comment

Was 29.4% at start of year (February) and through interventions came down to 9.4% at the end of the year. Actual fall percentage for 2024 was 17.93%. Number was inputted already and unable to input correct number. Falls greatly reduced from January to December of last year due to above interventions. Continue to remain lower and continue with above interventions. Falls percentage declined greatly from the start of the year.

Indicator #6

Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Kilean Lodge)

Last Year		This Year		
10.39	**10**	**X**	**--**	**8**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Utilizing external resources to assist in strategies for nonpharmacological interventions.

Process measure

- Monitor antipsychotic indicator monthly Monitor DST tool monthly

Target for process measure

- We are aiming to reduce the number of residents receiving antipsychotics from now to December 31, 2024 through regular routine involvement of external resources.

Lessons Learned

External resources help ensure proper diagnosis and treatment of residents. SMHO and PRC attend meetings every third Wednesday of the month

Change Idea #2 ☑ Implemented ☐ Not Implemented

Responsive behaviour lead conducting biweekly rounds with MD

Process measure

- Monitor antipsychotic QI monthly Monitor DST tools as part of antipsychotic reduction program

Target for process measure

- We are aiming to reduce the number of residents receiving antipsychotics from now until December 31, 2024 through the responsive behaviour lead meeting biweekly with the MD

Lessons Learned

Responsive behaviour lead conducts rounds with MD when in building and when not ensures communication with alternative nurse to conduct rounds

Change Idea #3 ☑ Implemented ☐ Not Implemented

Staff to receive education on responsive behaviours and education geared towards individual resident responsive behaviours

Process measure

- Increased number of staff receiving external education Increased number of in house education opportunities

Target for process measure

- We are aiming to reduce the number of residents receiving antipsychotics from now until December 31, 2024 through providing additional education opportunities for staff

Lessons Learned

PRC comes to home to provide resident specific education as requested improving resident care and providing support. Staff have also been sent on U-First and PIECES education.

Change Idea #4 ☑ **Implemented** ☐ **Not Implemented**

New antipsychotic reduction program implemented within the home

Process measure

- Number of residents receiving antipsychotics without a diagnosis as part of DST tool Number of residents receiving antipsychotics with a diagnosis as part of DST tool CIHI QI percent of residents receiving an antipsychotic without a diagnosis

Target for process measure

- We are aiming to reduce the percent of residents receiving antipsychotics without a diagnosis from now until December 31, 2024 through monthly updates and review of antipsychotic reduction program DST tool.

Lessons Learned

Tool helps track residents on antipsychotics and if they have a diagnosis

Comment

Unable to enter percentage for 2024. Is currently 6.11%