

Experience | Patient-centred | Optional Indicator

Indicator #14	Last Year		This Year		
	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". (Mackenzie Place)	CB	CB	NA	--	NA

Change Idea #1 Implemented Not Implemented

Process measure

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Target for process measure

No target entered

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Lessons Learned

This particular question was not part of the 2024 resident voice survey.

Comment

The new Resident voice survey did not include this specific question. 88.2% of residents felt staff are friendly and can be trusted. 82.4% of residents feel comfortable raising concerns with staff and leadership.

	Last Year		This Year		
Indicator #13	CB	CB	CB	--	NA
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Mackenzie Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Process measure

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Target for process measure

No target entered

-

Lessons Learned

This particular question was not part of the 2024 Resident voice survey.

Comment

The new Resident voice survey did not include this specific question. 88.2% of residents felt staff are friendly and can be trusted. 82.4% of residents feel comfortable raising concerns with staff and leadership.

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

	Last Year		This Year		
Indicator #10	95.20	75	76.50	--	NA
% of Residents who would respond to the statement "I would recommend the Home" on the annual resident engagement survey (Mackenzie Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Ensure all residents are given the opportunity to become involved in resident council meeting in the home monthly.

Process measure

- Meeting times will be posted, individual residents will be invited to meetings.

Target for process measure

- Resident positive response to the statement "I would recommend the Home" will be maintained above 75% on the annual resident experience survey.

Lessons Learned

Meeting times are include in the monthly calendar, daily sheet and personal invitation by recreations staff.

Change Idea #2 Implemented Not Implemented

Provide resident specific information handbook about the home for newly admitted residents

Process measure

- number of new admissions receiving the resident handbook in their welcome basket.

Target for process measure

- 100% of all new admissions will be provided with a resident handbook upon admission by the end of May.

Lessons Learned

All existing residents and new residents have received the resident handbook. The handbook was reviewed at RC meeting for further information they would like to see included.

Indicator #3	Last Year		This Year		
% of families who would positively respond to the statement " I would recommend this home" on the annual family experience survey (Mackenzie Place)	80.00	85	86.70	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Ensure families are provided information on how to form a family council.

Process measure

- Audit new admission packages quarterly to ensure "How to form a Family Council" is included. Quarterly this information will be reviewed at Family Forum meetings.

Target for process measure

- 100% of families will receive information on how to form a family council by May 2024.

Lessons Learned

Family is provided information on forming a family council in the admission package as well as it is reviewed quarterly at the family forum meeting. To date there is no organized family council in the Home

Change Idea #2 Implemented Not Implemented

Ensure families receive invitations to attend family forum meetings.

Process measure

- Complete tracking to ensure families receive invitations to quarterly family forum meetings

Target for process measure

- 100% of families receive notification of invitations to quarterly family forum meetings.

Lessons Learned

Monthly family communication includes date of upcoming family forum meetings, Invitations are emailed and posted. Families have an option to attend in person or virtually.

Indicator #2	Last Year		This Year		
	% of families who would positively respond to the statement "There is a good choice of continence care products" on the annual family engagement survey (Mackenzie Place)	46.20 Performance (2024/25)	85 Target (2024/25)	86.70 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Provide education to families on the continence care products and program offered at home. Education will be provided through live presentation and written information.

Process measure

- Two live sessions will be offered during family forum meetings May and November. Written material will be provided to all families through monthly communication newsletter.

Target for process measure

- Increase positive response to 85% satisfaction on the family engagement survey to the statement "There is a good choice of continence care products on the 2024 survey."

Lessons Learned

Education was provided twice in 2024 by Prevail to both residents and families. No family attended sessions offered.

Change Idea #2 Implemented Not Implemented

Provide continence care program and product information to admission package and provide during annual care conferences.

Process measure

- Audit admission package information material to ensure inclusion of continence care program poster/brochure.

Target for process measure

- 100% of admission packages will include information regarding the continence care program by May 2024.

Lessons Learned

Information is now provided in the admission package regarding continence products.

Change Idea #3 Implemented Not Implemented

POA will be provided with written information when resident has a change in continence and requires continence care products.

Process measure

- Documented communication with POA regarding continence care product education.

Target for process measure

- 100% of residents with a change in continence care product will have a documented note regarding education

Lessons Learned

Changes in continence product is discussed and documented with the POA.

Indicator #4	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
% of family who would respond positively to the statement "I have an opportunity to provide input on food and beverage options" on the family engagement survey. (Mackenzie Place)	50.00	85	NA	--	NA

Change Idea #1 Implemented Not Implemented

Provide family an opportunity for input into menus options.

Process measure

- Review of new menu 2 times per year with the implementation of the spring/summer menu and fall/winter menu with families as part of family forum meetings.

Target for process measure

- increase positive response to 85% satisfaction on family engagement survey to the statement "I have an opportunity to provide input on food and beverage options"

Lessons Learned

Menus reviewed at Family Forum and sample menu sent out to family in monthly communication when there is a seasonal menu change.

Change Idea #2 Implemented Not Implemented

Review food preferences at admission care conferences with family if resident is unable to verbalize preferences.

Process measure

- Document food/beverage preferences on resident plan of care, if Resident can not make choices at mealtimes.

Target for process measure

- Increase positive response to 85% satisfaction on family engagement survey to the statement "I have and opportunity to provide input on food and beverage options" by next survey date.

Lessons Learned

Resident/Family are asked about food preferences during nutritional intake assessment and documented.

Change Idea #3 Implemented Not Implemented

Ensure families are aware of process residents provide feedback on food and beverage options

Process measure

- Increase awareness of families how feedback regarding food is sought on a monthly basis by reviewing in monthly communication and family forums

Target for process measure

- Information is added to monthly communication by end of April.

Lessons Learned

Family are aware through family forum meeting and monthly communication.

Comment

This specific question was not included in the 2024 Resident experience survey so unable to compare impact of actions.

	Last Year		This Year		
Indicator #1	57.10	85	80.00	--	NA
% of families that would respond positively to the statement "Communication by home leadership is improving" on the family engagement survey. (Mackenzie Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Increase awareness of changes through enhanced communication in the Home between families and home leadership.

Process measure

- Audit family contact information and preferred method to receive information monthly to ensure information is reaching families.

Target for process measure

- Satisfaction increases to 85% regarding clear and timely communication by the Home's leadership by the next resident and family experience survey.

Lessons Learned

Monthly communication is sent via email and is posted in the home for families. Communication rating increased by 20% on the most recent family engagement survey.

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

Provide alternate day and evening times of family forum meetings to promote attendance to meet varying schedules of family.

Process measure

- The number of family members in attendance at family forum meetings

Target for process measure

- Increased attendance at family forum meetings by 50% by December.

Lessons Learned

Although meetings are offered at alternating times and the option to attend in person or virtual attendance is unchanged with having 2-3 families attend quarterly.

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

Encourage family participation in quarterly Quality Council meetings.

Process measure

- The number of family expressing interest in participating in the quarterly quality council meeting

Target for process measure

- At least one family members in attendance at the quarterly quality council meeting.

Lessons Learned

Monthly communication to families identifies the date of the upcoming quality council meeting. Invite is sent to all families and meeting date is posted. Attendance by families has not changed with 0-1 family in attendance.

Comment

New family experience survey did not include this specific question to compare result of actions implemented. Questions on communication have indicated an increase of 7% in satisfaction with communication with leadership.

Indicator #9	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
% of residents who would positively respond to the statement "I have a good choice of continence care products" on the annual resident experience survey (Mackenzie Place)	62.50	75	86.70	--	NA

Change Idea #1 Implemented Not Implemented

Provide education to residents on the continence care products and program offered at home. Education will be provided through live presentation and written information.

Process measure

- Presentation will be offered during resident council meeting at resident council members discretion.

Target for process measure

- Increase positive response to 75% satisfaction on the resident engagement survey to the statement "There is a good choice of continence care products on the 2024 survey."

Lessons Learned

Presentation was provided by prevail to residents.

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

Provide continence care program and product information to admission package.

Process measure

- Audit admission package information material to ensure inclusion of continence care program poster/brochure.

Target for process measure

- 100% of admission packages will include information regarding the continence care program by May 2024.

Lessons Learned

Written information was provided to residents and is not part of the admission package information.

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

Resident if capable will be provided with written information with a change in continence and requirement of continence care product.

Process measure

- Documented communication with resident if capable regarding continence care product education.

Target for process measure

- 100% of residents with a change in continence care product will have a documented note regarding education

Lessons Learned

Individual residents are part of the discussion of change or options in continence care products.

Comment

New Resident experience survey did not include this specific question to compare result of actions implemented. Bladder Care product satisfaction questions are rated all above 86.7% and 80% satisfaction with providing feedback about products.

Indicator #8	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
% of residents that positively respond to the statement : I am satisfied with the temperature of my food and beverages" from the annual resident engagement survey. (Mackenzie Place)	59.10	75	NA	--	NA

Change Idea #1 Implemented Not Implemented

Daily dining room monitoring will include feedback from residents about satisfaction with temperature of food.

Process measure

- number of CSR received per month pertaining to food temperatures.

Target for process measure

- 100% of CSR's received regarding dissatisfaction with food temperatures will be addressed and resolved to satisfaction.

Lessons Learned

No CSR received regarding food temperature concerns.

Change Idea #2 Implemented Not Implemented

review resident feedback regarding food temperatures at monthly food committee meetings

Process measure

- Documented number of episodes of food temperature dissatisfaction, through meeting minutes.

Target for process measure

- No episodes of food temperature dissatisfaction.

Lessons Learned

Food Committee meeting minutes captures complaints as well as Client Service Response forms.

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

Investigate options to maintain desired temperature of foods/beverages.

Process measure

- number of documented episodes of dissatisfaction of food/beverage temperatures.

Target for process measure

- increase resident positive response to 75% with the statement "I am satisfied with the temperature of my food and beverages" on the next resident engagement survey.

Lessons Learned

Plate warmer was investigated but was not within the budget to purchase.

Comment

New Resident experience survey did not include this question to compare result of actions implemented.

Indicator #7	Last Year		This Year		
	% of residents responding positively to the statement " I am updated regularly about any changes in the home" on the annual resident engagement survey. (Mackenzie Place)	66.70 Performance (2024/25)	75 Target (2024/25)	81.30 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Increase awareness of changes through enhanced communication in the Home between residents and management.

Process measure

- Every Resident Council meeting will include as part of its minutes the monthly report provided by management

Target for process measure

- Increase in positive response to 75% on the resident engagement survey to the statement "I am updated regularly about any changes in the Home" by the next survey date.

Lessons Learned

Monthly management report is provided to Resident Council and is reviewed.

Change Idea #2 Implemented Not Implemented

In person management presence at resident council meetings at least once per quarter.

Process measure

- Resident Council Committee extending invitation to members of management at least quarterly

Target for process measure

- Quarterly in person attendance at Resident Council by invitation.

Lessons Learned

Resident council is asked monthly if they would like management to attend. Resident council has not requested this but monthly management update is provided to resident council.

Change Idea #3 Implemented Not Implemented

Ensure communication is available to all Residents

Process measure

- number of residents expressing desire to receive home communications and preferred method.

Target for process measure

- 100% of residents expressing communication interests receive material in a way they prefer .

Lessons Learned

Residents are provided with communication verbally and in print as indicated by residents as their preference. Written communication is provided on a standard form for easy identification.

Comment

New Resident experience survey did not include this question to compare result of actions implemented. Questions asked about communication are rated at 81.3%

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #12	15.04	17.30	16.67	-10.84%	15
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Mackenzie Place)	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

Resident antipsychotic use is assessed monthly using antipsychotic decision support tool. Residents are identified who have a potential to have antipsychotic reduced.

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 important of minimizing use by Sept 2024

Lessons Learned

Individual family discussions and information provided with best practice information regarding antipsychotics. Despite education family requested continuation of antipsychotics.

Comment

This continues to be an area of focus in 2025.

	Last Year		This Year		
Indicator #11	6.51	15	9.41	-44.55%	9
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Mackenzie Place)	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

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

Lessons Learned

Despite activities being offered the result in number of residents have falls was not effected, as timing of falls was not within the shift exchange time period of later at night and early morning.

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

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

Lessons Learned

Environmental assessments are completed with each new admission and re admission from hospital to flag areas of risk and areas of improvement.

Comment

This continues to be an area of focus for 2025 to reduce number of falls.

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
Indicator #6	0.00	2.50	0.00	#Error	NA
% of LTC residents with restraints (Mackenzie Place)	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 # of meetings held with families/residents to discuss alternatives monthly # of action plans in place for reduction of restraints in collaboration with family/resident monthly

Target for process measure

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

Lessons Learned

Close monitoring of residents potential for restraint use has enabled the home to maintain no restraints used in the home.

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
Indicator #5	2.00	2	7.32	--	NA
% of LTC resident with worsened ulcers stags 2-4 (Mackenzie Place)	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 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

Monthly review of resident PURS scored are reviewed. Resident with worsening wounds are provided with an air mattress. New mattresses were ordered in 2024 to replace older mattresses at end of life.

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

2 sessions were provided in the year. Skin and wound champion also attended specialized training session. Follow up with staff on an individual basis was provided when a discrepancy in staging was noted.

Comment

This indicator increased in 2024 due to admission of resident with complex wounds (inherited) and an increase in palliative residents more susceptible to fragile skin conditions. The works very closely with NLOT and wound nurse to manage worsening pressure ulcers. This area continues to be an area of focus for 2025.

