

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

	Last Year		This Year		
Indicator #8	45.50	75.80	76.50	--	NA
Satisfaction with the quality of care from the Physiotherapist (Summit Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Gain understanding from Residents utilizing PT Program what their concerns or areas of improvement regarding interactions with Physiotherapist

Process measure

- Review feedback with Quality Council

Target for process measure

- meet or exceed LTC Division overall

Lessons Learned

Review QIP at monthly QI meetings
Resident provided feedback on an ongoing basis
Improvement ideas were implemented as needed

Change Idea #2 Implemented Not Implemented

Enhance relationship between Physiotherapist and resident

Process measure

- Follow up with resident regarding satisfaction improvement

Target for process measure

- Meet or exceed LTC Division Overall Percentage

Lessons Learned

During care conferences will discuss quality of service and needed services
received feedback at resident Council, care conferences and on a day to day basis and enacted on.

Comment

Participation was 87.1% score improved from previous year

Indicator #6	Last Year		This Year		
Satisfaction with food and beverages served. (Summit Place)	46.20	68.90	76.00	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

One to One check in with residents regarding satisfaction & feedback

Process measure

- Review monthly with Quality Council

Target for process measure

- meet or exceed LTC Division overall

Lessons Learned

Resident feedback is sought at every meal service and has been successful.

Change Idea #2 Implemented Not Implemented

Coordinate menu for opportunities to enhance food/beverage experience

Process measure

- Follow up with residents regarding satisfaction

Target for process measure

- Meet or exceed LTC Division Overall percentage

Lessons Learned

Resident feedback is sought at every meal service and at monthly food committee meeting
All menus are reviewed and approved by the residents

Comment

Participation was 87.1% Improved scores from previous year. Strategies have been successful.

	Last Year		This Year		
Indicator #3 Quality of Care from doctors (Summit Place)	47.40	65.50	50.00	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Strengthen rapport and confidence

Process measure

- feedback sessions with residents per month

Target for process measure

- Meet or exceed division overall percentage

Lessons Learned

Will continue to review QIP at monthly QI meetings
will continue to review at monthly residents council

Change Idea #2 Implemented Not Implemented

Enhance relationship between doctor and residents.

Process measure

- Follow up with residents to ascertain their feelings regarding patient/doctor relationship.

Target for process measure

- Meet or Exceed LTC Division Overall percentage

Lessons Learned

Will continue to review QIP at monthly QI meetings
will continue to review at monthly residents council

Comment

Participation rate was 87.1% This is an improvement from Last QIP. Score had improved from previous year

Indicator #7	Last Year		This Year		
Satisfaction with quality of care from doctors (Summit Place)	50.00	71.80	60.00	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Gain understanding of concerns, feedback for improvement

Process measure

- Review concerns and feedback with quality council and doctors

Target for process measure

- meet or exceed LTC Division Overall

Lessons Learned

Family feedback is reviewed as received at monthly CQI meetings
individual questions or concerns are addressed as needed

Change Idea #2 Implemented Not Implemented

Enhance relationship between Doctor and family (POA)

Process measure

- Follow up with families through one to one meeting and care conferences.

Target for process measure

- Meet or exceed LTC Division Overall

Lessons Learned

Resident/families encouraged to express any concerns and likes
Drs are encouraged to participate in care conferences

Comment

Participation was 5.9% score has improved from previous year

Indicator #4	Last Year		This Year		
Resident Care Conference is meaningful discussion that focuses on what's working well, what can be improved and potential solutions (Summit Place)	50.00	74.60	80.00	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Improve Care Conference Experience

Process measure

- follow up with families following care conference for feedback

Target for process measure

- Meet or exceed LTC Division Overall

Lessons Learned

Resident and family express greater satisfaction.

Change Idea #2 Implemented Not Implemented

Pop up Feedback Questionnaire asking for ideas on how to improve care conference experience

Process measure

- Question on Pop up survey at Quarterly Family Event to include Care Conference Question

Target for process measure

- Meet or exceed LTC Overall percentage

Lessons Learned

Determined not to be needed as we were getting feedback informally from families.

Comment

Participation rate was 5.9%
Score is improved from previous year

	Last Year		This Year		
Indicator #5	66.70	73.10	80.00	--	NA
Satisfaction with Dietitian (Summit Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Improve experience between family & dietitian

Process measure

- Review with Quality Council

Target for process measure

- Meet or exceed LTC Division Overall

Lessons Learned

Review QIP at monthly QI meetings

The RD continues to build relationships with Families and we have improved in our results.

Change Idea #2 Implemented Not Implemented

Improve experience between Dietitian and resident

Process measure

- Follow up with resident for feedback on experience with dietitian

Target for process measure

- Meet or exceed LTC Overall percentage

Lessons Learned

Reviewed at Care conferences and as needed

The RD continues to build relationships with residents

Comment

Participation was 5.9%

The score is improved from Previous year

	Last Year		This Year		
Indicator #11	80.80	75	88.50	--	NA
Would Recommend this home to others (Summit Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Check In sessions with Residents for Feedback Opportunities

Process measure

- Feedback to be brought to Quality Council for review and possible enhancement opportunities

Target for process measure

- Meet or exceed LTC Division Overall Percentage

Lessons Learned

Review QIP at monthly QI meetings

Reviewed at residents' council with good feedback and participation

Change Idea #2 Implemented Not Implemented

Enhancement of Engagement through Family Socials and Staff/Resident Events

Process measure

- Increase in Staff/Resident Participation and Engagement

Target for process measure

- Meet or exceed LTC Division overall

Lessons Learned

Home promoting more active engagement between resident/families and facility. We have seen improvement and strategies have been effective and will continue.

Comment

Participation rate was 87.1% Performance improved from previous year

	Last Year		This Year		
Indicator #12	83.30	85	66.70	--	NA
Would Recommend this Home to others (Summit Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Check In sessions with Family for Feedback Opportunities

Process measure

- Compilation of Survey to be shared at Quality Council for possible enhancement opportunities. Feedback from Care Conferences to be shared at Leadership Team Meetings for follow up.

Target for process measure

- Meet or exceed LTC Division overall percentage

Lessons Learned

Home continues to try engaging families to form a family council via information sessions, news letters and promotions during admission process

Change Idea #2 Implemented Not Implemented

Enhance Home Experience through Special Family Events

Process measure

- Family Participation, Positive Response and Feedback from Event Pulse Surveys

Target for process measure

- Meet or exceed LTC Division Overall Percentage

Lessons Learned

Home continues to try engaging families to form a family council via information sessions, news letters and promotions during admission process.

Families are welcomed to home social events throughout the year

Comment

Participation rate was 5.9%- Home will continue to encourage families to participate in the annual survey and day to day events in the home.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1	19.41	13	16.34	15.82%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Summit 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

We will continue to review for 2025. Review QIP monthly during CQI meeting successful and we will continue with this.

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

41 admissions in 2024- Pre and post environmental scans in place- to be reviewed for completion during monthly Fall committee meeting

Comment

We were able to successfully improve in this indicator. We continue to work towards reducing falls in the home and it will be added as a priority indicator in our 2025 workplan.

	Last Year		This Year		
Indicator #2 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Summit Place)	7.44	7	12.50	-68.01%	12
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

1) 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

This completed and was successful strategy. All residents were reviewed. Anti-Psychotic use remains below benchmark, but we will continue to focus on further improvement in our 2025 workplan.

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

Reviewed during care conferences. Families are informed of all changes in Medications as part of our regular process. This was a successful strategy.

Comment

Remains below Corporate Targets but we will continue to strive for further improvement.

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
Indicator #10	2.30	2	0.00	--	NA
Worsening Skin Stage 2-4 ulcer (Summit Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Review Residents who currently are experiencing worsening skin issues.

Process measure

- Wound healing and improvement

Target for process measure

- Meet or exceed LTC Division percentage

Lessons Learned

no worsening or new pressure wounds in 4th quarter of 2024. strategies have been effective.

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

New Intervention Review

Process measure

- Strengthening of therapeutic interventions

Target for process measure

- Meet or exceed LTC Division percentage

Lessons Learned

Providing advanced education to reg staff and this has been successful.

Comment

Remain below Corporate benchmark. Strive to sustain and improve current performance

Indicator #9	Last Year		This Year		
Use of Restraints (Summit Place)	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

Review of residents with PASD

Process measure

- Follow up with Quality Council

Target for process measure

- Maintain current percentage of 0%

Lessons Learned

reviewed monthly during Indicator reviews with Regional Team

Change Idea #2 Implemented Not Implemented

Resident & Family Restraint Teaching

Process measure

- Increased awareness

Target for process measure

- Maintain current percentage of 0%

Lessons Learned

Discussed with resident and families during admission, Policy provided
Continue to educate alternatives to restraints to residents and families

Comment

Home has no restraints- strive to Maintain current performance