

Experience | Patient-centred | Optional Indicator

Indicator #9	Last Year		This Year		
	CB	CB	85.71	--	NA
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Telfer 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

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Lessons Learned

No plan implemented

Comment

this was not part of our workplan in 2024. We focused on specific areas from our survey.

Indicator #8	Last Year		This Year		
	CB	CB	85.71	--	NA
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Telfer 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

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Lessons Learned

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Comment

This was not included in our workplan for 2024. We focused on specific areas from our survey

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

Indicator #1	Last Year		This Year		
	Care Conferences – meaningful discussion that focuses on what’s working well, what can be improved and potential solutions. (Telfer Place)	11.10 Performance (2024/25)	70 Target (2024/25)	16.70 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

- Care conferences will be held in person with the resident present
- Multidisciplinary team will attend and contribute to the plan created at the conference
- Feedback from the resident and family members will be built into the plan of care

Process measure

- The Resident Satisfaction Survey for 2024 will be used to validate improvement. Throughout the year we will monitor feedback at resident council meetings and trending of CSRs for satisfaction or areas requiring improvement.

Target for process measure

- We have set our target at 70% Resident Satisfaction for this Care Conference Indicator due to the importance of improvement in this area.

Lessons Learned

Care Conferences were held in person in 2024 to better serve the residents and their families. Where we missed the mark was not preparing the residents with the upcoming conference information and really spending time to understand what we can do to improve, what we are doing well and what they want to see changed.

	Last Year		This Year		
Indicator #4	31.30	70	69.20	--	NA
I am updated regularly about changes in my home. (Telfer Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

- Newsletter will include an update from the Executive director
- The Newsletter will be reviewed at resident council monthly

Process measure

- Resident Satisfaction Survey 2024 Feedback from Resident Counsel. Throughout the year we will monitor feedback at resident council meetings and trending of CSRs for satisfaction or areas requiring improvement.

Target for process measure

- We have set our target at 70% Resident Satisfaction for this Update About Changes Indicator due to the importance of improvement in this area.

Lessons Learned

It was challenging to get monthly newsletter inserts from ED to post. We also realized that not all residents read the newsletter and that more 1:1 visits are required for residents to voice their concerns. In 2025 the Management team will meet with the residents through MBWA and resident council to better share information.

Indicator #2 Communication from home leadership is clear and timely. (Telfer Place)	Last Year		This Year		
	42.10 Performance (2024/25)	70 Target (2024/25)	46.20 Performance (2025/26)	-- Percentage Improvement (2025/26)	NA Target (2025/26)

Change Idea #1 Implemented Not Implemented

- Newsletter will include an update from the Executive director
- The Newsletter will be reviewed at resident council monthly
- Upcoming events and changes will be shared in person or by memo to the residents to ensure they get the information before they occur

Process measure

- 2024 Resident Satisfaction Survey and feedback from Resident's council. Throughout the year we will monitor feedback at resident council meetings and trending of CSRs for satisfaction or areas requiring improvement.

Target for process measure

- We have set our target at 70% Resident Satisfaction for this Leadership Communication Indicator due to the importance of improvement in this area.

Lessons Learned

It was challenging to get monthly newsletter inserts from ED to post. We also realized that not all residents read the newsletter and that more 1:1 visits are required for residents to voice their concerns. In 2025 the Management team will meet with the residents through MBWA and resident council to better share information.

	Last Year		This Year		
Indicator #10	78.90	90	58.80	--	NA
Resident would recommend our home. (Telfer Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Increase communication and receive feedback to develop throughout the year.

Process measure

- Follow up with residents on satisfaction regarding changes, concerns and plans throughout the year

Target for process measure

- We have set our target for 2024 at 90%. Resident satisfaction is at the forefront of all we do and we need to make improvements to increase our results.

Lessons Learned

We will be changing our Care Conferences to involve the residents feedback more. We will also be doing more visits during MBWA and getting feedback.

Indicator #3	Last Year		This Year		
	Family would recommend the home. (Telfer Place)	90.00 Performance (2024/25)	95 Target (2024/25)	85.70 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Family Council Involvement

Process measure

- Receive feedback through communication with families and Council. Ensure satisfaction on all concerns brought forward.

Target for process measure

- We have set our target for 2024 at 95% as we believe with the formation of Family Council this is attainable.

Lessons Learned

Family council is such a needed committee with valuable feedback. The family council has been instrumental in spearheading changes and have included different members of the management team in their meetings by invite.

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
Indicator #11	0.51	0	0.00	--	NA
Residents with Restraints (Telfer Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Ensuring residents and families are supported through our no restraint adherence program

Process measure

- We will continue to monitor our monthly indicators and make revisions as feasible to meet our target.

Target for process measure

- We have set the target for this indicator at 0% as restraint usage increases risk to residents and is not person centered.

Lessons Learned

No issues this year. We continue to have 0 restraints.

Indicator #5	Last Year		This Year		
	Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 (Telfer Place)	2.30 Performance (2024/25)	2 Target (2024/25)	0.00 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

We will improve this indicator by addressing causes and issues before the ulcer worsens and implementing measures to aid in the healing of these wounds.

Process measure

- Monthly indicators will be evaluated with a multidisciplinary team to ensure we are meeting targets or moving towards meeting those set targets.

Target for process measure

- We have set our target at 2% for this Pressure Ulcer Indicator due to the importance of improvement in this area and mitigating risk to the residents' skin integrity.

Lessons Learned

We were successful this year by ensuring a dedicated Wound Care nurse and focusing on prevention with education and therapeutic surfaces.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #7	8.57	6	X	--	6.90
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Telfer Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Continue to monitor and evaluate medications being prescribed and ensure they have a diagnosis when prescribing anti-psychotics.

Process measure

- Monthly indicator meetings and evaluation of our numbers will aid in the insurance of compliance with this indicator and ensure we are meeting or exceeding this target.

Target for process measure

- We have set our target at 0% for this Antipsychotics without Diagnosis Indicator due to the importance of improvement in this area and mitigating risk to the residents.

Lessons Learned

We are diligent with this and have the support of the home's physician. Medication reviews and monthly indicator meetings have kept us on top of this indicator.

Indicator #6	Last Year		This Year		
	Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Telfer Place)	11.72 Performance (2024/25)	10 Target (2024/25)	12.80 Performance (2025/26)	-9.22% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Increase collaboration with a multidisciplinary approach to reduce the risk of reoccurrence of falls with individual residents.

Process measure

- Monthly review of indicator numbers will be conducted, and changes made to the action plan for each resident that triggers this indicator.

Target for process measure

- We have set our target at 10% for this Residents Who Fell in the 30 Days Indicator due to the importance of improvement in this area and mitigating risk to the residents.

Lessons Learned

Reviewing the environmental factors and action planning on these has shown positive results. We have also had success with the beveled mattress systems which have decreased falls from bed.

Comment

Looking at medication reviews and ensuring care plans are up to date.