

Experience | Patient-centred | Optional Indicator

Indicator #9	Last Year		This Year		
	CB	CB	CB	--	NA
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (The Village Seniors Community)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Complete resident satisfaction surveys and encourage participation from all capable residents.

Process measure

- Increased participation in resident survey.

Target for process measure

- 70% participation from qualified residents (prior participation 66%).

Lessons Learned

Participation was improved this year from 67% to 85.3% of eligible residents. This question was not asked on this year's resident survey.

Comment

Survey question not asked - similar question of "I can raise concerns to staff" rated favorably at 79.3%. Score is over the organizational goal.

Indicator #8	Last Year		This Year		
	CB	CB	CB	--	NA
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (The Village Seniors Community)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Complete resident satisfaction surveys and encourage participation from all capable residents.

Process measure

- Increased participation in resident survey.

Target for process measure

- 70% participation from qualified residents (prior participation 66%).

Lessons Learned

Resident participation increased to 85.3% from 66.7% of eligible residents in 2023. A dedicated action plan was created to ensure a non-biased but relatively familiar member of staff was available to approach and re-approach residents to encourage participation and facilitate using our iPad-based survey app.

Comment

Question not asked on future surveys - unclear if this will continue to be a target. Residents answer positively (79.3%) that they can raise concerns to staff, and 99% that they trust staff in the home.

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

	Last Year		This Year		
Indicator #10	89.00	75	79.30	--	NA
Resident Satisfaction – Residents Would Recommend this home to others (The Village Seniors Community)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

The home will implement an action plan based on the areas that need improvement from the survey with an overall goal of driving up the results of the "Residents would recommend to others" question in our annual surveys

Process measure

- 2024 Resident Surveys

Target for process measure

- 75% - Corporate Target.

Lessons Learned

Improved our maintenance task tracking process to ensure all maintenance requests are logged and tracked for auditing and quality assurance.

Residents are happy with the homelike atmosphere at our facility, and we encourage bringing in personal belongings, furniture, and memorabilia and assist with hanging and installation of items to promote belonging and comfort in the home.

Indicator #11	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Resident Satisfaction I am satisfied with the quality of care from physio and occupational therapist. (The Village Seniors Community)	56.00	75	100.00	--	NA

Change Idea #1 Implemented Not Implemented

- The home will have a new contracted physiotherapist in the home starting in January 2024. This physio therapist will be here 1 day per week and will participate in the MRCC Meetings weekly, Quality Committee Meetings quarterly and will be directly involved in resident assessment and physio treatment. - The home will offer to have the physiotherapist attend a Resident’s Council Meeting if invited to discuss the different services available to the residents, answer resident questions and take resident - The home will post information related to physiotherapy services throughout the home for residents and families to review including contact information for inquiries.

Process measure

- 2024 Resident Surveys

Target for process measure

- 75% performance on future resident and family survey.

Lessons Learned

Despite the actions in place and the high level of involvement of the physiotherapist in the home assessing residents, family impressions of the physiotherapist remained low. Families and residents express an opportunity to increase education regarding the purpose and implementation of physiotherapy regimens for residents across the spectrum of needs.

	Last Year		This Year		
Indicator #14	69.00	75	88.50	--	NA
Resident Survey - I have input into the Recreation Programs Available—69% (The Village Seniors Community)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

- The home will put out a survey to residents related specifically to the types of programs they would like to see offered in the home. The activity calendar will reflect programs that the residents would like based on this survey. - Residents Council will discuss programs as a standing agenda item at each of their monthly meetings and will be asked for input into what types of programs they would like to see on the calendar for upcoming months.

Process measure

- Review of implementations with residents council to discuss whether or not they feel the implementations are well received. 2024 resident satisfaction survey will ultimately be the measure of success.

Target for process measure

- 75% on Annual Satisfaction survey in 2024

Lessons Learned

We continue to have a robust residents' council and a defined planning process for future event calendars that involves all residents.

Indicator #13 Resident Survey - I am satisfied with temperature of my food (The Village Seniors Community)	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
	70.00	75	NA	--	NA

Change Idea #1 Implemented Not Implemented

- Pleasurable Dining audits will be completed monthly. During these audits we will ensure that food temperatures are taken and recorded right before meal service. - Education will be provided to all dietary staff around ensuring food is kept covered until such time it is being served. This will also be a standing review during dietary staff meetings - Corporate audit of dining rooms to take place in April of 2024.

Process measure

- Audit results and education/process changes if warranted based on these results The 2024 Resident Satisfaction Survey Results will ultimately determine whether or not this action plan has been successful

Target for process measure

- 75% performance on future resident and family survey.

Lessons Learned

Question not asked on our most recent survey, however 93.1% of residents agree they are satisfied with food and beverage service, variety of options, and the dining room experience.

Indicator #12

Resident Satisfaction My care conference is meaningful discussion that focuses on what is working well, what can be improved and potential solutions - 70% (The Village Seniors Community)

Last Year

70.00

Performance
(2024/25)

75

Target
(2024/25)

This Year

65.40

Performance
(2025/26)

--

Percentage
Improvement
(2025/26)

NA

Target
(2025/26)

Change Idea #1 Implemented Not Implemented

- A new schedule of care conferences will be created between DOC and Charge Nurse to ensure care conferences are carried out with residents present when they wish to be. - DOC will request to be invited by Residents Council and will discuss Resident Care Conferences. During this conversation will remind residents of their right to review their care plan and discuss what they feel is working well, what can be improved and potential solutions.

Process measure

- Ultimately, the 2024 resident satisfaction survey will determine the success of this action plan.

Target for process measure

- 75 target on annual action survey.

Lessons Learned

Care planning process remained a challenge related to staffing and vacancy needs in the home. Residents and families were kept in continual contact with the home about medications, care needs as per our usual process. This remains an action item for improvement in 2025.

Indicator #3	Last Year		This Year		
	Family Survey - Families would recommend this home to others (The Village Seniors Community)	82.00 Performance (2024/25)	85 Target (2024/25)	100.00 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

The home will implement an action plan based on the areas that need improvement from the survey with an overall goal of driving up the results of the "Families would recommend to others" question in our annual surveys

Process measure

- 2024 Family Survey review and action planning.

Target for process measure

- 85% performance on future family and resident survey.

Lessons Learned

Family engagement is low related to societal forces and home in outbreak at the time of the survey. Goal is to improve family participation and awareness for the 2025 survey, and to maintain high satisfaction results.

Indicator #5	Last Year		This Year		
	Family Surveys - Quality of the physical building and outdoor spaces (The Village Seniors Community)	61.00 Performance (2024/25)	70 Target (2024/25)	100.00 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

1. The home will have a spring clean up completed including all gardens being weeded and prepped and courtyard cleaned up and prepped for spring use. 2. The home will utilize minor capital funding from the MOH for LTC Projects to ensure the physical building is upkept. This will include building upkeep to HVAC/Plumbing, Electrical and general repairs and maintenance. 3. The home will be replacing one dining room floor in 2024 as a capital project 4. Maintenance Care (software used to track and action on maintenance needs in the home) will be reviewed daily during morning leadership meetings. This review will allow the home to ensure outstanding required maintenance are being actioned on in a timely manner

Process measure

- Ultimately the success of these action plans will be determined based on results from the 2024 family surveys

Target for process measure

- 70% performance on future resident and family survey.

Lessons Learned

Families appreciate their ability to bring in personal items and have recreation, maintenance and nursing staff accommodate with installation and hanging of personal memorabilia to increase the home-like feel of the facility for our residents.

Indicator #4	Last Year		This Year		
	Family Survey Laundry Services in the home are improving (The Village Seniors Community)	55.00 Performance (2024/25)	70 Target (2024/25)	83.30 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

1. Laundry Job Routines will be updated in Q1 of 2024. Routines will be updated with input of the laundry staff as well as the ESM. 2. Complaint logs will be reviewed quarterly during Quality Committee Meetings. Any concerns of laundry will be discussed and reviewed for root cause and actioned to avoid trends or reoccurrence of laundry concerns. 3. A frequent routine has been developed amongst the service providers of our laundry machines and our chemicals to ensure that machines are up and running as designed and that chemicals are working properly within the machines 4. A new stain remover is being brought in to improve with stain removal during laundry services.

Process measure

- The overall success of this action plan will be measured by 2024 Family Satisfaction Survey Results.

Target for process measure

- 70% performance on future resident and family survey.

Lessons Learned

Specialized closet checks and inventory were implemented for a few residents at risk of excess clothing wear and tear related to behaviours and physical needs to good effect, reducing complaints and concerns of unaccounted-for laundry and items.

Safety | Safe | Optional Indicator

Indicator #7	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (The Village Seniors Community)	9.78	18	X	--	12

Change Idea #1 Implemented Not Implemented

1. Review of all residents receiving antipsychotic medications as required with the organization's Antipsychotic Deprescribing Program

Process measure

- Number of residents receiving antipsychotics without a diagnosis will remain below target/BSO will report on residents requiring or suitable for medication adjustments and reductions or continuation of current therapies in monthly meetings Residents receiving antipsychotic medications will have appropriate diagnoses on their charts and/or progress notes and care plan additions to support continuing treatment in the absence of a related diagnosis.

Target for process measure

- Continue to remain below target by obtaining appropriate diagnoses and participate in the organization's Antipsychotic Deprescribing Program throughout 2024.

Lessons Learned

New toolkit rolled out across the organization that prompts review of residents who take antipsychotic medications on a monthly basis, requiring review of interventions, physician follow-up and further steps to ensure appropriate use for all residents.

Indicator #6	Last Year		This Year		
	Percentage of LTC home residents who fell in the 30 days leading up to their assessment (The Village Seniors Community)	12.09 Performance (2024/25)	13 Target (2024/25)	10.71 Performance (2025/26)	11.41% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

1. Review of location, time and space trends for residents each quarter utilizing physiotherapy report provided quarterly along with falls prevention team 2. Participation of physiotherapist in weekly multi-resident care conference meetings and quarterly Quality Improvement meetings 3. Re-education of nursing staff regarding organization's fall policies and care planning requirements 4. Updating of admission assessment assignment process to reduce gaps in admission careplanning for residents at risk of falls and fall related injuries

Process measure

- Number of residents with no quarterly falls risk assessment or updated falls risk screen at time of fall to reduce to 0 by end of year 2024.

Target for process measure

- To remain below target on total resident falls throughout 2024.

Lessons Learned

New admission toolkits rolled out in the home to ensure quick review and assessment of resident risk of falls on admission. Monthly falls meetings in place with an interdisciplinary team to review individual resident falls and trends within the home. A new tool rolled out late in the year to allow staff to review time, place and contributing factors to falls across residents. Our BSO team has been re-established to help provide direction and implementation of dementiability programming for restless, wandering and at risk residents to reduce falls related to restlessness in the evenings in particular.

Safety | Effective | Custom Indicator

	Last Year		This Year		
Indicator #1	9.00	17.30	0.00	--	NA
% of LTC residents with restraints (The Village Seniors Community)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

1) Review current restraints and determine plan for trialing alternatives to restraints 2) Re-educate staff on restraint policy and use of alternatives to restraints

Process measure

- # of action plans in place for reduction of restraints in collaboration with family/resident monthly # 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

Family and resident education was a high priority to reduce, remove, or avoid implementation of unnecessary resident restraints. Conversion to alternative methods to ensure resident safety as well as careful implementation of PASDs supported resident needs and safety while reducing risk.

Indicator #2	Last Year		This Year		
	% of LTC residents with worsened ulcers stages 2-4 (The Village Seniors Community)	4.10 Performance (2024/25)	2.50 Target (2024/25)	5.10 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Review current bed systems/surfaces for residents with PURS score 3 or greater. Improve Registered staff knowledge on identification and staging of pressure injuries

Process measure

- # of residents with PURS score 3 or greater # of reviews completed of bed surfaces/mattresses monthly # of bed surfaces /mattresses replaced monthly # of education sessions provided monthly for Registered staff on correct staging of pressure injuries

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 100% of registered staff will have received education on identification and staging of pressure injuries by Sept 2024

Lessons Learned

Staff are aware of the devices available and there are an ample number in the home. Some exploration was made of suitability for residents in niche circumstances with low or high bodyweight, etc. Bed and equipment audits were completed per our usual algorithm and mattresses replaced when needed.