

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #10	77.80	75	71.10	--	NA
Percentage of residents who would positively respond to the statement "I would recommend this home" on the Annual Resident Satisfaction Survey. (Thorntonview)	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 meetings in the home monthly

Process measure

- Ensure all residents that are invited to attend resident council are tracked monthly

Target for process measure

- Remain above 75% Satisfaction on 2024 Survey to the statement "I would recommend this home"

Lessons Learned

Successfully implemented. Communicated via admission letter, newsletter, monthly calendar, poster. There was a significant increase in participation compared to 2023.

Indicator #9	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of residents who would positively respond to the statement "I am satisfied with the quality of care from doctors" on the Annual Resident Satisfaction Survey. (Thorntonview)	53.70	75	73.70	--	NA

Change Idea #1 Implemented Not Implemented

Implement the use of updated SBAR forms to better communicate concerns with MD/NP • Provide education to registered staff on SBAR use on a as needed basis

Process measure

- Will audit and track amount of CC for the year vs attendance of MD/NP

Target for process measure

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the quality of care from doctors"

Lessons Learned

This change idea was not successfully implemented.

Challenge - turnover of clinical team to implement. Although we did see an improvement in our overall results.

	Last Year		This Year		
Indicator #3 Percentage of family members who would positively respond to the statement "I am satisfied with the variety of spiritual care services" on the Annual Resident Satisfaction Survey. (Thorntonview)	53.70 Performance (2024/25)	75 Target (2024/25)	77.40 Performance (2025/26)	-- Percentage Improvement (2025/26)	NA Target (2025/26)

Change Idea #1 Implemented Not Implemented

Ensure Chaplain Position is filled or posted if not filled.

Process measure

- Ensure the Chaplain position is filled for over 80% of the year.

Target for process measure

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the variety of spiritual care services"

Lessons Learned

The home successfully recruited and retained a Chaplin from December 2023, resulting in significant improvement in the 2024 survey.

Change Idea #2 Implemented Not Implemented

Re-establish outreach programming with local churches so they are able to provide spiritual support and services to our residents

Process measure

- Increase spiritual programming by 25% this year.

Target for process measure

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the variety of spiritual care services"

Lessons Learned

Efforts are ongoing to increase local church involvement in the home. There was a 10% increase in 2024 survey.
Challenge - limited parking for visitors.

Indicator #1	Last Year		This Year		
	63.30	85	65.00	--	NA
Percentage of families who would positively respond to the statement "I would recommend this home" on the Annual Family Satisfaction Survey. (Thorntonview)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Ensure all families are provided information on how to form a Family Council

Process measure

- Audit new admission package to ensure "How to form a Family Council information" is included. Track which months "How to form a Family Council" information is included in the Newsletters and Family Forum meetings

Target for process measure

- 100% of families receive information on how to form a Family Council

Lessons Learned

This was successfully implemented. The information is currently included in the admission package.

Change Idea #2 Implemented Not Implemented

Ensure all families receive invitations to attend quarterly Family Forum meetings

Process measure

- Complete tracking to ensure all families receive invitations to Family Forum

Target for process measure

- 100% of our families will receive notification or an invitation to quarterly Family Forum meetings

Lessons Learned

All families with email contact receive invitation via email. Notice is posted in the home and added to the Family Newsletter.

We have seen a slight increase in attendance.

Challenges:

Participants are not tech savvy.

Change Idea #3 Implemented Not Implemented

Family members to be included in quarterly Quality Council meetings

Process measure

- Family members will be called to determine if they would be interested and available to attend a Quality Council meeting. If response is positive, an invite will be sent by email or Canada Post if there is no email

Target for process measure

- Family members will be in attendance at all Quality Council Meetings

Lessons Learned

A Family representative is invited to quarterly quality council which has been successful .

	Last Year		This Year		
Indicator #4 Percentage of family members who would positively respond to the statement "The resident has input into the Recreation Programs available: on the Annual Family Satisfaction Survey. (Thorntonview)	33.30 Performance (2024/25)	75 Target (2024/25)	55.20 Performance (2025/26)	-- Percentage Improvement (2025/26)	NA Target (2025/26)

Change Idea #1 Implemented Not Implemented

Share with families the results of "Suggested Programs for the future" agenda item from Resident Council. Additionally, share with families the results of monthly Pulse Survey's completed by residents about Recreation Programs.

Process measure

- Create a tracking tool to ensure all families receive the monthly newsletter and quarterly Family Forum invitations and minutes

Target for process measure

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "The resident has input into the Recreation Programs available"

Lessons Learned

This change idea was not successfully implemented. Alternatively, the home engaged residents in bi-monthly selection of resident's choice programs. This was geared towards Home Area or Whole home programing.

Change Idea #2 Implemented Not Implemented

Share with Families our Admission Initial Recreation Assessment, "All About Me", and how we use it to enhance person centered care and programming.

Process measure

- Create a tracking tool to ensure all families receive a quarterly Family Forum invitation and minutes.

Target for process measure

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "The resident has input into the Recreation Programs available"

Lessons Learned

This was successfully implemented. Information and photos of residents participating in person centred programs is included in the monthly newsletter.

Comment

There was an increase in the percentage of family members who would positively respond to the statement "The resident has input into the Recreation Programs available" from the previous year by 21.9%.

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of family members who would positively respond to the statement "Continence care products are available when the resident needs them" on the Annual Family Satisfaction Survey. (Thorntonview)	33.30	75	72.20	--	NA

Change Idea #1 Implemented Not Implemented

Provide education by: Attending Family Council to discuss Understandings/beliefs around incontinence products and their use in LTC; including information quarterly in the monthly Family Newsletter on continence products and their use and include family education on incontinence products and their use in LTC with admission packages

Process measure

- Will create an audit tracking to cross reference with resident product needs.

Target for process measure

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "Continence care products are available when the resident needs them"

Lessons Learned

This change idea was not successfully implemented due to turnover of clinical team. Will be revisited in 2025.

Change Idea #2 Implemented Not Implemented

Implement use of Prevail signs posted in resident closets for easy referral by PSWs

Process measure

- Tracking tool to be created. Random monthly audits conducted to ensure process is working and efficient.

Target for process measure

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "Continence care products are available when the resident needs them"

Lessons Learned

Change idea not successfully implemented due to turnover clinical team. Will be revisited in 2025.

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

Implement use of updated incontinence product change form

Process measure

- Continence lead to monitor the usage and efficiency of product change form by PSW

Target for process measure

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "Continence care products are available when the resident needs them"

Lessons Learned

Partially implemented. Requires enhancement and oversight. Revisit in 2025.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #6	15.34	13	15.61	-1.76%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Thorntonview)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Establish weekly Interdisciplinary meetings to review falls and interventions to reduce falls.

Process measure

- 1) Two residents reviewed for activity needs/preferences weekly 2) On each fall, run report to determine if resident meets criteria and if so, look for patterns and discuss in weekly falls meeting to determine potential personalized interventions"

Target for process measure

- Number of falls that high-risk residents have decreases

Lessons Learned

Successfully implemented. The home saw reduction in the number of falls from 2023 -2024 (19.5% to 15.5% average)

Comment

We continue to focus on this indicator, and it will be included our workplan for 2025.

Indicator #8	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Thorntonview)	15.86 Performance (2024/25)	18 Target (2024/25)	25.81 Performance (2025/26)	-62.74% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Ensure antipsychotics are prescribed appropriately

Process measure

- Monthly, review residents that had annual RAI/MDS assessment and complete Cohen Mansfield Agitation Inventory when determined appropriate, begin plan to attempt reduction in Antipsychotic Prescribing

Target for process measure

- Identified residents will successfully have a reduction in antipsychotic prescribing

Lessons Learned

Partially implemented. There is a process in place for the Attending Physician and clinical team to review residents identified in this group and deprescribe where appropriate.

Challenge - Unable to fill BSO position for 50% of the year.

Comment

This indicator will continue to be a focus on our workplan for 2025.

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
Indicator #7	3.70	2	3.09	--	NA
Percentage of LTC residents with worsened ulcers stages 2-4 (Thorntonview)	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

- 1) Monthly, review residents that had RAI/MDS assessment to determine residents with PURS score 3 or greater 2) Monthly review identified resident to determine if surface meets their needs 3) Monthly visually inspect bed surface/mattress of identified residents to determine if they need to be replaced

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

This change idea was partially completed in terms of the audits. The home a plan to replace aging mattresses in 2025.

Comment

We will continue to focus on this indicator to further improve in 2025.

Indicator #5	Last Year		This Year		
	Percentage of long-term care home residents in daily physical restraints over the last 7 days (Thorntonview)	0.00 Performance (2024/25)	4 Target (2024/25)	0.00 Performance (2025/26)	#Error Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Educate staff on restraint policy and use of alternatives to restraints in Annual Mandatory Education

Process measure

- % of Staff to complete Annual Mandatory Education

Target for process measure

- 100% of staff will be educated on restraint policy and alternatives by May 2024

Lessons Learned

The home has successfully been able to care for residents without the use of physical restraints for the last year. Will continue to educate families and staff for 2025.