

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

	Last Year		This Year		
Indicator #10	92.30	75	93.80	--	NA
Resident Satisfaction - Would recommend. (Village On The Ridge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Review the results from the 2023 resident experience survey and implement an action plan to address low scoring indicators. Improving these identified areas will have a direct positive effect on the overall % for resident would recommend this home.

Process measure

- Results from the 2023 resident experience Survey will be compared to the results from the 2024 resident experience survey.

Target for process measure

- All current long term care home residents at the time of the survey that meet the eligibility criteria will have the opportunity to complete the survey. Results from the 2024 resident experience Survey. Achieve the target of 75% for resident would recommend this home to others.

Lessons Learned

Results were shared, action plans posted, and communication increased with residents. Sending out reminders/recaps prior to the next survey to refresh work completed appears to have had a positive impact.

Indicator #3	Last Year		This Year		
	family satisfaction - would recommend. (Village On The Ridge)	70.00	85	100.00	--
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Review the results from the 2023 family experience survey and implement an action plan to address low scoring indicators. Improving these identified areas will have a direct positive effect on the overall % for family would recommend this home.

Process measure

- Results from the 2023 Family experience Survey will be compared to the results from the 2024 Family experience survey.

Target for process measure

- All members of current long term care home residents at the time of the survey will have the opportunity to complete the survey. Results from the 2024 Family experience Survey. Achieve the target of 85% for Family would recommend this home to others.

Lessons Learned

Results were shared, action plans posted, and communication increased with families. Sending out reminders/recaps prior to the next survey to refresh work completed appears to have had a positive impact.

Indicator #7	Last Year		This Year		
	Maintenance of the physical building and grounds is improving. (Village On The Ridge)	63.60 Performance (2024/25)	68 Target (2024/25)	76.50 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Review maintenance grounds contract and ensure contract review and if applicable renewal is completed in a timely manner to avoid any disruptions (as experienced in spring of 2023). The current contract expires May 1, 2024.

Process measure

- overall score of the contracted service audit

Target for process measure

- All current long term care home residents at the time of the survey that meet the eligibility criteria will have the opportunity to complete the survey. Results from the 2024 resident experience Survey. Achieve the corporate LTC Division overall 2023 score of 68%.

Lessons Learned

Reviewed, discussed and renewed. Regular communication after resident's council with the contractor has been ongoing to ensure that they are aware of the area's residents are most concerned about.

Change Idea #2 Implemented Not Implemented

Review with Environmental team the job routines and cleaning schedules, the staffing plan, and audits used to rate the cleanliness and effectiveness of the services completed.

Process measure

- # of departmental meetings held during the year and # of audits completed as per the quality activity calendar & overall scores of the completed audits.

Target for process measure

- All current long term care home residents at the time of the survey that meet the eligibility criteria will have the opportunity to complete the survey. Results from the 2024 resident experience Survey. Achieve the corporate LTC Division overall 2023 score of 68%.

Lessons Learned

Cleaning routines were reviewed and updated and contingency plans put into place for shifts that are below compliment to ensure required duties are completed on the appropriate shift and that duties not completed are picked up on a later shift.

Change Idea #3 Implemented Not Implemented

Reach out to the local high school and university's horticultural programs for relationship building and opportunities for volunteer hours or programs to focus on exterior grounds of the building (with the focus on spring cleanup).

Process measure

- # of new community relationships involved in the home

Target for process measure

- All current long term care home residents at the time of the survey that meet the eligibility criteria will have the opportunity to complete the survey. Results from the 2024 resident experience Survey. Achieve the corporate LTC Division overall 2023 score of 68%.

Lessons Learned

Continue to build relationships with the high school to work on these ideas. Communication is currently ongoing between the home and the school to determine how we can proceed with a mutually beneficial relationship.

Indicator #4	Last Year		This Year		
I am satisfied with the quality of care from doctors. (Village On The Ridge)	18.20	65.50	76.90	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Gather further information from residents on the expectations of the doctor and share with the medical director and the registered nursing team.

Process measure

- % score for I am satisfied with the quality of care from doctors from the 2024 survey

Target for process measure

- All current long term care home residents at the time of the survey that meet the eligibility criteria will have the opportunity to complete the survey. Results from the 2024 resident experience Survey. Achieve the corporate LTC Division overall 2023 score of 65.5%.

Lessons Learned

Residents were surveyed to gain a better understanding as to why scores were very low. This identified areas that assisted the home in making an education plan for the residents on the role of the doctor.

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

Provide education on what, how, when medical attention and physician visits can be obtained.

Process measure

- % score for I am satisfied with the quality of care from doctors from the 2024 survey

Target for process measure

- All current long term care home residents at the time of the survey that meet the eligibility criteria will have the opportunity to complete the survey. Results from the 2024 resident experience Survey. Achieve the corporate LTC Division overall 2023 score of 65.5%.

Lessons Learned

This education proved to be very beneficial and high-level details have been included in new admission education for residents and families going forward.

Indicator #6	Last Year		This Year		
	I have input into the recreation programs available (Village On The Ridge)	53.80 Performance (2024/25)	63.90 Target (2024/25)	46.20 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Gain further insight and understanding as to the various types of programs residents wish to participate in and the timing. Look for opportunities to have increased community engagement in programs that are offered.

Process measure

- % score of I have input into the recreation programs available from the 2024 survey # of residents attending each type of program # of community partner programs offered

Target for process measure

- All current long term care home residents at the time of the survey that meet the eligibility criteria will have the opportunity to complete the survey. Results from the 2024 resident experience Survey. Achieve the corporate LTC Division overall 2023 score of 63.9%.

Lessons Learned

Residents were surveyed as to their preferred programming and a calendar planning program was developed to ensure residents have an opportunity to express their suggestions monthly. Despite a lack of improvement in scores the calendar planning program will continue.

	Last Year		This Year		
Indicator #11	66.70	74.60	42.90	--	NA
The residents care conference is a meaningful discussion that focuses on what's working well, what can be improved, and potential solutions. (Village On The Ridge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Review and enhance the current process for admission and annual care conferences to have meaningful conversations, opportunities for input into the resident plan of care, and provide education as required.

Process measure

- % score of The residents care conference is a meaningful discussion that focuses on what's working well, what can be improved, and potential solutions from the 2024 survey # of admission care conferences # of annual care conferences # of families/POA/SDMs attending conferences

Target for process measure

- All members of current long term care home residents at the time of the survey will have the opportunity to complete the survey. Results from the 2024 Family experience Survey. Achieve the corporate LTC Division overall 2023 score of 74.6%.

Lessons Learned

Although the care conference process was reviewed and many new resources made available unfortunately inconsistent staffing in the role of completing the annual and new admission care conferences had a negative impact on the full roll out. This role has since been filled with a consistent employee and will be a focus in 2025 based on 2024 results.

	Last Year		This Year		
Indicator #5	44.40	51	70.60	--	NA
I have an opportunity to provide input on food and beverage options. (Village On The Ridge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Improved communication with family members and increased attendance of family members at admission and annual care conferences.

Process measure

- % score from the I have an opportunity to provide input on food and beverage options from the 2024 survey

Target for process measure

- All members of current long term care home residents at the time of the survey will have the opportunity to complete the survey. Results from the 2024 Family experience Survey. Achieve the corporate LTC Division overall 2023 score of 51%.

Lessons Learned

Although the care conference process was reviewed and many new resources made available unfortunately inconsistent staffing in the role of completing the annual and new admission care conferences had a negative impact on the full roll out. This role has since been filled with a consistent employee and will be a focus in 2025 based on 2024 results.

	Last Year		This Year		
Indicator #12	37.50	52.40	50.00	--	NA
There is a good choice of continence care products (Village On The Ridge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Enhance family knowledge about the products, availability, assessments used to determine individual resident product selection, and continence program.

Process measure

- % score of There is a good choice of continence care products from the 2024 survey

Target for process measure

- All members of current long term care home residents at the time of the survey will have the opportunity to complete the survey. Results from the 2024 Family experience Survey. Achieve the corporate LTC Division overall 2023 score of 52.4%.

Lessons Learned

Resident and family education was provided from the home via the vendor of the products. The plan was to ensure that this was re-iterated at the admission and annual care conferences however the care conference plan was not fully rolled out and will be a focus again in 2025.

Indicator #2 % of LTC residents with worsened ulcers stages 2-4 (Village On The Ridge)	Last Year		This Year		
	0.00	2	0.94	#Error	NA
	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 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

Bed systems were not fully reviewed. Currently we are awaiting the vendor to provide further information and set up an information session to ensure that the home is utilizing the surfaces to the maximum potential.

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

Annual education on wounds was completed. Review of proper coding for RAI/MDS was completed (i.e. diabetic wounds being coded as stasis not pressure; back staging in RAI assessments etc.).

Indicator #1	Last Year		This Year		
	% of LTC residents with restraints (Village On The Ridge)	0.00 Performance (2024/25)	2.50 Target (2024/25)	0.00 Performance (2025/26)	#Error Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Begin the discussion of the least restraint policy and program prior to resident admission. Review all new admissions for use of 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 the 6 week admission care conference

Lessons Learned

Continue to begin the discussions of least restraints prior to admission. This continues to prove effective in assisting with minimizing the use of restraints.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #8	9.09	9	5.50	39.49%	5
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Village On The Ridge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Conduct environmental assessments of resident spaces to identify potential fall risk areas and address areas for improvement. Re-implement weekly falls meetings.

Process measure

- # of environmental assessments completed # of identified deficiencies from assessments that were corrected

Target for process measure

- Environmental risk assessments of resident spaces to identify fall risk will be completed within 24hrs of a triggering event

Lessons Learned

Weekly falls meetings were initiated with the interdisciplinary team meetings. An increase in staff ideas/suggestions for reducing risk has been noted and proving beneficial.

Indicator #9	Last Year		This Year		
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Village On The Ridge)	17.39	17.30	X	--	8.50
	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

The full Extencicare / pharmacy antipsychotic reduction program was not implemented during this time period. It since has been and we will continue to work on this indicator in 2025.

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

Educational materials are readily available for residents and families. The full plan on a more comprehensive admission and annual care conference was not fully implemented due to lack of consistency in the role leading the conferences. This has since been rectified and will be a focus in 2025.

