

Experience | Patient-centred | Custom Indicator

Indicator #12	Last Year		This Year		
	93.10	75	87.30	--	NA
Resident Experience-Would Recommend. (Westside)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Maintain Resident satisfaction with services in the home.

Process measure

- On-going communication-respond and follow-up in a timely manner with any questions or concerns

Target for process measure

- Metrics in Engagement Survey. Qualitative comments in survey. Number of Client Service Response Form and Residents' Council Concerns Form.

Lessons Learned

New residents move in, we had 100% resident participation compared to previous year which was a positive improvement. We strived to maintain ongoing communication and follow up on concerns in a timely manner. This will continue going forward.

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Family Experience: Would Recommend (Westside)	100.00	85	95.40	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

Maintain Family Satisfaction with Services in the home.

Process measure

- On-going communication -respond and follow -up with any questions and concerns in a timely manner.

Target for process measure

- Metrics in Experience Survey. Qualitative comments in survey. Number of Client Service Response Forms & Family Council Concerns Forms

Lessons Learned

Communicated with family members and held several residents and family events in the home such as Family Fest event, Summer BBQ, Thanksgiving Dinner, Christmas Bazaar and Christmas Dinner which helped with communication and interacting with families.

Indicator #8	Last Year		This Year		
	79.50	85	74.50	--	NA
I am satisfied with the variety of food and beverage options. (Westside)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Offer a variety of food and beverage

Process measure

- Review menu at the monthly Food Committee Meetings resident to communicate, items they don’t like on the menu at Food Committee meeting so that it can be replaced with an item they like.

Target for process measure

- Metrics in Engagement Survey. Qualitative comments in survey. Number of meetings attended/hosted.

Lessons Learned

Spring/Summer and the Fall/Winter menu was reviewed with the resident at the food committee meetings monthly and Residents' Council. Items were discussed and changes were made as per residents' feedback. Westside is a very multicultural home, and we had 100% of resident participation in the survey. The Recreation Team planned and implemented a variety of food programs throughout the year. We continue to work on this for further improvement.

Indicator #9	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
I am satisfied with the variety of spiritual care services. (Westside)	85.70	90	89.60	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

Provide more spiritual programs.

Process measure

- Recreation Manager ensure spiritual programs are offer monthly in the Recreation Calendars (Roman Catholic Mass, Non-denominational Worship Services, Bible Study, Community Choirs, & Rosary Programs)

Target for process measure

- Metrics in Engagement Survey. Qualitative comments in survey. Number of Spiritual Programs offered each month in Activity Pro.

Lessons Learned

Implementation of more spiritual programs, two new community church was added monthly.  
100% residents' participation in completing the 2024 survey compared to previous year. We almost met our target and will strive to continue to improve.

Indicator #7	Last Year		This Year		
	86.40	90	86.70	--	NA
I am satisfied with the quality of laundry services for my personal clothing. (Westside)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Improve laundry services for personal clothing.

Process measure

- Daily review of laundry room. Cross train all housekeeping staff to do laundry. Monthly environmental team meetings to discuss issues related to laundry.

Target for process measure

- aily review of laundry room. Cross train all housekeeping staff to do laundry. Monthly environmental team meetings to discuss issues related to laundry.

Lessons Learned

We had 100% of resident participation in the survey. We had several new move ins, new Environment Service Manager, several changes were made in the laundry. although we didn't meet our target we did show some improvement.

Indicator #6	Last Year		This Year		
	70.70	85	87.30	--	NA
I am satisfied with the quality of laundry service for linens (Westside)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Improve laundry services for linens.

Process measure

- Daily review of laundry room. Cross train all housekeeping staff to do laundry. Monthly environmental team meetings to discuss issues related to laundry.

Target for process measure

- Metrics in Experience Survey. Qualitative comments in survey. Number of meetings attended/hosted.

Lessons Learned

We had 92.9% of family participation in the survey. We had several new move ins, new Environment Service Manager, several changes were made in the laundry. This change ideas was effective and we have positive improvement this year and exceeded our target.

Indicator #5	Last Year		This Year		
	71.40	85	86.20	--	NA
I am satisfied with the quality of cleaning within the resident’s room. (Westside)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Ensure resident's room are cleaned.

Process measure

- Environmental Services manager to audit each floor daily, monthly audit by Marquise Monthly environmental team meetings to discuss issues and related standards.

Target for process measure

- Metrics in Experience Survey. Audit Results. Qualitative comments in survey.

Lessons Learned

New Environment Service Manager, audits were completed.

Indicator #4	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
I am satisfied with cleaning services throughout the home. (Westside)	71.40	85	86.20	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

Ensure Cleanliness of the Home

Process measure

- Environmental Services manager to audit each floor daily, monthly audit by Marquise Monthly environmental team meetings to discuss issues and related standards

Target for process measure

- Metrics in Experience Survey. Audit Results. Qualitative comments in survey.

Lessons Learned

We have a new Environment Service Manager. There was a positive improvement in this indicator, and we exceeded our target. We will continue to strive to improve.



Indicator #10	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Westside)	12.32	15	14.42	-17.05%	13

**Change Idea #1** ☒ Implemented ☐ Not Implemented

Conduct assessment of high-risk fallers

**Process measure**

- Review risk management, Falls Huddles with allow interdisciplinary approach to develop root cause, develop a work towards change.

**Target for process measure**

- Quality lab which allows for collaboration and hearing successes of other teams Continuous quality improvement audits that determine gaps and support prompt action planning

**Lessons Learned**

Risk Management completed for each fall, and we had a root cause analysis done for the falls. We were able to stay below our target but will continue to work on improvement in this indicator.

**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**

Environment assessment was completed and was successful in helping us to identify potential fall risk areas.

Indicator #11	Last Year		This Year		
	18.77	17.30	17.79	5.22%	17.30
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Westside)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1** ☒ Implemented ☐ Not Implemented

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**

We had a staffing change with a new BSO Nurse, Interim DOC this year. We were able to improve in our indicator results but will continue to work on this to meet our target.

**Change Idea #2** ☒ Implemented ☐ Not Implemented

Implementation of Extendicare Antipsychotic Reduction Tool

**Process measure**

- 1. Interdisciplinary assessment, behaviours huddles and rounds to allow staff to understand reason behind behaviour. 2. Quality labs with interdisciplinary approach to develop root cause, develop and work towards change, while collaborating and hearing successes of other teams.

**Target for process measure**

- Review the number of residents of antipsychotics medication without a diagnosis quarterly. Continuous Quality Improvement Audits that determine gaps and support prompt action planning.

**Lessons Learned**

Staffing change new BSO Nurse, Interim DOC Huddles were done with frontline staff days and evening shifts, we participate in quality labs and collaborate with the interdisciplinary team - DementiAbility interventions were all effective strategies and will continue.

**Change Idea #3** ☒ **Implemented** ☐ **Not Implemented**

**DementiAbility Intervention****Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Roll-out of DementiAbility Boxes in each home area for residents with responsive behaviours was effective and will continue.

**Comment**

We will continue to focus on this indicator in our 2025 workplan as we strive to further improve.

**Safety | Safe | Custom Indicator**

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
% of LTC residents with worsened ulcers stages 2-4 (Westside)	2.34	2.50	2.08	--	NA

**Change Idea #1** ☒ Implemented ☐ Not Implemented

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. Utilizing wound care app to ensure accurate assessment and treatment plan.

**Target for process measure**

- A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by Sept 2024

**Lessons Learned**

On-going assessment and monitoring skin and wounds was successful strategy. Challenges included several new admissions and resident returning from hospital with wounds.

**Change Idea #2** ☐ Implemented ☒ Not Implemented

Improve Registered staff knowledge on identification and staging of pressure injuries.

**Process measure**

- # of education sessions provided quarterly 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**

Was unable to do education with Registered staff due to staffing change and compliance

**Comment**

We had some improvement in this indicator but will continue to work to further improve our results.

Safety | Safe | Custom Indicator

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

**Change Idea #1** ☒ Implemented ☐ Not Implemented

Maintain Zero Restraints in the home.

**Process measure**

- Residents reviewed quarterly and upon admission. Meetings held with families/residents to discuss alternatives during interdisciplinary care conferences. Audits in place for maintenance of zero restraints quarterly (CIHI)

**Target for process measure**

- Home will remain restraint free.

**Lessons Learned**

On-going reviewing with families and provide alternatives which has been effective at maintaining our good result.

**Change Idea #2** ☒ Implemented ☐ Not Implemented

Educate staff on restraint policy and use of alternatives to restraints.

**Process measure**

- Education sessions held annually.

**Target for process measure**

- 100% of staff will be re-educated on restraint policy and alternatives to restraints by April 2024

**Lessons Learned**

100% staff Mandatory education completed, and this was beneficial to increase awareness about restraints.

**Comment**

We continue to maintain 0% for our restraints. We will continue to monitor and maintain current processes which were successful but will not include in our 2025 workplan.



