

Experience | Patient-centred | Optional Indicator

Indicator #11	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". (2109577 Ontario Ltd. Of Arbour Heights)	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

We did not include this indicator in our 2024 workplan and chose to focus on individual resident survey questions instead.

Comment

The home did not have this included in their 2024 workplan.

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

	Last Year		This Year		
Indicator #3	86.20	75	82.90	--	NA
1. Resident Satisfaction - Would recommend this home to others (2109577 Ontario Ltd. Of Arbour Heights)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Change ideas are included in the lowest scoring resident indicators. In addition, leadership will be looking at communication with residents. Goal to provide clear and timely information regarding changes. As this score is relatively high at 86.2%, look at the strengths of the home and celebrate successes with staff. Provide residents with an opportunity to say thank you to staff.

Process measure

- 2024 annual survey

Target for process measure

- 88%. This is above target, but the Arbour Heights team is compassionate about improving services for residents.

Lessons Learned

Celebrating team success and providing residents with opportunities to thank staff was well received. Both residents and staff were grateful for the interaction.

Indicator #4	Last Year		This Year		
	2. Resident Satisfaction - I am satisfied with the quality of care from doctors (2109577 Ontario Ltd. Of Arbour Heights)	56.60 Performance (2024/25)	65.50 Target (2024/25)	60.80 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Follow up with residents to determine how the home can improve the quality of care from doctors. Schedule a meeting with the medical director and attending physicians to discuss concerns. Involve registered staff in fact finding as they would likely be able to provide valuable insight related to resident concerns.

Process measure

- 2024 annual feedback survey.

Target for process measure

- 66% as it is the division average.

Lessons Learned

Although the home was able to improve this indicator by 4%, we continue to struggle with some family and resident expectations for role of doctors. We continue to communicate and highlight the valuable services our physicians provide.

The home's leadership continues to work with registered staff to be prepared for physicians and ensure efficiency in order to maximize doctors time with residents and families.

Indicator #5	Last Year		This Year		
	3. Resident Satisfaction - I have a good choice of continence care products. (2109577 Ontario Ltd. Of Arbour Heights)	58.50 Performance (2024/25)	71.70 Target (2024/25)	NA Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Meet with continence care committee to obtain feedback. Survey the residents that completed the survey, with more specific questions, in order to determine next steps.

Process measure

- 2024 Annual Satisfaction Survey.

Target for process measure

- 72% as this is the division average.

Lessons Learned

Challenges include the residents desire to pick their own brands of products. The home has a contract for continence supply fulfillment. We will continue to listen to feedback and discuss solutions.

Indicator #6	Last Year		This Year		
	4. Family Satisfaction - I would recommend this home to others. (2109577 Ontario Ltd. Of Arbour Heights)	75.50 Performance (2024/25)	85 Target (2024/25)	86.50 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

The homes focus for families will be education and communication this year. Change ideas include; Canvassing for more families to provide their email address in order to better communicate. Re-implement leadership and family meet and greets, or collaboration club. Offer education to families again. Reinitiate the "questions" form. This allowed for people to ask questions without having to find the right person, office or extension.

Process measure

- Touchpoint meetings at leadership to report follow-up, successes and challenges. Outcomes will be measured by the annual feedback survey.

Target for process measure

- Target is 75%. the home's current performance is 75.5%. With implementation of the

Lessons Learned

The home held "Family Connect" meetings monthly. Families could drop in and ask questions. Although there were not a large number of families monthly, those that attended were very appreciative and enjoyed being able to speak with the team.

Indicator #8	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
6. Family Satisfaction - The resident has input into the recreation programs available. (2109577 Ontario Ltd. Of Arbour Heights)	33.30	47.20	75.90	--	NA

Change Idea #1 Implemented Not Implemented

As residents are more satisfied than families in this dimension. The home feels that this may be a communication issue. Change ideas; Include / invite families to recreation planning meetings. This might help families see their loved ones have opportunities to provide input into the programs. Family council agenda - add as a topic for the Recreation Manager to communicate process and seek input for improved outcomes on this indicator. Eblast to be sent out reminding families of program planning meetings that occur on each home area. Family program planning meeting.

Process measure

- Family rating on the 2024 survey.

Target for process measure

- 48% as this is the organizations average score.

Lessons Learned

The home implemented a number of plans to better communicate resident's opportunities to provide input into recreation programs. This information was communicated in writing via eblast, newsletter
 This information was also provided to family council and reviewed at "Family Connect" Significant improvement in this result. Actions were successful and will continue.

Indicator #7	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
5. Family Satisfaction - I am satisfied with the variety and timing of the spiritual care services. (2109577 Ontario Ltd. Of Arbour Heights)	44.80	59.40	84.70	--	NA

Change Idea #1 Implemented Not Implemented

As residents are more satisfied than families in this dimension. The home feels that this may be a communication issue. The home will better communicate scheduling of all multidenominational services. The April newsletter will have a listing of all services available in the home. In addition, the home will make note of this on the family e-blast. The facilitator of the family council will put it on the agenda for discussion.

Process measure

- Family rating on the 2024 survey.

Target for process measure

- 60% for next year. This is the organizational average.

Lessons Learned

The home implemented a number of plans to better communicate variety and timing of spiritual care services. Significant improvement in this result, and actions were successful.

Indicator #1	Last Year		This Year		
	% of LTC residents with worsened ulcers stages 2-4 (2109577 Ontario Ltd. Of Arbour Heights)	3.10 Performance (2024/25)	2 Target (2024/25)	1.00 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.

Process measure

- # 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

Change idea was successful. Work completed to ensure consistent bed system review.

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

Education sessions were instrumental in improvement. Most significant learning is that this education needs to be facilitated on a more regular basis in order to ensure knowledge is maintained.

Change Idea #3 Implemented Not Implemented

Regular auditing of weekly assessments.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Increased monitoring ensured ongoing skill competence and submission of referrals for further assessment.

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
Indicator #2	3.80	2	3.00	--	NA
% of residents using restraints (2109577 Ontario Ltd. Of Arbour Heights)	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

Process measure

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

Target for process measure

- 100% of restraints will be reviewed and plans implemented for trialing alternatives by Sept 2024

Lessons Learned

Currently two residents in the home using lap belt restraints daily for safe seating and positioning. Restraint use assessed Quarterly and reviewed on a monthly basis. Current plan is to select one resident who would benefit from restraint removal trialing. We then conduct a PT Assessment to confirm safety of action(s) while meeting with IDT team (registered and unregistered staff providing care for the resident), then to receive an MD order to trial discontinuation of restraint x1 week. This has been a very successful process for all team members involved. Challenges have been met with obtaining consent from family members in the past despite providing education regarding the potential risks involved with continuation of restraint use if not necessary, benefits of trialing the discontinuation and rationale to the trial itself, including re-educating on our Least restraint Policy. Although this has been a challenge in the past, families of resident's are often more receptive to the idea when informed that the idea for trial was based on an interdisciplinary team approach and communicate which members were involved in the decision process (ie: MD, PT, Restorative Care, direct care staff, registered staff...etc) to provide the best quality care possible for the resident.

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

Re-educate staff on restraint policy and use of alternatives to restraints Educate families on restraints on admission, and ongoing as needed.

Process measure

- # 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

Restraint Policies as well as PASD information is set out through mandatory education, which is provided annually for all staff members, upon hire for new staff members as well as reviewed monthly within the collaborative meetings held at each resident home area monthly for Restorative Care purposes and as needed for Physiotherapy involvement and care planning.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #9	17.10	15	20.94	-22.46%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (2109577 Ontario Ltd. Of Arbour Heights)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

1.Recreation staff to review and develop action plan for residents who fell in the past 3 months, and are also indicated at risk for social isolation.

Process measure

- Implement program during afternoon change of shift to engage residents and prevent falls # of individualized program plans completed. # of monthly reviews of the plan, evaluate effectiveness # of plans reviewed at falls committee meetings

Target for process measure

- Specific individualized programs will be implemented by June 2024

Lessons Learned

We feel these interventions were successful for the residents they were focusing on. In addition, the home implemented 12-hour shifts for recreation staff. We feel this assisted a large number of residents. We have maintained this change idea and continue to explore more strategies for 2025.

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

- Address any identified deficiencies from completed assessments # of environmental assessments completed on admission and quarterly # 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 by June 2024

Lessons Learned

Challenges would include increased population with dementia, reduction of restraints and antipsychotics. The home has also had a number of outbreaks resulting in many residents being isolated in their rooms.

Comment

We are planning to continue to work on improvement in this area for 2025.

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 residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (2109577 Ontario Ltd. Of Arbour Heights)	35.59	17.30	21.43	39.79%	17.30

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

Medication and care plans reviewed with multidisciplinary team. More thorough review assisted in ensuring proper documentation to support antipsychotic use.

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 residents reviewed 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

Challenge - the home found it more effective when communicating this information directly to the families of residents effected.

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

#3) Provide Gentle Persuasive Approach to Dementia Care to all staff of the home, to increase knowledge of non-pharmacological interventions to reduce responsive behaviours.

Process measure

- Look at indicator monthly to see if the indicator trends downwards.

Target for process measure

- Education to be provided once monthly throughout the year.

Lessons Learned

GPA Education has been provided to staff both Registered and non-Registered annually as well as upon hire. This has been successful in decreasing the use of pharmacological intervention(s) as a first resort for managing responsive behaviors in residents and has increased staff confidence in managing approaches for care in resident's exhibiting behavioral and/or safety concerns.

Change Idea #4 **Implemented** **Not Implemented**

RAI education and auditing for more accurate coding of delusions/hallucinations.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

More accurate documentation of delusional thinking decreased the homes score for this indicator.

Comment

In considering the significant improvement in 2024, the home will focus on maintaining the change ideas above. We have also implemented monthly opportunity for staff to take or refresh their GPA training. We will also be distributing information via eblast and the monthly newsletter.