

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #1	59.00	68	85.70	--	NA
I am satisfied with the care from social workers. (2109577 Ontario Ltd. Of Arbour Heights)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 **Implemented** **Not Implemented** **In Progress**

The home will educate and communicate services provided by social workers.

Process measure

- Number education sessions provided. Number of communications sent to residents and families.

Target for process measure

- The home will provide 3 education sessions for family, residents or staff in the next eight months. In addition, the home will add this information to the newsletter twice this year, in April and September.

Lessons Learned

Residents and families generally did not know the role of Social Workers related to our Resident Services Coordinator. With education and clarification, this indicator improved significantly.

Change Idea #2 **Implemented** **Not Implemented** **In Progress**

Social Service Worker to schedule visits with different residents each month

Process measure

- # of residents visited monthly basis

Target for process measure

- 1) Social Worker will coordinate visit schedule by March 20, 2025 2) 25% of residents will have had a Social Service Worker visit by May 1, 2025.

Lessons Learned

1:1 visits were successful for information gathering. Our Resident Services Coordinator found there was a gap in knowledge related to the services she provides. She has since added this piece to her admission process.

Indicator #2	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
I am satisfied with the care from the occupational therapist. (2109577 Ontario Ltd. Of Arbour Heights)	59.70	62.20	82.80	--	NA

Change Idea #1 Implemented Not Implemented In Progress

The home will educate residents and families on the roles of an occupational therapist.

Process measure

- The number of education sessions

Target for process measure

- The home will provide 3 education sessions for family, residents or staff in the next eight months.

Lessons Learned

Residents and families were satisfied with the information provided. Challenges would be the newly admitted residents. The homes Resident Services Coordinator has added this information to her admission process.

Change Idea #2 Implemented Not Implemented In Progress

Provide information on the role of occupational therapy, and how Arbour Heights meets these service requirements.

Process measure

- Number of times information is communicated via newsletter.

Target for process measure

- The home will add this information to the newsletter twice this year, in April and September.

Lessons Learned

Family and resident meetings were successful in providing this information. Information pamphlets were also appreciated. Improvement was not significant, so the home will be distributing the information again.

Change Idea #3 **Implemented** **Not Implemented** **In Progress**

Provide information on the role of occupational therapy, and how Arbour Heights meets these service requirements.

Process measure

- Number of times information is communicated.

Target for process measure

- The home will send this information via email to the eblast distribution list twice this year in April and September.

Lessons Learned

Same as previous change idea.

	Last Year		This Year		
Indicator #3	59.60	66.90	76.50	--	NA
In my care conference we discuss what's going well, what can be better and how we can improve things. (2109577 Ontario Ltd. Of Arbour Heights)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Obtain feedback on annual care conference process from residents and families

Process measure

- 1) # of survey questions 2) # of feedback responses received monthly 3) # of improvement actions implemented 4) # of Resident and Family council meetings attended where results discussed

Target for process measure

- 1) Survey questions will be developed by April 1, 2025. 2) Process for post care conference feedback will be in place by April 1, 2025 3) Feedback/survey results will be shared with resident and family council with action for improvement by July 1, 2025

Lessons Learned

Challenges include a gap in expectations between residents and their families. This was addressed by encouraging both to participate when possible.

Change Idea #2 Implemented Not Implemented In Progress

1) Encourage residents to attend their annual care conference

Process measure

- 1) # of annual care conferences where residents attend 2) # of care conferences where plan of care was discussed with resident

Target for process measure

- 1) Residents will be more consistently encouraged to attend their annual care conferences beginning April 1st, 2025. 2) There will be a 10% improvement in this indicator by December 2025.

Lessons Learned

Although not always successful, we did see an increase in resident participation. This has likely attributed to our improvement of 17%.

Change Idea #3 Implemented Not Implemented In Progress

Review annual care conference process

Process measure

- 1) # of reviews of care conference process completed 2) # of modifications to agenda 3) % of positive feedback resident responses post care conference

Target for process measure

- 1) Review of care conference process, including changes to agenda will be completed by March 15, 2025 2) there will be a 10% improvement in overall positive responses post care conference by October 2025.

Lessons Learned

Very little was changed in terms of this process. Difficult to determine if this contributed to increase in satisfaction.

Indicator #6	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Pressure ulcers: Percentage of residents who had a pressure ulcer that recently got worse - Q2FY 2025/26, CCRS eReports - unadjusted	1.00	0.80	1.80	--	NA

(2109577 Ontario Ltd. Of Arbour Heights)

Change Idea #1 Implemented Not Implemented In Progress

3) Review team membership to ensure interdisciplinary. and that team ensures that all wounds and skin issues in previous month are reviewed during their meetings

Process measure

- 2) # of new members recruited by discipline 3) Standardized agenda developed which includes review of 2 pressure ulcers by stage on each unit on a monthly basis"

Target for process measure

- Currently have Skin and wound lead, 2 champions, looking to recruit 1 PSW per unit to the skin and wound team by 3rd quarter.

Lessons Learned

The home has ensured ongoing interdisciplinary participation on the team. Although difficult to determine if this improved resident outcomes, we feel it is a care, service and safety improvement in the home.

Change Idea #2 Implemented Not Implemented In Progress

5)Turning and repositioning re-education

Process measure

- # of reviews completed by Skin and Wound committee # of PSW staff educated on turning and repositioning # of audits completed by night staff

Target for process measure

- Education is ongoing with turning and repositioning, our target is to have 100% of PSW's re-educated by April 1, 2025. By May 30, 2025, Night staff will have audited 100% of residents that require turning and repositioning By June 30, 2025 the Skin and Wound committee will have reviewed audits for trends and actioned.

Lessons Learned

Although difficult to determine if this improved resident outcomes, we feel it is a care, service and safety improvement in the home.

Comment

See workplan for further information. The action plan for 2026 includes education on prevention strategies, moisturizing and product selection.

Indicator #7	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Restraints: Percentage of residents who were physically restrained (daily) - Q2 FY 2025/26 CCRS eReports- unadjusted	3.00	2.50	1.50	--	NA

(2109577 Ontario Ltd. Of Arbour Heights)

Change Idea #1 Implemented Not Implemented In Progress

Provide information to families and residents on Least Restraint

Process measure

- 1.) 10 admission packages with Restraint brochure included. 2.) 10 of meetings with Resident and Family council to discuss Least Restraint and Risks

Target for process measure

- 1). 100% of admission packages will have Restraint brochure included for new admissions by Dec-31-2025 2). Meetings with Resident and Family councils will be attended to discuss Restraints by Dec-31-2025

Lessons Learned

Ongoing education has contributed to decreasing resident restraints. It has also assisted in maintaining a low number of restraints.

Change Idea #2 Implemented Not Implemented In Progress

1) Implement per unit tracking for all restraints to better analyze and review trends on each unit.

Process measure

- 1) # of unit tracking tools implemented by unit 2) # of tracking tools completed monthly 3) # of analysis completed by restraint team on results.

Target for process measure

- 1) Tracking tool implemented on each unit by April 15, 2025. 2) 100% of tracking tools will be completed accurately by May 1, 2025. 3) Process for analysis of tracking tool results by restraint team will be 100% in place by May 1, 2025.

Lessons Learned

Tracking has contributed to staff awareness and trends on specific homes areas. This allows for more focused education in the home. It has also assisted in maintaining a low number of restraints.

Change Idea #3 Implemented Not Implemented In Progress

Provide resource for staff to use when discussing restraints with residents and families.

Process measure

- 1) # of times FAQ was utilized monthly 2) # of sessions held to communicate with staff that FAQ was available as resource.

Target for process measure

- 1) FAQ resource will be in place by April 15, 2025 2) Staff will be aware of new resource by May 1, 2025

Lessons Learned

Resources help guide staff in conversations with families about restraints. They also reinforce communication between staff and families.

Change Idea #4 Implemented Not Implemented In Progress

Audit documentation of trial alternatives to each restraint in use.

Process measure

- # of Alternatives trialed per month # of reviews completed

Target for process measure

- 100% of the restraints in the home have had alternatives trialed and documented by June 1, 2025.

Lessons Learned

Auditing has allowed the nursing leadership team pinpoint areas for improvement and education. Staff have been responsive to education and have demonstrated learning in this area.

Comment

The home feels that the current change ideas have assisted in the decrease and maintenance of low restraint numbers. For further information, please see the workplan.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #4	20.94	15	19.08	8.88%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (2109577 Ontario Ltd. Of Arbour Heights)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Review Safe Lift and Handling Policy and Procedures Program with Staff

Process measure

- 1) 5 of education sessions held for staff on safe lift and handling procedures 2) 9 of audits completed each shift weekly 3) 5 of deficiencies identified 4) 3 of improvements required monthly

Target for process measure

- 80% of all staff will be trained in safe lift and handling policy, and audits completed in all units and reduce the number of deficiencies identified to 2 by end of Dec-31-2025

Lessons Learned

Ongoing education and auditing are ongoing and consistent. Although we know this change idea is crucial in safe care, it is unclear if it has made any influence on the indicator.

Change Idea #2 Implemented Not Implemented In Progress

Re-implement Post fall huddles

Process measure

- 1) # of staff who reviewed policy for post fall huddles 2) # of post fall huddles that were completed as per policy on a monthly basis

Target for process measure

- 1) Staff education on post fall huddles will be completed with 50% participation by June 1st, 2025. 2) By June 30 ,2025, 80% of post fall huddle documentation will be completed as per policy.

Lessons Learned

Ongoing and consistent huddles have demonstrated better communication in the home. Again, it is unclear if these huddles have caused any change in data.

Change Idea #3 Implemented Not Implemented In Progress

Ensure each resident at risk for falls has an individualized plan of care for falls preventions

Process measure

- 1) # of residents at risk for falls 2) # of plans of care reviewed 3) # of new strategies determined 4) # of plans of care updated 5) # of sessions held to communicate changes with staff

Target for process measure

- 1) Residents at risk for falls will be identified by April 30 , 2025 2) Care plans for high risk residents will be reviewed and updated by June 1, 2025 3) Changes in plans of care will be communicated to staff by June 1, 2025.

Lessons Learned

Individualized care plans are in place. The home continues to explore change ideas for decreasing falls. It is difficult to determine whether or not the care plan review has had any effect on the number of residents who fell.

Comment

The home has outlined future plans in the work plan section of our Quality Improvement Plan. This includes ongoing staff education, bed alarm audits and increased lighting options for nights.

	Last Year		This Year		
Indicator #5	21.43	17.30	8.74	59.22%	17.30
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)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

GPA education for training for responsive behaviours related to dementia.

Process measure

- 1) # of GPA sessions provided 2) # of staff participating in education 3) Feedback from participants in the usefulness of action items developed to support resident care.

Target for process measure

- 1) GPA sessions will be provided monthly in 2025. 2) Feedback from participants in sessions will be reviewed and actioned monthly as appropriate. 3) 60% of staff will have participated in GPA training (within the last year) by June 2025.

Lessons Learned

Training was provided 8 times in 2025. Success was seen in terms of staff competency, resilience and effectiveness in assisting residents with responsive behaviours.

Change Idea #2 Implemented Not Implemented In Progress

3) Family education resources provided for appropriate use of Antipsychotics

Process measure

- "1.) # of CEP resources provided to families monthly 2.) # of antipsychotics d/c as a result of increased family awareness. "

Target for process measure

- 1) CEP resources will be printed and available at nurses station by April 15, 2025

Lessons Learned

Family were appreciative of the information. A number of families were more open discussing safe titration plans for eventual discontinuance of the medication.

Change Idea #3 Implemented Not Implemented In Progress

Collaborate with the physician to ensure all residents using anti-psychotic medications have a medical diagnosis and rationale identified.

Process measure

- 1)# of interdisciplinary meetings BSO invited to attend. 2.) # of monthly referrals to BSO

Target for process measure

- 1) 75% of registered staff will have attended training on antipsychotic medications by May 1st, 2025.

Lessons Learned

This was successful in terms of ensuring documentation supported use of the medication.

Change Idea #4 **Implemented** **Not Implemented** **In Progress**

Enhance collaboration with Behavioral Supports Ontario (BSO) Lead and interdisciplinary team.

Process measure

- 1) # of interdisciplinary meetings BSO invited to attend. 2) # of monthly referrals to BSO

Target for process measure

- 1) BSO will have increased collaboration and visibility in home by June 2025.

Lessons Learned

External supports have proven successful in terms of resident and family experience and staff support.