

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

	Last Year		This Year		
<b>Indicator #6</b>	<b>46.20</b>	<b>85</b>	<b>77.80</b>	<b>--</b>	<b>NA</b>
Resident experience: In my care conferences, we discuss what's going well, what could be better and how we can improve things. (Blenheim Community Village)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Improve communication with residents about the time, date and location of care conferences.

**Process measure**

- # of residents and family attending annual care conferences.

**Target for process measure**

- Increase the # of residents and families who attend their care conferences by June 1.

**Lessons Learned**

Communication about the time and date of care conferences improved. Additional flexibility provided to residents and POAs on their proffered scheduled for the meetings.

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

Improve information for residents and families about the purpose and need for care conferences.

**Process measure**

- # of residents and family members with increased satisfaction levels related to their care conference.

**Target for process measure**

- Improved satisfaction of residents and families attending care conferences. Surveys reviewed and meetings adjusted based on feedback. June 1.

**Lessons Learned**

Additional information was provided during care conferences on various topics including the reason for and goals of the meetings.

**Comment**

Continue to improve on communication with residents and POAs on how best to deliver information to meet their needs at care conferences.

Indicator #1	Last Year		This Year		
	Family experience: The resident enjoys eating meals in the dining room. (Blenheim Community Village)	<b>63.90</b> Performance (2025/26)	<b>85</b> Target (2025/26)	<b>61.50</b> Performance (2026/27)	<b>--</b> Percentage Improvement (2026/27)

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

Twice a year, when the new menus are released from support office, offer families and residents a taste tasting of new menu items.

**Process measure**

- # of families and residents provided an opportunity to taste test new menu items. # of families and residents at council meetings who indicated improved satisfaction of food and beverages served.

**Target for process measure**

- Increase the number of residents and family who are satisfied with the food and beverages served to the residents by May 15.

**Lessons Learned**

Residents and families enjoyed the taste testing of new menu items. Feedback was that the food tastings be offered more frequently and the amount and kinds of food be more diverse.

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

Improve the dining experience for residents.

**Process measure**

- # of surveyed residents who indicated their satisfaction had improved over current levels.

**Target for process measure**

- Increase over current levels the number of residents who indicated an improved pleasurable experience at mealtime by May 1.

### Lessons Learned

Reduced the number of distractions in the dining room while residents are enjoying their meals. Additionally, seating plans were modified to accommodate resident requests.

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

A new interactive menu board be installed to provides additional information on the food being served including nutritional content.

#### Process measure

- No process measure entered

#### Target for process measure

- No target entered

### Lessons Learned

Residents appear to enjoy interacting with the board.

### Comment

Additional measures are required to improve the experience for residents in the dining room. There will be an emphasis on reducing distractions in the dining room during meal times.

Indicator #5	Last Year		This Year		
Resident experience: I am satisfied with the schedule of recreation programs. (Blenheim Community Village)	<b>64.30</b>	<b>85</b>	<b>91.70</b>	<b>--</b>	<b>NA</b>
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Vary the time and schedule of events and recreation programs.

**Process measure**

- # of times programs are offered. # of various times programs are offered.

**Target for process measure**

- Increase the # of residents attending programs over the current participation rate by June 1.

**Lessons Learned**

Additional programs were added and times and dates of programs varied to reflect feedback received from residents.

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

Provide opportunities for residents to give input/feedback on programs.

**Process measure**

- # of opportunities provided to residents to give input/feedback.

**Target for process measure**

- Increase the # of times residents were provided an opportunity to participate in, and planning of, recreation programs by May 1.

**Lessons Learned**

Program feedback sought from residents immediately after each program ended so to better capture the sentiments from residents if they enjoyed the program.

**Comment**

Will continue to offer residents choice on their preferred program offerings, and the time and date they are offered. The facility is currently meeting target

**Safety | Safe | Custom Indicator**

	Last Year		This Year		
<b>Indicator #2</b>	<b>1.08</b>	<b>1</b>	<b>0.00</b>	<b>--</b>	<b>NA</b>
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 (Blenheim Community Village)	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 all of the residents' current bed system/ surface for the residents with PURs score of 3 or greater.

**Process measure**

- 1) # of residents with PURs score of 3 or greater. 2) # of reviews completed of bed/surfaces/ mattress monthly. 3) # of bed surfaces/ mattress replaced monthly.

**Target for process measure**

- 1) Complete review for residents with PURs scores of 3 or greater by September 1.

**Lessons Learned**

Bed systems (mattresses) were audited and New beds systems (mattresses) replaced where the current ones were inadequate.

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

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

**Process measure**

- 1) # of education sessions provided monthly for registered staff on correct staging of pressure injuries.

**Target for process measure**

- 1) 100% of registered staff will have received education on identification and staging of pressure injuries by September 1.

**Lessons Learned**

Education provided to relevant employees.

**Comment**

will be including this indicator for our 2026/2027 plan

**Safety | Safe | Optional Indicator**

	Last Year		This Year		
<b>Indicator #3</b>	<b>25.00</b>	<b>15</b>	<b>17.02</b>	<b>31.92%</b>	<b>15</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Blenheim Community Village)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Safety Rounds to continue on days and evenings to target residents that are a high risk for falls.

**Process measure**

- 1) # of falls will decrease. 2) # of falls with injuries will decrease.

**Target for process measure**

- 1) Review fall safety rounds routines May 1. 2) Review fall safety meetings by May 1.

**Lessons Learned**

Safety rounds continue to be conducted throughout day and evening shifts. Additionally, trained PSWs have replaced resident attendants for the safety round shifts which we believe has increased the safety for at-risk residents.

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

Conduct a review of all residents and their risk for falls. Identify potential interventions that could be initiated that could assist with improvement.

**Process measure**

- 1) # of audits completed monthly as required. 2) # of identified deficiencies from audits that were corrected monthly.

**Target for process measure**

- Assess resident's environment and fall interventions to ensure they are fully implemented by June 1.

**Lessons Learned**

A full review of residents and causal effects of falls was completed and reviewed regularly.

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

A new falls lead installed and additional work hours provided to focus on measures to reduce falls.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

A lead falls lead in place and their hours temporarily increased until falls are reduced in the home to meet QIP metrics.

**Comment**

Falls continue to be a significant focus on the leadership team and front line staff. The facility will be including this indicator for 2026/2027 HQO plan as we were not able to meet the indicator for 2026

Indicator #4	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Blenheim Community Village)	<b>10.58</b>	<b>10</b>	<b>8.16</b>	<b>22.87%</b>	<b>8.15</b>

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

Medication reviews to be completed on all residents that are currently prescribed antipsychotic medications.

**Process measure**

- 1) # of residents reviewed monthly. 2) # of care plans reviewed that have a supporting diagnosis. 3) # of reduction strategies implemented monthly.

**Target for process measure**

- All residents that are currently prescribed antipsychotics will have a medication review/ review of supporting diagnosis by July 1.

**Lessons Learned**

Medication reviews were completed and continue to be evaluated by the clinical team.

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

Provide educational material to families and/or residents on antipsychotics and the importance of minimizing the use.

**Process measure**

- 1) # of families provided with best practice information on reducing antipsychotic monthly. 2) # of tour and admission packages provided with antipsychotic reduction information included monthly.

**Target for process measure**

- 1) Educational material will be provided to families and/or residents on antipsychotics and important of minimizing use by September 1.

**Lessons Learned**

Education has been provided during care conferences. Improved discussions with residents and their POAs has been beneficial to ensure steps are taken to ensure compliance.

**Comment**

The facility will include this indicator in our HQO plan for 2026/2027

