

Experience | Patient-centred | Custom Indicator

Indicator #6	Last Year		This Year		
	Satisfaction of quality of cleanliness in resident rooms (Brierwood Gardens)	22.20 Performance (2025/26)	85 Target (2025/26)	25.00 Performance (2026/27)	-- Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Review roles and responsibilities of housekeeping

Process measure

- # of staff completing orientation. # of job routines reviewed. # of contractor led sessions.

Target for process measure

- Job routines will be reviewed by June 2025 Housekeeping orientation checklist will be in place by June 2025

Lessons Learned

Have held monthly meetings with housekeeping department and conducted a full review of duties. We have invited in suppliers to demonstrate and provide education on proper cleaning techniques, use of equipment and cleaning products.

Change Idea #2 Implemented Not Implemented In Progress

Education for staff on routines and expectations for cleaning

Process measure

- # of education sessions # of orientation sessions # of staff who attended training

Target for process measure

- Vendor will be contacted to do education by June 2025 Education sessions will be completed by September 2025 Orientation of new staff will include cleaning practices starting April 2025

Lessons Learned

Held department meetings to review routines and performance expectations with department manager, IPAC manager and Executive Director to underscore the importance of providing a clean and sanitized environment.

Change Idea #3 Implemented Not Implemented In Progress

Review preventative maintenance schedule and revise to include spring cleaning and auditing

Process measure

- # of resident rooms completed for initial deep clean. # of spring cleans added to preventative maintenance schedule # of audits completed. # of maintenance audits # of housekeeping audits # of work orders

Target for process measure

- Initial deep clean of 100% of resident rooms will be completed by June 2025 Preventative maintenance schedule will be reviewed by May 2025 Audits will commence on a monthly basis by July 2025

Lessons Learned

Have reviewed and continue to review preventative maintenance schedule with staff. Ongoing audits continue to be conducted on a daily basis.

Comment

Home is implementing a deep clean schedule to address resident floors and paint touch ups. This will be in place by April of 2026

Indicator #5	Last Year		This Year		
	Resident satisfaction with quality of food and beverage (Brierwood Gardens)	68.20 Performance (2025/26)	85 Target (2025/26)	56.50 Performance (2026/27)	-- Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Provide more opportunity for sharing of feedback on food and beverages.

Process measure

- # of staff suggestions # of resident's suggestions # of suggestions implemented # of CQI committee meetings held where there was an open forum # of Food Committee meetings attended

Target for process measure

- Cook to attend monthly food committee meeting beginning April 2025 Opportunity for open forum at CQI meeting will be added to agenda by May 2025 Process for review of suggestions received and implementation of those suggestions will be in place by June 2025

Lessons Learned

Residents chose to hold an independent food committee to discuss food and beverage concerns. This has been successful but are looking to bolster attendance and participation.

Comment

the home is planning to host evening food committees and invite both families and residents to a taste testing for a full appreciation of the service and opportunity to discuss choices.

Indicator #7 Satisfaction with opportunities for input into recreational programs (Brierwood Gardens)	Last Year		This Year		
	66.70	85	77.30	--	NA
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Increase available opportunities for residents to share their feedback on programs within the home.

Process measure

- # of meetings held to gather feedback # of newsletters # of suggestions received # of digital communications # of activity pro reports # of engaged residents # care conferences where program input received

Target for process measure

- Meetings to discuss program feedback and suggestions will be in place by June 2025 Section will be added to newsletter to request resident input by June 2025 Resident choice program on calendar will begin by July 2025 Digital screen will be used to communicate information by August 2025

Lessons Learned

We continue to ask for resident feedback at resident council meetings. Open door policy is primary to allowing residents and families approach staff and management if they have a suggestion or request.

Change Idea #2 Implemented Not Implemented In Progress

Created a Residents Choice program where residents get to participate in a fun program where they plan future programs in the home.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

This has been such a success, the program has now been featured in the OARC toolkit. It has also become one of the homes most well attended programs, allowing residents the opportunity to directly, in a fun environment, brainstorm on what they would like offered in the department.

Comment

With the success of our Resident Choice program, we are hoping to see increased resident participation in choice of programs they would like in their home

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #3	24.19	15	23.87	1.32%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Brierwood Gardens)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

-Implement /Reassess Falling Star program and reeducate staff on program - educate staff on 4P's process

Process measure

- 1) # of staff educated on the 4P's process and falling star 2) # of program staff utilized to assist 3) # of audits completed post education

Target for process measure

- 1) 100% of front-line staff will be educated on 4P process by April 15, 2025 2) audits will be completed post education to ensure program is implemented and effective by May 30, 2025

Lessons Learned

Home redesigned the staff job description to include 4P rounds and included education on process. Continues to be an area of focus.

Change Idea #2 Implemented Not Implemented In Progress

- Inform resident council and families what 4P process is.

Process measure

- Number of Resident council and families informed of process Number of emails and newsletters sent out to residents and families. Number of displays on communication board about fall and 4P process

Target for process measure

- Resident council and families will be informed about 4P process by May 2025. Display will be on communication board by May 2025.

Lessons Learned

Families and residents were receptive and engaged in 4P process.

Comment

Falls prevention and frequency reduction continues to be a priority. We have installed enhanced lighting at bedside and in bathroom for residents who fall in the evening/ night
 Motion sensor lighting added to bathroom and under beds. We hold falls huddles weekly.

Indicator #4	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Brierwood Gardens)	15.64 Performance (2025/26)	15 Target (2025/26)	8.33 Performance (2026/27)	46.74% Percentage Improvement (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 for 100% of nursing staff by May 30, 2025 2.) Feedback from participants in the session will be reviewed and actioned on by June 15, 2025

Lessons Learned

All nursing staff received GPA education. We have identified that this education would be useful for all disciplines that work within the resident homes areas so are scheduling for housekeeping, laundry and maintenance staff to receive GPA education in 2026

Comment

The homes always explore nonpharmacological interventions and reductions on a case-by-case basis. The home works collaboratively the PRC and BSO on case management and educating staff.

Safety | Effective | Custom Indicator

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of long-term care home residents in daily physical restraints over the last 7 days (Brierwood Gardens)	1.64	1.50	0.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Education of families and residents on restraint policies

Process measure

- Number of families provided with education. Number of residents provided with education.

Target for process measure

- 100% of residents and families will be provided with education by November 2025.

Lessons Learned

Continue to educate both staff and families on policies and alternative measures.

Comment

The home currently does not have any restraints and remains under benchmark. We continue to review our indicator performance on a monthly basis and access for alternative measures on a case by case basis. We have no bedrails in the home unless ordered and we consider every alternative. We continue to provide education to families and residents about risks of restraints based on each resident's individual needs.

Safety | Safe | Custom Indicator

Indicator #2	Last Year		This Year		
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 (Brierwood Gardens)	1.67	1.50	4.90	--	NA
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Interdisciplinary huddles to discuss and review any resident with new or worsening pressure injuries.

Process measure

- # of different disciplines attending huddles # of huddles held weekly

Target for process measure

- Interdisciplinary huddles will be fully implemented by May 2025.

Lessons Learned

Staff education of staging pressure injuries is ongoing. We review resident with PURS scores of 3 or greater. Review of bed systems to align with resident needs

Change Idea #2 Implemented Not Implemented In Progress

Education for all nursing staff of PURS and policies regarding pressure ulcers

Process measure

- # of education sessions held % of nursing staff who completed the education # of audits completed post education

Target for process measure

- 100% of nursing staff will have completed education on PURS and policies regarding pressure ulcers by June 2025 Audits will commence July 2025

Lessons Learned

All registered staff are educated on pressure injuries and bed systems in the home.

Comment

For the majority of the year, the home was under benchmark. We continue to review our indicator performance on a monthly basis. PSWs are trained to access residents for skin integrity impairment during care and to report concerns to the registered staff. We have a dedicated wound care RN who leads our skin and wound care program and works with the interdisciplinary team.

