

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

	Last Year		This Year		
Indicator #2	68.20	75.30	82.20	--	NA
I enjoy eating meals in the dining room. (Columbia Forest)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

1) Provide education on improving the Resident experience during mealtimes. 2) Obtain regular feedback from Residents during mealtime to seek feedback on the atmosphere and incorporate changes based on recommendations.

Process measure

- 1) a) # of in-services held to review policy, procedures, and expectations during mealtime (The Resident Mealtime experience), b) # of staff who attended in-services 2) # of Feedback from residents and # of changes made based on feedback

Target for process measure

- 1) a) 10 in-services will be held per year by Dec 2025 b) FSM/ Management team to observe meals with the purpose of providing on the spot redirection starting May 2025. 2) Feedback will be reviewed and at least 3 changes implemented based on feedback by December 2025

Lessons Learned

Pleasurable dining education was rolled out in April 2025 for all staff involved in the mealtime experience.

Regular feedback from residents was received during meal service audits, as well as from Food Committee meetings.

Table numbers were added to our dining room tables, so staff had a visual cue to remind them of table rotations.

Change Idea #2 Implemented Not Implemented In Progress

Implement themed menu meals at least twice monthly.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The residents really enjoy the themed meal's that have been added each month. We will continue to offer these in 2026.

Comment

We will continue to offer 2-3 themed menu days each month.

	Last Year		This Year		
Indicator #3	64.70	70	89.60	--	NA
I feel my goals and wishes are heard and considered in my care. (Columbia Forest)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

1) Quarterly plan of care reviews will be completed with each resident input. 2) Training for staff on person centered care.

Process measure

- 1) a) # of plan of care meetings held with resident present, b) # of resident plans of care updated to reflect goals and wishes after discussion. 2) a) # of staff who attended sessions, b) # of sessions provided.

Target for process measure

- 1) a) Plan of care meetings will be held with Resident in attendance by March 2025, b) 100% of plans of care will be updated to reflect Resident goals and wishes by August 2025. 2) a) Education session on person centered care will be completed by July 2025, b) By July 2025, 80% of staff will have completed education.

Lessons Learned

Person centered care education was provided to all staff during orientation as well as during annual education.

Quarterly care plan reviews were completed. Resident involvement remains a goal for 2026.

Change Idea #2 Implemented Not Implemented In Progress

Goals and wishes are discussed during each admission and annual care conference.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Discussing residents goals and wishes with the interdisciplinary team during care conferences has been very helpful. Feedback obtained during the meeting is followed up on in a timely manner. Adjustments are then made to the plan of care based off the feedback received.

Comment

We will continue to discuss goals and wishes during care conferences with residents and family members. Our new care conference assessment collects more detailed information regarding residents' goals and wishes.

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Bladder care products keep me dry and are comfortable. (Columbia Forest)	40.70	60	81.80	--	NA

Change Idea #1 Implemented Not Implemented In Progress

1) Invite First Quality Vendor to Resident Council and Family Council meeting to discuss products. 2) Review of sizing and products for Residents.

Process measure

- 1) a) # of times rep attended RC and FC meeting, b) # of action items as a result of feedback received 2) a) # of Residents using incontinent products per shift, b) product audits completed per month

Target for process measure

- 1) a) First Quality rep will attend RC and FC by May 2025. 2) a) 100% of residents who use incontinent products will be audited for correct sizing and selection of product by June 2025, b) First Quality will be contacted to assist with audit and on the spot education will be provided by June 2025.

Lessons Learned

First Quality rep was able to attend RC on May 8, 2025, and FC on July 17, 2026, to provide further education to residents and families about the different incontinence products that are available.

Audits completed monthly to check for correct sizing and to ensure that residents have the correct products in their rooms.

Change Idea #2 Implemented Not Implemented In Progress

Continence product information was added to our home's admission package.

Product usage is also discussed during admission/annual care conferences.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Providing additional information about the different products has been successful in helping residents and family members have a better understanding of which products we have available and the reasons for use.

Comment

Will continue to provide information on incontinence products to our new and current residents and families.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #4	0.76	0.50	1.09	--	NA
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 (Columbia Forest)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

1) Turning and repositioning re-education, 2) Education on product selection for wound care.

Process measure

- 1) a) # of staff that have been educated 2) a) # of education sessions/shift, b) # of audits that identified areas for improvement monthly.

Target for process measure

- 1) a) 100% of PSW staff will have attended education sessions on turning and repositioning by July 2025. 2) a) Education sessions on products and selection of products will be completed for all registered staff by June 2025, b) Audits will show 80% improvement in compliance by September 2025.

Lessons Learned

Education on skin and wound care was provided to all employees by August 2025.

Wound care production education was held for Registered Staff April 23 2025.

Turning and repositioning training will continue into 2026.

Change Idea #2 Implemented Not Implemented In Progress

Roho cushion audits to be completed monthly.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Our Physiotherapy team is conducting random roho cushion audits each month to ensure cushions are on correctly.

Comment

Continue to provide education regarding early detection of wounds.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #5	15.16	15	13.41	11.54%	13
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Columbia Forest)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

1) Implement 4 P's process when rounding 2) Re-implement post fall huddles

Process measure

- 1) a) # of staff educated on 4 P's process, b) # of 4 P's card provided, c) Resident and Family Council informed of process. 2) a) # of staff who have reviewed policy for post fall huddles, b) # of post fall huddles that were completed as per policy on monthly basis.

Target for process measure

- 1) a) 80% of front line staff will be educated on 4P's process by July 2025, b) 4 P's education will be distributed to staff by July 2025, c) Resident and Family Council's will be informed of process by July 2025. 2) a) Staff education on post fall huddles will be completed with 80% participation by October 2025, b) By October 2025, 100% of post fall huddles documentation will be completed as per policy.

Lessons Learned

4 P's education was provided to all staff during annual education. All staff also received a brochure outlining the 4 P's.

We shared 4 P's education with Family Council on September 25, 2025 and the education material was also distributed to families via email.

Change Idea #2 Implemented Not Implemented In Progress

Falls team meeting q2 weeks to discuss the residents who fell and review care plan interventions. Care plans are adjusted as needed.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The team meets to review residents who have fallen in the last two weeks. The team investigates the cause of the fall along with contributing factors. Current care plan interventions are reviewed and adjustments made based off recommendations from falls team and interdisciplinary staff. This has been very successful in reducing the # of times our residents who are at high risk have fallen.

Comment

Through our PCC integration in August 2025, the post fall huddle was added to our electronic UDA's. This has helped to monitor completion of post fall huddles and ensures timely follow up if the huddle was missed.

	Last Year		This Year		
Indicator #6	15.17	14	12.95	14.63%	12
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Columbia Forest)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

1) GPA education for staff training on responsive behaviours related to dementia. 2) Enhance collaboration with BSO Lead and Interdisciplinary team.

Process measure

- 1) a) # of GPA sessions provided, b) # of staff participating in education 2) a) # of interdisciplinary meetings BSO invited to attend, b) # of monthly referrals to BSO.

Target for process measure

- 1) a) GPA sessions will be provided for 60% of staff by December 2025 2) a) BSO will have increased collaboration and visibility in the home by February 2025.

Lessons Learned

GPA certifications were received in April 2025 for both our Staff Educator and our BSO Lead. We were not able to roll out GPA sessions in 2025, and this remains a goal for 2026.

BSO Team collaborates well with our interdisciplinary team by attending behaviour rounds, interdisciplinary meetings, rounds with physicians, and partners with external resources when necessary.

Change Idea #2 Implemented Not Implemented In Progress

Education to staff on how to properly code for moods, behaviours, and diagnosis's during quarterly reviews.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

BSO lead and RAI Team works closely with registered staff to ensure they are coding their assessments accurately. QI reports are reviewed monthly and audits are completed to investigate and ensure the information being reported it accurate.

Comment

GPA education is a priority item for 2026.