

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #2	39.40	65	59.30	--	NA
Communication from home leadership (Administrator, Executive Director, and Managers) is clear and timely. (Elmwood Place)	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 our formal communication frequency with residents.

Process measure

- number of residents provided with bulletins number of discussions held about programs at resident council meetings

Target for process measure

- 100% of methods implemented by June 30, 2025.

Lessons Learned

We have not been consistent with this (feel monthly was too ambitious) we have added this to our 2025/2026 plan and set it to a quarterly communication.

Change Idea #2 Implemented Not Implemented In Progress

Increase communication on quality performance metrics to residents.

Process measure

- # of audits completed of quality board to ensure information has been posted # of times performance results added to monthly resident bulletin

Target for process measure

- Methods are all implemented by April 30, 2025.

Lessons Learned

We posted out Quality Board at our Front entry and have received a lot of positive feedback form residents and caregivers.

Change Idea #3 Implemented Not Implemented In Progress

Management and Nursing team will be provided with customer service and leadership training to improve communication to residents.

Process measure

- # of Staff who have completed customer service training # of staff who have completed leadership training

Target for process measure

- 75% of staff completed all training by September 30, 2025.

Lessons Learned

We were not able to provide this education in 2025. Leadership training has occurred for the team identified from January 2026- April 2026.

Comment

This Indicator is a part of our 2067-27 plan, we did increase the level of satisfaction by 20% but did not fully attain our goal.

	Last Year		This Year		
Indicator #7	33.30	60	65.50	--	NA
Percentage of Residents satisfied with schedule of Recreation Programs. (Elmwood Place)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Host a monthly activity and program planning event for residents to decide on programs offered and their timing.

Process measure

- # of resident chosen events each month

Target for process measure

- April 1, 2025: program planning event added to the Resident calendars. May 1, 2025: Addition of events chosen by residents highlighted in the Activity Calendar and in the monthly newsletter.

Lessons Learned

Residents were excited to be formally invited and included in the planning of their programs.

	Last Year		This Year		
Indicator #3	75.00	85	69.00	--	NA
Increase the percentage of residents and caregivers who feel they provide feedback on the bladder care products offered in the home. (Elmwood Place)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Better understand why our residents do not feel they can provide input into their bladder care products.

Process measure

- # of survey completed # of Actions decided upon related to survey results #of actions implemented

Target for process measure

- Survey completed by June 30, 2025. Action planned developed from the results by August 31, 2025, Implementation of action plan starting September 1, 2025

Lessons Learned

We hosted education event by our supplier that was not well attended by residents. May look at providing the education at care conferences.

Change Idea #2 Implemented Not Implemented In Progress

Increase family and resident understanding of the bladder care products available to them.

Process measure

- # of residents who attend the event.

Target for process measure

- Presentations will be completed by August 31, 2025.

Lessons Learned

The hosted education was not well attended by caregivers. May look at providing the education at care conferences.

Change Idea #3 Implemented Not Implemented In Progress

Improved understanding of staff on the proper use of bladder care products.

Process measure

- # of staff educated.

Target for process measure

- Education will be completed by September 1, 2025

Lessons Learned

Staff were provided training in our products and this resulted in an increase in resident satisfaction with being kept dry and that there were products available when needed.

Comment

We will be looking to change how we provide the information to families and residents, with a move to more personal communication at care conferences or as needed: i.e.. when there is a change in bladder and continence care needs for a resident)

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #5	22.01	15	9.96	54.75%	17.30
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Elmwood Place)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Conduct environmental assessments on resident rooms to identify potential fall risks and address to mitigate the risk.

Process measure

- # of environmental scans completed monthly. # of identified hazards identified that were successfully mitigated.

Target for process measure

- Audit process will be in place be in July 1, 2025.

Lessons Learned

Staff completed this regularly.

Change Idea #2 Implemented Not Implemented In Progress

We implemented a Buddy Up program for frequent fallers as well as completing fall analysis for Falls with aim of reducing those we could.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Buddy up has been very successful as those who are at high risk for falls are monitored closely when staff are able. The risk analysis has enabled the team to remove any environmental risks associated with falls.

Indicator #6	Last Year		This Year		
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Elmwood Place)	17.23	16.50	9.80	43.12%	17.30
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Medication review completed for all residents prescribed antipsychotics

Process measure

- # of resident care plan and diagnosis, and/or behaviours reviewed monthly who are on antipsychotics.

Target for process measure

- All residents who are currently prescribed antipsychotics will have a full care plan review pertaining to their diagnosis and medication by April 30, 2025.

Lessons Learned

Staff meet monthly to review.

Change Idea #2 Implemented Not Implemented In Progress

Increase Caregiver and resident understanding of Antipsychotic use and importance of minimizing use when able.

Process measure

- 1. # of residents/caregivers involved in review of their antipsychotic use. 2. # of residents/caregivers prescribed antipsychotics provided with education and supporting materials on reducing use. 3. # of articles provided to caregivers/residents in their newsletters.

Target for process measure

- Process and education will be completed by August 31, 2025.

Lessons Learned

team provides support and education to families regarding the prescribing of antipsychotics.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #1	0.90	0.50	0.44	--	NA
% of LTC Residents who used a Restraint daily (Elmwood Place)	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 any residents with restraints to investigate potential to remove the restraint.

Process measure

- # of residents reviewed with restraints monthly. # of meetings had with residents/caregivers to discuss alternatives as applicable each month.

Target for process measure

- 100% of restraints will be reviewed each month commencing April 1, 2025.

Lessons Learned

Staff worked with residents and caregivers to review all restraints with intention to provide safer alternative.

Indicator #4	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 who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 (Elmwood Place)	0.90	0.50	0.48	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Increased education for care team on skin and wound care.

Process measure

- # of attendees in each session.

Target for process measure

- Completed by May 31, 2025.

Lessons Learned

Skin and Wound lead completed their SWANN education

Change Idea #2 Implemented Not Implemented In Progress

Review bed systems for residents who have a PURS score of 3 or greater.

Process measure

- # of bed surface/mattresses reviewed monthly for residents with a PURS of 3 or greater.

Target for process measure

- Review of bed systems will be completed by August 31, 2025

Lessons Learned

Replaced all bed systems with an air mattress for residents with a PURS of 2 or greater.

Change Idea #3 Implemented Not Implemented In Progress

Monthly review of Resident Wound and Care received when wound is at stage 2 or higher.

Process measure

- # of residents reviewed each month who have a wound at stage 2 or greater.

Target for process measure

- Process for review will be in place as of April 30, 2025

Lessons Learned

Skin and Wound lead is completing this effectively.