

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #1	84.30	85	94.60	--	NA
I am satisfied with the quality of laundry services for my clothing and Linens (Longfields Manor)	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) Review process for labelling clothing

Process measure

- 1) # of staff attending session about process for labelling 2) # of resident and family council meetings attended by Support Services manager/designate 3) # of newsletters where labelling process was communicated

Target for process measure

- 1) Staff session about labelling process will be held by May 31/25 2) Support Services manager/designate will attend resident and family council meeting by June 30/25 3) Communication will be sent out about labelling process in newsletter by June 30/25

Lessons Learned

The process for labelling clothing was provided to 100% of staff during annual education sessions. Communication was also included in the resident/family newsletter, and the labelling process was reviewed with the Residents’ and Family Council on April 29, 2025. The labelling process of new clothing is being discussed with all new admissions.

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 variety of food and beverage options. (Longfields Manor)	78.20	80	84.20	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Increase special food programs through Recreation Team.

Process measure

- 1) Number of in-services held to review policy and procedure and expectations during mealtime. 2) # of staff who attended in-services

Target for process measure

- 1. Incorporate at least 1 of food related programs each month on programs calendar throughout 2025 2. Facilitate at least 1 friendship luncheon monthly for 2025

Lessons Learned

A comprehensive list of available beverages has been included in the newsletter and reviewed at Residents’ Council to ensure awareness of the variety of options offered. Cultural cuisine has also been incorporated into the Armchair Travel Program to further enrich the dining experience.

Prior to all major holiday meals, the Nutritional Care Manager reviews the proposed menu with residents and provides an opportunity for feedback and suggested changes. Additionally, during annual education, all staff received training on mealtime etiquette and promoting a pleasurable dining experience.

Indicator #3	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
I enjoy eating meals in the dining room. (Longfields Manor)	83.30	85	81.60	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Provide Education on improving the Resident Experience during mealtime.

Process measure

- 1) Number of in-services held to review policy and procedure and expectations during mealtime. 2) # of staff who attended in-services

Target for process measure

- 1) 4 in-services will be held per year by Dec 2025. 2) 100% of staff will attend in-services per year by Dec 2025.

Lessons Learned

During annual education, all staff received training on meal service policies and procedures. Ongoing dining room audits are being conducted to monitor meal service practices and ensure that any identified concerns are promptly addressed to support a pleasurable dining experience.

In July 2025, additional education was provided regarding seating plans and table rotation to further enhance organization, resident experience, and overall dining flow.

Safety | Safe | Custom Indicator

Indicator #6 Restraints (Longfields Manor)	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
	2.58	2	1.90	--	NA

Change Idea #1 Implemented Not Implemented In Progress

(1) Provide information to families and residents on Least Restraint.

Process measure

- 1.) # of admission packages with Restraint brochure included. 2) # 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 June 30/25. 2). Meetings with Resident and Family councils will be attended to discuss Restraints by June 30/25.

Lessons Learned

The Restraint Information Brochure is included in the admission package and reviewed with residents and/or their Substitute Decision Maker (POA) at the time of admission.

Any request from a Power of Attorney to initiate a restraint is discussed with the Director of Care and/or the interdisciplinary clinical team prior to implementation to ensure that all alternative interventions have been considered and that any decision aligns with regulatory requirements and resident safety standards.

Indicator #7 Worsened Pressure Injury (Longfields Manor)	Last Year		This Year		
		1.18 Performance (2025/26)	1 Target (2025/26)	1.90 Performance (2026/27)	-- Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Implement per unit tracking for all pressure ulcers to measure status and trends of pressure ulcers in the home.

Process measure

- 1) # of education sessions held for Registered staff on tracking tools 2) # of tracking tools completed monthly 3) # of tracking tools that were reviewed on a monthly basis for trends

Target for process measure

- 1) 100% of Registered staff will have attended education sessions on tracking tool by June 30/25. 2) Tracking tools will be correctly completed on a monthly basis by September 30, 2025

Lessons Learned

Education on Wound Care and Prevention was provided to all staff during mandatory annual education. In addition, biweekly wound care meetings are held with the interdisciplinary team to review current wounds, monitor healing progress, and ensure appropriate interventions are implemented and evaluated.

To further support prevention efforts, additional therapeutic surfaces have been purchased. Ongoing education has also been provided by the Wound Care Champion, Ontario Medical Supply representatives, and our Nurse Practitioner to reinforce best practices and evidence-based care.

Currently, one Registered Practical Nurse (RPN) is enrolled in and completing the SWAN (Skin and Wound Assessment and Nursing) education program to further strengthen internal expertise in wound management.

A wound tracking tool has been implemented for each home area to identify residents with wounds and support ongoing monitoring, documentation, and follow-up. This process enhances oversight, promotes timely interventions, and supports continuity of care across the interdisciplinary team.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #4	12.77	12	11.64	8.85%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Longfields Manor)	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 /Reassess Falling Star program and reeducate staff on program

Process measure

- 1) # of education sessions provided to PSW and Registered staff 2) # of audits completed on Falling star program monthly 3) # of audits on Falling star program with no deficiencies

Target for process measure

- 1) Education sessions for PSW and Registered staff will be completed by July 31/25. 2) Audits on Falling star program will begin by September 1/25.

Lessons Learned

Education on the Falls Prevention Program was provided to all staff during annual education. In addition, the Falling Star Audit was completed in May 2025 to monitor compliance and support ongoing fall prevention initiatives.

Indicator #5	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Longfields Manor)	10.16 Performance (2025/26)	9.50 Target (2025/26)	7.09 Performance (2026/27)	30.22% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

1. GPA education for training for responsive behaviors related to dementia.

Process measure

- 1). # of GPA sessions provided 2). # of staff participating in education 3). # of referrals to Regional Managers, LTC Consultants or Manager of Behaviour Services & Dementia Care.

Target for process measure

- 1.) GPA sessions will be provided for 100% staff by October 31/25

Lessons Learned

All staff received education on Dementia Care and effective Communication strategies through annual education. In 2025, one Gentle Persuasive Approaches (GPA) training session was held, with 10 staff members successfully completing the program. Additional GPA training sessions are planned for 2026 to further strengthen staff knowledge and skill development.

We continue to collaborate with the Behavioural Support Team to promote non-pharmacological interventions aimed at reducing the use of antipsychotic medications in residents without an appropriate diagnosis. Physicians regularly review medication regimens and recommend alternative approaches when clinically appropriate to support safe and effective care.