

Experience | Patient-centred | Custom Indicator

Indicator #1	Last Year		This Year		
	Care Services: I feel my goals and wishes are heard and considered in my care. (Sherwood Court LTC Centre)	45.00 Performance (2025/26)	75 Target (2025/26)	100.00 Performance (2026/27)	-- Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Residents included in IDCC via invitation and verbal reminders

Process measure

- 1) # of residents given invitations to IDCC 2) # of residents who accept and/or decline the invitations. 3) # of resident's invites shared with interdisciplinary team through IDCC schedule.

Target for process measure

- 1) To have implemented invitations by March 2025 2) To have analysis of invitations acceptance and refusal (monthly) by beginning of March 2025 3) To inform family and residents in townhall's by March 2025

Lessons Learned

Success:

Residents were intentionally invited and reminded to participate in IDCC meetings, supporting increased inclusion in care planning and decision-making.

Challenge:

Resident participation varied due to availability, health status, or cognitive limitations, requiring continued encouragement and flexibility.

Change Idea #2 Implemented Not Implemented In Progress

Continue dialogue with resident's during town hall's to see if care goals and wishes are are considered

Process measure

- 1) # of residents who say "yes" 2) # of residents that respond "no" 3) # of solutions generated post-conversation

Target for process measure

- 1) To have added request for feedback to townhall meeting template by March 2025 2) To have done root cause analysis on resident responses starting March 2025 3) DOC to have documented conversations with registered staff

Lessons Learned

Success:

Town halls provided a consistent forum for residents to express care goals, preferences, and concerns, reinforcing that their wishes are heard and considered.

Challenge:

Not all feedback could be immediately addressed, highlighting the need for continued communication and follow-up to manage expectations.

Comment

Resident engagement will continue to be supported through ongoing inclusion in IDCC and regular town hall discussions, with continued review of feedback to ensure care goals and wishes are reflected in care planning.

	Last Year		This Year		
Indicator #2	34.80	75	78.10	--	NA
Dining Services: I am satisfied with the variety of food and beverage options. (Sherwood Court LTC Centre)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Monthly review of desired options with residents during monthly town hall

Process measure

- 1) Audit, discuss, review, address and implement if able to as per Extencicare guideline 2) # of residents who request new items 3) # of residents that provide overall feedback 4) # of satisfied requests

Target for process measure

- 1) To have begun speaking with residents for desires by Mid-March 2025 2) To have sourced and implemented new items each month, starting April 2025

Lessons Learned

Success:

Monthly town hall discussions provided residents with a regular opportunity to share preferences and suggestions, supporting responsiveness to resident-identified food and beverage needs.

Challenge:

Resident feedback varied from month to month, making it challenging to consistently balance individual preferences with menu planning and operational constraints.

Change Idea #2 Implemented Not Implemented In Progress

Asking residents for satisfaction with variety of food and beverage during MBWA's

Process measure

- 1) Audit, discuss, review, address and implement if able to as per Extencicare guideline 2) # of residents who express satisfaction 3) # of resident's that express dissatisfaction 4) # of residents that provide overall feedback 5) # of satisfied requests

Target for process measure

- 1) To have added section on MBWA's by mid-April 2025 2) To have asked 1 resident per week starting Mid-April 2025

Lessons Learned

Success:

Management By Walk About conversations allowed for real-time feedback on food and beverage variety, enabling timely follow-up and informal engagement with residents.

Challenge:

Feedback gathered during MBWA's was sometimes informal or situational, requiring further validation to ensure it accurately reflected overall resident satisfaction.

Comment

Resident feedback on dining variety will continue to be gathered through town halls and MBWA, with ongoing review to inform menu planning and support resident satisfaction.

Indicator #3	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Laundry, Cleaning, and Maintenance Services: I am satisfied with the maintenance throughout the building and outdoor spaces (Sherwood Court LTC Centre)	60.90	75	93.80	--	NA

Change Idea #1 Implemented Not Implemented In Progress

1) Implementing gardening committee 2) Painting committee with resident lead and co-chair Rec manager.

Process measure

- 1) # of committee members 2) # of events/meetings held (with minutes) 3) # of promotional pieces placed throughout home and to families

Target for process measure

- 1) Review daily of maintenance care to begin end of February 2025 2) Garden committee to be formed by June 2025 3) Advertising for gardening committee to begin February 2025 4) Painting committee to be implemented January 2025

Lessons Learned

Success:

Resident-led gardening and painting committees increased resident engagement and ownership, contributing to improved appearance of indoor and outdoor spaces.

Challenge:

Participation and progress were dependent on resident availability and physical ability, requiring ongoing staff support and coordination.

Change Idea #2 Implemented Not Implemented In Progress

Mandatory "Maintenance Care" Education for all registered staff.

Process measure

- 1) # of education sessions provided to Registered staff 2) # of staff educated 3) # of maintenance requests sent correctly each month

Target for process measure

- 1) Communication of mandatory education requirement will be completed by April 2025 2) 100% of registered staff will have completed education by beginning of May 2025

Lessons Learned

Success:

Mandatory education improved registered staff awareness of maintenance-related concerns, supporting timely reporting and proactive identification of issues.

Challenge:

Consistent application of education into daily practice varied, highlighting the need for ongoing reinforcement.

Comment

Resident involvement in environmental initiatives will continue to be supported, alongside ongoing staff education, to promote proactive maintenance and sustained satisfaction with building and outdoor spaces.

Safety | Safe | Optional Indicator

Indicator #4 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Sherwood Court LTC Centre)	Last Year		This Year		
	10.57	9.50	10.96	-3.69%	10
	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

Process measure

- 1) ADOC will provide education sessions on Falling Star Program to all PSW and Registered Staff on all units on all shifts. 2) Managers will audit and monitor progress to ensure implementation.

Target for process measure

- 1) Education sessions for PSW and Registered staff will be completed by April 2024 2) Audits on Falling star program will begin by May 2024

Lessons Learned

Success: The introduction of the new logo has enhanced staff awareness and proactivity, increased confidence, and expanded opportunities for education. The refreshed, more vibrant colour palette has further strengthened recognition and engagement.

Change Idea #2 Implemented Not Implemented In Progress

Implement 4 P's rounding

Process measure

- 1) # of staff educated on the 4P's process 2) # of 4P cards provided 3) Resident council and family council informed of process

Target for process measure

- 1) 100% of front-line staff will be educated on 4P process by April 2024 2) 4P cards will be distributed to staff by end of April 2024 3) Resident council and Family council will be informed of process by April 2024 after staff are educated.

Lessons Learned

Success: Staff have maintained intentional rounding practices, fostering effective interdisciplinary collaboration and continuous follow-up across teams.

Comment

Future plans: Efforts will continue to be interdisciplinary, collaborative, and comprehensive. Fall audit results will be systematically analyzed, with targeted actions implemented to drive continuous improvement.

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 (Sherwood Court LTC Centre)	11.54	10.75	0.00	100.00
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

DOC will collaborate with the physician to ensure all residents using anti-psychotic medications have a medical diagnosis and rationale identified.

Process measure

- 1) # of medication reviews completed monthly 2) # of diagnosis that were appropriate for antipsychotic medication use 3) # of alternatives implemented

Target for process measure

- 1) 75% of all residents will have medication and diagnosis review completed to validate usage by June 2024. 2) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by July 2024.

Lessons Learned

Success: Implementation of the change initiative strengthened interdisciplinary collaboration across pharmacy, medical staff, BSO, and clinical leadership.

Challenges: Opportunities exist to enhance education for families new to long-term care regarding the appropriate use of antipsychotic medications.

Change Idea #2 Implemented Not Implemented In Progress

Education for Registered Staff on antipsychotics

Process measure

- 1) # of registered staff who attended training session on antipsychotic medications.

Target for process measure

- 1) 75% of registered staff will have attended training on antipsychotic medications by end of April 2024.

Lessons Learned

Success: Registered staff demonstrated increased competence in assessing and appropriately recommending antipsychotic use through interdisciplinary collaboration.

Comment

Education: Education will be delivered on an ongoing, as-needed basis and integrated into orientation processes.