Access and Flow | Efficient | Optional Indicator

Indicator #6

Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Telfer Place)

Last Year		This Year		
17.39	12	22.92	-31.80%	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 communication on trends and reasons why residents are transferred to ED.

Process measure

- 1). # of residents sent to ER daily as per 24/hr report 2). # of morning meetings where ED transfer discussed 3). # of meetings held with staff to review ED data and discuss improvement strategies based on trends

Target for process measure

- 1). Process for review of 24/hr report by leadership will be in place by April 15, 2025. 2). ED transfers will be added to the standing agenda for morning meetings by April 15, 2025. 3.) Process for reviewing ED data and discussing strategies for improvement with staff will be in place by April 15, 2025.

Lessons Learned

Resident transfers at times are self-directed and or family wish to send vs treat at home

Comment

Continue to work at the home level on reducing non-essential transfers

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #2	**16.70**	**50**	**100.00**	**--**	**NA**
In my care conference, we discuss what's going well, what could be better and how we can improve things. (Telfer 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

Encourage residents to attend their annual care conference

Process measure

- 1) # of annual care conferences where residents attend 2) # of care conferences where plan of care was discussed with resident

Target for process measure

- 1) Residents will be encouraged to attend their annual care conferences beginning April 1, 2025. 2) There will be a 30% improvement in this indicator by December 2025.

Lessons Learned

improved communication during care conference and time for resident voice to be heard - exceeded goal of 50%

Comment

continue to communicate and gain input during the care conferences

Indicator #7

The resident has input into recreation programs. (Telfer Place)

Last Year		This Year		
50.00	**65**	**42.90**	**--**	**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

Use real-time feedback tools such as evaluations of programs, seeking resident feedback on enjoyment and satisfaction of program in real time

Process measure

- 1) # of audits completed throughout the year 2) Rate of satisfaction of program 3) # of Change actions

Target for process measure

- 1) 10 of audits will be completed monthly beginning April 2025 directly after programs to evaluate level of enjoyment/satisfaction 2) There will be a 30% improvement with satisfaction of program by July 1, 2025.

Lessons Learned

This is a family response to the survey - residents are engaged and involved - we will continue to work on this process of communication to family during family forum

Comment

Was related to the bus not being avail in 2025 when it was broke down.
The organization will work on increasing family communication thru family night meetings, newsletters and focus on supporting family council with recruitment efforts

Indicator #1

I am satisfied with the quality of maintenance of the physical building and outdoor spaces. (Telfer Place)

Last Year		This Year		
58.30	**70**	**71.00**	**--**	**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

Complete regularly scheduled audits for maintenance of building and outdoor spaces

Process measure

- 1) # of audits completed monthly 2) # of deficiencies identified and actioned 3) # of action items addressed

Target for process measure

- 1) 5 audits will be completed monthly with 100% of audits being completed by Dec 31, 2025. 2) There will be a 30 % improvement in identified deficiencies from audits by June 30, 2025 3)By 1 month following audits, 80% of action items will be addressed.

Lessons Learned

action plan was successful with scheduled audits

Comment

Continue to gain resident input at council meetings and follow up immediately on recommendations as appropriate

Safety | Safe | Custom Indicator

Indicator #5

Percentage of residents who had a pressure ulcer that recently got worse. (Telfer Place)

Last Year		This Year		
0.00	**0**	**0.96**	**--**	**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

Turning and repositioning re-education

Process measure

- "# of staff that have been educated # of audits completed # of reviews completed by Skin and Wound committee "

Target for process measure

- "1) 100% of PSW will have attended education sessions on turning and repositioning by April 1, 2025. 2) Check in with staff and will be correctly completed on a monthly basis by May 15, 2025. 3) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by May 1, 2025. "

Lessons Learned

turning and repositioning every 2 hours will continue as a focus

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Ensure appropriate surfaces and seating for residents at risk of skin issues by improving communication with OT/PT.

Process measure

- "# education sessions provided for Registered staff # of residents requiring OT referrals # of referrals received by OT # of seating assessments completed # of surfaces reviewed # of speciality surfaces and pumps # of of audits that showed areas for improvement "

Target for process measure

- "1)Wound care lead to provide refresh education for Registered staff on improving communication by April 1, 2025 2)Standardized communication process will be in place by April 15, 2025 3) Seating assessments will be completed for all at risk residents by April 15, 2025. 4) All surfaces for at risk residents will have been reviewed by April, 15, 2025. "

Lessons Learned

improved bed surfaces purchased - involving OT for seating was successful

Comment

focus on weekly oversight, huddles and prevention in 2026. The organization will be adding this indicator to our 2026/2027 workplan

Safety | Safe | Optional Indicator

Indicator #3

Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Telfer Place)

Last Year		This Year		
12.80	**11**	**13.04**	**-1.88%**	**12**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Ensure each resident at risk for falls has a individualized plan of care for fall prevention

Process measure

- 1) # of residents at risk for falls 2) # of plans of care reviewed 3) # of new strategies determined 4) # of plans of care updated 5) # of sessions held to communicate changes with staff

Target for process measure

- 1) Residents at risk for falls will be identified by April 1, 2025 2) Care plans for high risk residents will be reviewed and updated by May 1, 2025 3) Changes in plans of care will be communicated to staff by May 15, 2025

Lessons Learned

Missed opportunity for purposeful rounding which will be implemented in 2026-27

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Medication review of residents who are assessed as being at risk of falls

Process measure

- 1) # of residents identified as being at risk for falls 2) # of medication reviews completed for residents at risk for falls 3) # of medications prescribed per resident that increase risk of falls 4) # of care plans updated to refect risk 5) # of medication changes /alternatives prescribed to decrease fall risk

Target for process measure

- 1) Residents at risk for falls will be identified by April 1, 2025. 2) 100% of Medication reviews will be completed for those residents at risk for falls by May 1, 2025. 3) Staff will be notified about potential risks and care plans updated by May 15, 2025. 4) Discussions with physician about alternatives or changes to medications will be completed for high risk residents by May 31, 2025.

Lessons Learned

Med compression to reduce medications further not complete in 2025 will be implemented in 2026/27

Comment

purposeful rounding
Telfer will be adding this indicator to our 2026/2027 workplan

	Last Year		This Year		
Indicator #4	**X**	**6.90**	**20.29**	**--**	**16**
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Telfer 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**

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 May 1, 2025. 3) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by June 1, 2025.

Lessons Learned

Learned MD is supporting prescribing AP as registered staff are assessing the need for related behavior.

Comment

telfer place will add this indicator to our 2026/2027 as we were unsuccessful in achieving our target