

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #3	40.00	66.90	68.80	--	NA
In my care conference, we discuss what's going well, what could be better and how we can improve things. (Village On The Ridge)	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 with 25% improvement in attendance by December 2025. 2) There will be a 50% improvement in feedback for this indicator by December 2025.

Lessons Learned

Resident's and families are encouraged to attend. Increased communication and scheduling flexibility to ensure attendance can be supported. Not all residents have had the opportunity at this time to have a revised care conference using our new process based on implementation time and survey time.

Change Idea #2 Implemented Not Implemented In Progress

Review annual care conference process

Process measure

- 1) # of reviews of care conference process completed 2) # of modifications to agenda 3) % of positive feedback resident responses post care conference

Target for process measure

- 1) Review of care conference process, including changes to agenda will be completed by April 30, 2025. 2) there will be a 50% improvement in overall positive responses post care conference by December 30, 2025.

Lessons Learned

Education on completing a wholesome annual care conference, priority for leadership attendance. New resource binder created for reg. staff that are chairing the conference.

Not all residents have had the opportunity at this time to have a revised care conference using our new process based on implementation time and survey time.

Comment

Home exceeded target set

	Last Year		This Year		
Indicator #2	41.70	69.50	87.50	--	NA
I feel my goals and wishes are heard and considered in my care. (Village On The Ridge)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Training for staff on person centered care

Process measure

- # of staff who attended sessions # of sessions provided

Target for process measure

- Education session on person centered care for at least 50% of front-line staff will be completed by August 30, 2025.

Lessons Learned

education with BSO team, higher focus on individualized plans of care

Comment

Home exceeded target set

Indicator #1	Last Year		This Year		
Communication from the home leadership (administrator, executive director, and managers) is clear and timely. (Village On The Ridge)	42.90	78.30	90.00	--	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

Continue with town hall newsletter that was initiated in the fall of 2024 to inform and engage residents and family members on a regular basis.

Process measure

- 1) # of times newsletter was sent to residents and families 2) # of resident and family council meetings information discussed 3) # of months newsletter was posted on bulletin board.

Target for process measure

- 1) Newsletter will be sent out to all residents and families quarterly beginning June 1, 2025 2) Discussion with resident and families about newsletter will occur by April 30 2025 3) Newsletter will be posted on bulletin board after released quarterly beginning June 1, 2025

Lessons Learned

quarterly newsletters developed in collaboration with interdisciplinary leadership team is sent to families and shared with residents and staff

Change Idea #2 Implemented Not Implemented In Progress

Implement communication board in main lobby for family and residents

Process measure

- 1) # of times communication board was updated 2) Resources and information provided to residents and families

Target for process measure

- 1) Communication board will be purchased and put up by April 1, 2025. 2) Communication board will be updated at least quarterly starting April 1, 2025.

Lessons Learned

Communication boards cleaned up and minimized with information. Reviewed with MBWAs and kept up to date

Comment

Home exceeded target set

Safety | Safe | Optional Indicator

Indicator #5 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Village On The Ridge)	Last Year		This Year		
		5.50 Performance (2025/26)	5 Target (2025/26)	13.76 Performance (2026/27)	- 150.18 % Percentage Improvement (2026/27)

Change Idea #1 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 September 30 2025 2) 4P cards will be distributed to staff by September 30 2025 3) Resident council and Family council will be informed of process by September 30 2025

Lessons Learned

The home had several competing priorities and did not implement

Change Idea #2 Implemented Not Implemented In Progress

Implement new Fall Prediction and Prevention Report developed by Extendicare

Process measure

- 1) # of education sessions 2) # of residents at high risk 3) # of plans of care reviewed to ensure strategies in place 4) # of residents on list who did not experience a fall in the previous 30 days

Target for process measure

- 1) Training on Fall Prediction and Prevention report will be completed by April 30 2025 2) Residents listed on report as being at risk of fall will have strategies reviewed by May 30 2025 3) Ongoing monitoring to ensure strategies are effective will be in place by May 30 2025

Lessons Learned

The home had several competing priorities and did not implement

Change Idea #3 Implemented Not Implemented In Progress

Review Safe Lift and Handling Policy and Procedures Program with Staff

Process measure

- 1) # of education sessions held for staff on safe lift and handling procedures 2) # of audits completed each shift weekly 3) # of deficiencies identified 4) # of improvements required monthly

Target for process measure

- 1) Staff education sessions will be 100% completed by November 30 2025. 2) Audits of safe lift and handling procedures will show 50% improvement by May 30 2025 and 75% improvement by July 30 2025.

Lessons Learned

new train the trainer program attended by front line staff that then trained whole home.

Comment

implement purposeful rounding, root cause analysis education for clinical leadership.
The organization will be including this indicator in its 2026/2027 workplan

	Last Year		This Year		
Indicator #6	X	8.50	12.28	--	12.25
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Village On The Ridge)	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 Extendicare's Antipsychotic Reduction Program which includes using the Antipsychotic Decision Support Tool (AP-DST).

Process measure

- 1.) home team established 2). Schedule regular meetings for antipsychotic review 3). Attendance to the Quality Labs 4.) Percentage of residents with an action plan inputted.

Target for process measure

- 1). Home team will be established by April 1st 2025. 2). Education and training completed by April 30 2025. 3). Antipsychotic review meetings are occurring every 4 weeks 4). Residents triggering the Antipsychotic QI have an action plan inputted into the decision support tool within 3 to 6 months of admission

Lessons Learned

implemented with clinical team finding it beneficial however with the implementation with LTCF this changes exclusion criterion etc. therefore the tool is being revised.

Change Idea #2 Implemented Not Implemented In Progress

Family education resources provided for appropriate use of Antipsychotics

Process measure

- 1.) # of CEP resources provided to families monthly 2.) # of antipsychotics d/c as a result of increased family awareness.

Target for process measure

- 1) CEP resources will be printed and available at nurses station by April 30 2025

Lessons Learned

Education has been completed on 1:1 basis either at admit/annual care conferences if resident is on antipsychotics. AT this time not all residents' have had a care conference with revised process in home due to implementation time and survey time.

Comment

education on LTCF and changes in coding as well as exclusion criteria changes, work with the internal antipsychotic deprescribing decision support tool and complete medication reviews
 The organization will be including this indicator on its 2026/2037 workplan

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #4	0.94	0	0.00	--	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 (Village On The Ridge)	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 team membership to ensure interdisciplinary. and that team ensures that all wounds and skin issues in previous month are reviewed during their meetings

Process measure

- 1) # of reviews completed on current membership 2) # of new members recruited by discipline 3) Standardized agenda developed which includes review of all pressure ulcers by stage on each unit on a monthly basis

Target for process measure

- 1) Membership review of skin and wound committee will be completed by April 30 2025 2) Recruitment of new members will be completed by April 30 2025 3) Standardized agenda will be developed and in place by April 30 2025

Lessons Learned

interdisciplinary care team meetings were revised. New S&W lead responsibility checklists implemented.

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 specialty surfaces and pumps # 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 30 2025 2)Standardized communication process will be in place by April 30 2025. 3) Seating assessments will be completed for all at risk residents by April 30 2025. 4) All surfaces for at risk residents will have been reviewed by April 30 2025.

Lessons Learned

Enhanced communication around OT/PT and mobility device repairs communication book relocated to ensure nursing staff had 24/7 access to log concerns'. 7 new bed systems including surfaces were put in place in 2025.

Comment

Home exceeded target set