

**Experience | Patient-centred | Custom Indicator**

	Last Year		This Year		
<b>Indicator #2</b>	<b>69.00</b>	<b>73</b>	<b>57.50</b>	<b>--</b>	<b>NA</b>
I am satisfied with the food and beverages served to me (Winbourne Park)	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) Ensure dedicated time (standing agenda item) during Resident Council subcommittee meeting to discuss food complaints and recommendations

**Process measure**

- 1) # of times Food Committee provided allotted specified time during every Resident's Council meeting. 2) # of Feedback, recommendations and corresponding actions documented and actioned

**Target for process measure**

- 1) Food committee meetings will be held 12 times per year beginning April 2025. 2) Recommendations will be documented and actioned on within 10 days and feedback on those actions obtained within 30 days post implementation beginning April 30, 2025

**Lessons Learned**

Intervention was implemented as planned. Food committee meeting was held in conjunction with residents.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Home will hold food tastings prior to each Menu launch to obtain feedback on types of food to be incorporated into next menu cycle. Will be in collaboration with Recreation Department

**Process measure**

- 1) # food tasting sessions held annually 2) # items accepted by Residents (and included on the menu) and # items rejected by Residents 3) Improvement of overall Resident satisfaction score

**Target for process measure**

- 1) 2 Food tasting sessions will occur each year. 2) 50% of new menu choices will be included as a result of tasting held by September 30, 2025 3) There will be an improvement to 73% by December 2025 in overall satisfaction for this question on the resident survey.

**Lessons Learned**

Food tasting was conducted as planned and findings implemented

**Comment**

The experience survey results indicate that the interventions planned did not achieve the desired results. Implementation will be reviewed in new QIP and new interventions implemented to include residents choice and opinions on the menu offerings

	Last Year		This Year		
<b>Indicator #4</b>	<b>65.50</b>	<b>70</b>	<b>57.90</b>	<b>--</b>	<b>NA</b>
I am satisfied with the variety of food and beverage options (Winbourne Park)	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) Adjust menu to include seasonal availability.

**Process measure**

- 1) # items of Seasonal food to be incorporated in each menu cycle 2) Advertisement of seasonal fruits / vegetables and seasonally appropriate menu items incorporated

**Target for process measure**

- 1) 2 Seasonal food changes will be made to menu each cycle beginning April 30, 2025. 2) Advertisement of the 2 seasonal food changes will be completed 4 weeks in advance of each change.

**Lessons Learned**

There is room for improvement in this area as residents continued to voice concerns over seasonal availability. Emphasis would be placed on this aspect of dietary services.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Increase special food programs through Recreation Team

**Process measure**

- 1. # of food related programming being offered 2. Attendance in said programs 3. Resident feedback in RC or Program Planning Meetings

**Target for process measure**

- 1. Incorporate at least 1 of food related programs each month on programs calendar 2. Implement breakfast programs 1 per quarter for all units throughout 2025 3. Facilitate at least 1 friendship luncheon/snack event monthly for 2025

**Lessons Learned**

The recreation team provided special menu options regularly, e.g, orders from Swiss Chalet, greek restaurants and special made to order breakfasts.

**Comment**

There is obvious room for improvement of the dietary services in line with the survey results from both families and residents.

	Last Year		This Year		
<b>Indicator #3</b>	<b>54.50</b>	<b>75</b>		<b>76.50</b>	<b>--</b>
I am satisfied with the quality of the laundry services for personal clothing and linens (family) (Winbourne Park)	Performance (2025/26)	Target (2025/26)		Performance (2026/27)	Percentage Improvement (2026/27)
					<b>NA</b>

**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 family forum and resident council meetings attended by the environmental services manager 3) # of newsletters where labelling process was communicated

**Target for process measure**

- 1) Staff session about labelling process will be held by March 30, 2025, 2) ESM will attend resident council and family forum meeting by April 30, 2025, 3) Communication will be sent out about labelling process in newsletter by June 30, 2025

**Lessons Learned**

The reviewed labeling process reduced the incidences of missing residents clothing items.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Communicate to families and residents about importance of having machine washable clothes and not delicate due to heat of commercial laundry systems.

**Process measure**

- 1) # of family forum meetings attended where discussions held about laundry issues. 2) # of communications sent to families 3) # of townhalls held where laundry was discussed 4) # of complaints that were actioned by Environmental Manager

**Target for process measure**

- 1) ESM will attend resident and family forum meetings to discuss laundry concerns by June 30, 2025 2) Communication about laundry services will be sent to families by June 30, 2025 3) Laundry services will be discussed at townhall meeting by March 30, 2025, 4) Monthly complaints re: laundry services will improve by 20% by December 31 2025

**Lessons Learned**

There were still some issues with family of residents being unhappy with the state of some clothes after machine washing. A personal use washing machine is available for residents and families.

**Comment**

There was a remarkable improvement in Laundry services experience. the interventions will continue to be monitored for compliance to ensure continuous quality improvement

**Safety | Safe | Custom Indicator**

	Last Year		This Year		
<b>Indicator #1</b>	<b>2.09</b>	<b>2</b>	<b>2.46</b>	<b>--</b>	<b>NA</b>
% of residents-worsening pressure ulcers 2-4 (PUR-06) (Winbourne Park)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Mandatory education for all Registered staff on correct staging of Pressure ulcers

**Process measure**

- 1) # of communications to Registered staff mandatory requirement to complete education. 2) # of Registered staff who have completed online modules or classroom sessions on wound staging on a monthly basis. 3) # of audits of completion rates completed by DOC/designate and follow up as required.

**Target for process measure**

- 1) Communication on mandatory requirement will be completed by September 30, 2025 2) 100% of Registered staff will have completed education on correct wound staging by September 30, 2025 3) Audits of completion rates will be completed monthly with required follow up will occur by 1st week of each month and process is to be in place by August 15 2025

**Lessons Learned**

This indicator was trending below the benchmark of 2.0 for most of 2025 but significant spikes in some months increased the average to above benchmark.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Turning and repositioning re-education

**Process measure**

- 1)# of staff that have been educated 2)# of audits completed 3)# 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 September 30, 2025. 2) Check in with staff and will be correctly completed on a monthly basis by April 30, 2025, 3) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by April 30, 2025

**Lessons Learned**

This is an ongoing process that requires constant re-enforcement

**Change Idea #3**  Implemented  Not Implemented  In Progress

2 Reinforce the Point of Care (POC) alert process to notify nursing staff by exception skin issues for early identification and prevention of pressure ulcers

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

- 1) Educate staff on new alert process on all shifts
- 2) Registered staff to check end of shift for outstanding alerts

**Comment**

- 1) Educate staff on new alert process on all shifts
- 2) Registered staff to check end of shift for outstanding alerts

**Safety | Safe | Optional Indicator**

	Last Year		This Year		
<b>Indicator #5</b>	<b>14.57</b>	<b>13</b>	<b>12.04</b>	<b>17.36%</b>	<b>10</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Winbourne Park)	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) 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 December 31, 2025 2) Audits on Falling star program will begin by March 30, 2025

**Lessons Learned**

The implementation of the Falling Star visual identifier supported improved staff awareness of residents at higher risk of falls by providing a simple and visible cue that prompted greater vigilance during care activities. Its effectiveness was supported by staff education, integration with fall risk assessments, and improved interdisciplinary communication, particularly for new or temporary staff

**Change Idea #2**  Implemented  Not Implemented  In Progress

## Enhance lighting at bedside and in bathrooms for residents who fall between 7 pm- 7 am

**Process measure**

- 1) # of residents identified as benefiting from enhanced lighting 2) # of environmental assessments completed 3) # of lights installed at bedside, and in bathroom

**Target for process measure**

- 1) Residents will be reviewed for enhanced lighting by June 30 2025 2) Environmental assessments of each of the identified resident rooms will be completed by June 30, 2025 3) Lights will be ordered by July 15, 2025, and installed by August 15, 2025 4) Review baseline vs post installation data for falls for residents with enhanced lighting by September 30 2025

**Lessons Learned**

Most of the residents who fall between these times are residents who require assistance with mobility and the value of this particular intervention for that demographic is equivocal

**Comment**

Some challenges included ensuring consistent application and timely updates when residents’ risk levels changed, as well as maintaining awareness in a busy care environment with competing care priorities. Overall, the intervention helped strengthen fall prevention practices and contributed to enhanced resident safety. The use of 1:1 monitoring and assistance where indicated was a big contributor to reduction in falls. Future interventions will include more emphasis on post fall procedure, incident assessment and interdisciplinary team huddles.

	Last Year		This Year		
<b>Indicator #6</b>	<b>14.79</b>	<b>7</b>	<b>13.90</b>	<b>6.02%</b>	<b>13.50</b>
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Winbourne Park)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Education for Registered Staff on antipsychotics

**Process measure**

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

**Target for process measure**

- 75% of registered staff will have attended training on antipsychotic medications by December 31 2025

**Lessons Learned**

Education will be provided to staff on anti-psychotics and side effects

**Change Idea #2**  Implemented  Not Implemented  In Progress

Enhance collaboration with Behavioral Supports Ontario (BSO) Lead and interdisciplinary team.

**Process measure**

- 1). # of interdisciplinary meetings BSO invited to attend. 2.) # of monthly referrals to BSO

**Target for process measure**

- BSO will have increased collaboration and visibility in home by July 15, 2025

**Lessons Learned**

BSO Lead will meet weekly with front line staff during Inter disciplinary meeting to discuss topics such as diagnosis and resident anti-psychotic medications

**Comment**

The team will continue to meet with staff weekly to increase communication and build capacity in the area of reduction of anti-psychotic medications.