Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #9 Percentage of Residents who would recommend Elmwood Place to others. (Elmwood Place)	**94.60** Performance (2024/25)	**75** Target (2024/25)	**66.70** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Report Accessed: March 14, 2025

Change Idea #1 ☑ Implemented ☐ Not Implemented

Increase variety and amount of Recreation programming and activities for Residents.

Process measure

- # of new programs offered each week # of outings offered each month # of resident/family volunteers

Target for process measure

- Increase in outings and programs by August 2024

Lessons Learned

we increased outings from none to a minimum of 1 each month.
we have increased programs offered each week by 25%

Change Idea #2 ☑ Implemented ☐ Not Implemented

Increase Resident involvement in deciding programming and meals for their community.

Process measure

- # of meetings held each month

Target for process measure

- Implement monthly meetings by Juan 2024.

Lessons Learned

implemented calendar pinout meetings in each home area every month. (4 meetings each month)

	Last Year		This Year		
Indicator #6 Percentage of Family Members who would Recommend Elmwood Place to others. (Elmwood Place)	**76.00** Performance (2024/25)	**75** Target (2024/25)	**71.10** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ **Implemented** ☐ **Not Implemented**

Increase Family and Caregiver Involvement with the Home.

Process measure

- Increased number of families attending programs with their loved ones. # of special family events held

Target for process measure

- Implementation is targeted for August. 2024.

Lessons Learned

We were able to increase the number of special events offered, but not until the last quarter due to staffing vacancies.

Change Idea #2 ☐ **Implemented** ☑ **Not Implemented**

Increased communication with Families and Caregivers

Process measure

- # of communication provided to families and caregivers.

Target for process measure

- Monthly Caregiver communication tool will be developed and in place by August 2024.

Lessons Learned

Execution on this was not completed due to vacancies on the management and activities team.

Indicator #2

Increase family's satisfaction with our continence care products offered. (Elmwood Place)

Last Year		This Year		
23.80	**85**	**56.70**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

Increase family and caregiver knowledge on continence care products.

Process measure

- # of attendees at information session on products available # of conference where continence products are discussed, and progress noted

Target for process measure

- implementation planned for September 2024.

Lessons Learned

We did not hold any information sessions, but did speak with families about continence and the products available at most care conferences this past year.

	Last Year		This Year		
Indicator #5 Percentage of families who are satisfied with the quality-of-care residents receive from social workers(s). (Elmwood Place)	**46.20** Performance (2024/25)	**85** Target (2024/25)	**45.50** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Contractually engage a Social Worker to increase support and presence in the home.

Process measure

- Agreement and service in place.

Target for process measure

- Implementation is planned for May 2024.

Lessons Learned

Social Worker started providing service one day each week on May 6, 2024.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Increase education for Families and Resident's on Community Support Serivces available for them and their loved ones.

Process measure

- # of information sessions provided.

Target for process measure

- Planned implementation is end of Juen 2024.

Lessons Learned

We hosted in partnership with our Family Council 2 sessions on Services available to them and their loved ones.

	Last Year		This Year		
Indicator #4 Increase percentage of Residents who feel they have friends in the home. (Elmwood Place)	**66.10** Performance (2024/25)	**85** Target (2024/25)	**NA** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

Increase opportunities for residents to build connections and friendships.

Process measure

- # of "focus" programs offered each month # of volunteers and community partnerships established

Target for process measure

- Implementation for end of July 2024.

Lessons Learned

We have added a number of "focus programs" to increase resident engagement and have engaged with some community partners. We have not been able to secure volunteers.

Change Idea #2 ☐ Implemented ☑ Not Implemented

Host Cultural Programs/events, focusing on the ethnicities in the home population.

Process measure

- # of Cultural events hosted

Target for process measure

- Implementation is planned for May 2024.

Lessons Learned

Due to vacancies in the home on our activities team, we have not been able to implement this change idea.

Comment

This year's resident survey did not include this question, so we are unable to compare results.

	Last Year		This Year		
Indicator #3 Increase percentage of residents who feel staff are friendly. (Elmwood Place)	**83.90** Performance (2024/25)	**85** Target (2024/25)	**81.10** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

Improve staff communication skills with residents

Process measure

- # of staff trained in customer service

Target for process measure

- implementation is planned for October 2024.

Lessons Learned

We were not able to roll out customer service training to staff

Change Idea #2 ☐ Implemented ☑ Not Implemented

Have staff participate in Cultural events as relevant to create a connection with residents.

Process measure

- # of non-recreation staff participants in cultural events. # of travelogue programs provided.

Target for process measure

- Planned implementation is May 2024.

Lessons Learned

Sue to vacancies in Activities Department this did not occur.

Safety | Safe | Optional Indicator

Indicator #7	Last Year		This Year		
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Elmwood Place)	**18.12** Performance (2024/25)	**15** Target (2024/25)	**22.01** Performance (2025/26)	**-21.47%** Percentage Improvement (2025/26)	**15** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Implement focused activities for residents who experience falls in the afternoon hours.

Process measure

- # of programs that occur during the afternoon weekly. # of residents reviewed for activity needs/preferences.

Target for process measure

- Specific afernoon programming to be implemented by August 2024.

Lessons Learned

Focused in our secured area primarily with good effect.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Review Assistive Devices for High Risk of Fall Residents to ensure Appropriate Supports are in place.

Process measure

- # of high fall risk residents are reviewed by Falls Committee.

Target for process measure

- 100% of high-risk residents are reviewed, and a plan of action developed to assist with fall mitigation by August 2024.

Lessons Learned

Rehab took a active role with this in partnership with our Falls committee.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Conduct environmental assessments of resident areas to identify potential fall risks and address to mitigate the risk.

Process measure

- # of environmental assessments completed monthly. # of identified deficiencies noted in assessments that were addressed.

Target for process measure

- Environments risk assessment of resident spaces to identify Fall hazards will be completed by June 2024 for all residents identifies as high risk of falls.

Lessons Learned

This was completed post fall and then provided to the environmental services team.

Change Idea #4 ☑ Implemented ☐ Not Implemented

implemented programs for staff to be buddied up with residents who are frequent fallers (they sit with them when charting, check in on them more frequently during their shift).

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

This improved staff oversight and provided proactive intervention for falls, reducing our numbers significantly

Comment

We are currently below target (13.33%)

Indicator #8	Last Year		This Year		
	21.05	**18**	**17.23**	**18.15%**	**16.50**
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Elmwood Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Medication reviews completed for all residents currently prescribed antipsychotics

Process measure

- # of residents reviewed monthly # of plans of care reviewed that have supporting diagnosis # of reduction strategies implemented monthly

Target for process measure

- All residents currently prescribed antipsychotics will have a medication review completed by July 2024.

Lessons Learned

Staff complete this every month with good effect. we have reduced our metric to 8.6% by December2024.

Change Idea #2 ☐ Implemented ☑ Not Implemented

Provide educational material to caregivers and/or residents on antipsychotics and the importance of minimizing use when able.

Process measure

- # of caregivers/residents provided with information on reducing antipsychotics monthly. # of tour and admission packages provided with antipsychotic reduction information included monthly

Target for process measure

- Materials will be in place and provided by September 2024.

Lessons Learned

Staff did communication with caregiver/residents when deprescribing Antipsychotics.
We did not include information in our move in /tour packages on Antipsychotics, as we felt the information was too overwhelming with everything else provided at time of move in.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Implementation of an Antipsychotic deprescribing tool in March 2024.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Staff used this tool to map out their action plan to reduce use of antipsychotics where able.

Safety | Safe | Custom Indicator

Indicator #10

Percentage of residents with restraints (Elmwood Place)

Last Year		This Year		
CB	**2.50**	**0.90**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Meeting with residents and their caregivers to discuss alternatives to restraints that we can trial to alleviate concern/behaviour that prompted a request for a restraint.

Process measure

- # of residents reviewed monthly. # of meetings had with residents/caregivers to discuss alternative each month

Target for process measure

- 100% of restraints will be reviewed and plans for alternatives to be trialed by Sept 2024.

Lessons Learned

we met with all resident/caregivers who triggered this metric to review the restraint, if there were better alternatives available to support the resident and their safety.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Reviewed criterion for what is defined as a restraint to ensure we were identifying restraints appropriately.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Found some residents who were identified as having a restraint that actually did not under the defining language for restraints.

	Last Year		This Year		
Indicator #1	**2.50**	**2**	**1.02**	**--**	**NA**
% of residents with worsened ulcers stages 2-4 (Elmwood Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Review bed systems and surfaces for residents with a PURS score of 3 or greater.

Process measure

- # of bed surfaces/mattress reviewed monthly for residents with PURS score of 3 or greater.

Target for process measure

- A review of the current bed systems/surfaces for residents with PURS of 3 or greater will be completed by 2024.

Lessons Learned

Staff were able to complete this each month for residents.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Improve Registered staff knowledge for identifying and staging pressure ulcers.

Process measure

- # of education sessions provided monthly for Registered staff on correct staging of pressure ulcers.

Target for process measure

- 100% of Registered staff will have received education on identification and staging of pressure injuries by Sept 2024.

Lessons Learned

Offered Wound Care training by Regional Team to staff. Also had Skin and Wound Champion provide onboarding and ongoing training and support to the registered team.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Ensure all Resident Wounds are assessed at a minimum of every 7 days by Registered Staff.

Process measure

- # of residents who exceeded minimum assessment timeframe monthly.

Target for process measure

- 100% of residents with pressure ulcers will be assessed within specified timeframe each month by May 2024.

Lessons Learned

We implemented a weekly memo that went out to registered staff listing all residents' whose assessment were at risk of going over the min. timeframe to ensure they were not missed.

Change Idea #4 ☑ Implemented ☐ Not Implemented

Increased the Skin and Wound Champion shifts to 2 days per week

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

This move ensured all resident wounds were assessed and treated in a timely fashion.