

Experience | Patient-centred | **Optional Indicator**

Indicator #10	Last Year		This Year		
	CB	CB	NA	--	NA
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Longfields Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☒ Not Implemented

Process measure

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Target for process measure

No target entered

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Lessons Learned

This was not an indicator that we had in our workplan in 2024. We used resident specific questions from our survey as determined by residents and families.

Comment

We did not have this in our workplan in 2024. We used other questions from our resident and family survey.

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

Indicator #11	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Resident Satisfaction - Would Recommend (Longfields Manor)	97.20	75	91.70	--	NA

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

All Staff will receive customer service training and Heart Approach training.

Process measure

- # of educations sessions held monthly.

Target for process measure

- 100% of staff will be re-educated on customer service and Heart Approach by September 2024.

Lessons Learned

All staff received training on the Heart Approach and Customer Service training in 2024. We will continue to provide training in 2025.

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

Establish more mentors for new staff.

Process measure

- # Mentors in the home.

Target for process measure

- To add at minimum 2 new mentors.

Lessons Learned

Mentors were provided to new staff. The Director of Care and Associate Director of Care followed up with new staff to ensure they were provided with enough education and orientation.

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Continence Care products are available when I need them. (Longfields Manor)	77.30	75	96.80	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

Education sessions will be provided to residents on the continence products that are available, how they are ordered, where they are stored, how and when they are delivered to ensure residents know that there are always products available.

Process measure

- # of residents educated and the # of questions/concerns being brought forward during Resident Council meetings or to the management. meetings for each department.

Target for process measure

- All questions and concerns will be answered and 100% of resident will know that products are available when they are needed.

Lessons Learned

Education was provided to residents at the Resident Council meeting on the variety of products, where they are stored and that there is always extra supplies stored in the storage rooms, and the delivery process. There were no further concerns brought forward from residents.

Change Idea #2 ☒ Implemented ☐ Not Implemented

2) All staff will receive education regarding the processes of delivering products, and where they are located

Process measure

- # of education sessions held monthly.

Target for process measure

- 100% of staff will be re-educated on continence care products processes, location and the program.

Lessons Learned

Education was provided to all the night staff on the processes of delivering the products to residents. Our day, and evening staff are aware of where the extra products are stored, and if a resident does not have enough in their room, they can go to the supply room and get more products for the residents.

Indicator #7	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
My Care conference is a meaningful discussion that focusses on what’s working well and what can be improved and potential solutions. (Longfields Manor)	85.30	75	92.00	--	NA

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

1) Residents will be asked during Resident's Council if there are specifics that they would like to be discussed at their care conference

Process measure

- # of areas added to be discussed.

Target for process measure

- 100% of Residents will be asked at Resident's Council, and follow up after their care conference.

Lessons Learned

During Resident's Council residents were satisfied with the care conferences. Some residents did want to attend care conferences, but when their care conference was due, the resident did not want to attend.

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

2) Resident Service Coordinator will encourage resident to attend care conferences and ensure they have no questions.

Process measure

- Residents will be asked for feedback from the care conference. # of responses received and recommendations brought forward. Residents will be asked at Resident's Council for any feedback. # of responses.

Target for process measure

- 100% of residents who are able to attend care conferences will be asked for feedback on care conference.

Lessons Learned

The Resident Service Coordinator continues to encourage residents to attend care conferences, and also encourages families to encourage residents to attend the care conferences.

Indicator #5	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
I am satisfied with the temperature of my food and beverages. (Longfields Manor)	80.60	75	NA	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

Ensure food temperatures are as per policy and meet the expectations of our residents.

Process measure

- # Audits completed – Will also discuss at Resident’s Council.

Target for process measure

- The Audits will be discussed during Residents Council Food Committee Meeting, and the action plan shared.

Lessons Learned

Audits were completed by the Nutritional Care Manager to ensure the food temperatures requirements were met as per policy. She also went to the dining rooms after different meals to discuss the temperatures and quality of food with the residents. The Nutritional Care Manager attends monthly food committee meetings and Residents Council Meetings to ask the residents about the temperatures of food, and the quality of food.

Comment

This question was not included in our revised survey, so we are unable to compare results. However, resident feedback is received at council meetings and food committee and there has been noted improvement.

Indicator #4	Last Year		This Year		
	93.80	85	100.00	--	NA
Family Satisfaction – Would Recommend (Longfields Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Provide more communication and education for families regarding programs, clinical programs, and recreation.

Process measure

- # of meetings held with families.

Target for process measure

- To provide education sessions to as many family members as possible.

Lessons Learned

In 2024 we increased communication by sending out the monthly newsletter and calendars via email to families as well as ensuring there is always extra copies available in the front entrance. Education was also provided at Family Council meetings and on a 1:1 basis when needed. The management team has an open door policy to ensure they are available to meet with families to answer any questions or concerns.

Indicator #6	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Laundry Services are improving (Longfields Manor)	39.30	85	75.90	--	NA

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

Will provide information in the Resident/Family newsletter on how our laundry is washed and sorted.

Process measure

- # concerns for laundry.

Target for process measure

- To have a decrease in concerns from laundry.

Lessons Learned

Information was provided in the monthly newsletter on our laundry processes. There were only 2 concerns that were brought forward throughout the year so improvement noted in this.

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

Instructions will be put in the newsletter regarding labelling and where to put the items to be labelled and ensure clear plastic bags are being used.

Process measure

- # of follow-up conversations with Resident Service Coordinator with families % of satisfaction with laundry services.

Target for process measure

- Increase in satisfaction for family satisfaction survey regarding laundry services

Lessons Learned

Instructions were put in the newsletter for bringing new items in the home to be labelled prior to putting the items in resident's rooms.

Indicator #12	Last Year		This Year		
	52.40	85	92.60	--	NA
The resident has input into the recreation programs available to the resident. (Longfields Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

1) Recreation programs will be discussed with residents on the home areas at programs to inquire about what other programs they would like. 2) Continue to discuss at Resident Council.

Process measure

- Each activity aid to present at monthly planning meeting with manager what activities the residents want.

Target for process measure

- Every month the activity aide are able to present to their managers their calendar for the following month.

Lessons Learned

Programs are discussed at the Resident's Council meeting with the residents, and they are asked which programs they would like on the calendar for the next month. Residents also meet with the recreation staff and provide feedback on the programs being offered.

Indicator #1	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
% of LTC residents with restraints (Longfields Manor)	1.90	2.50	2.58	--	NA

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

Re-educate Staff on restraint policy and use of alternatives to restraints.

Process measure

- # educations sessions held monthly. # residents reviewed monthly # of meetings held with families/residents to discuss alternatives monthly # of action plans in place for reduction of restraints in collaboration with family/resident monthly

Target for process measure

- 100% of POA's who's family member has a restraint will be educated on restraint policy by September 2024.

Lessons Learned

Education was provided to the staff; residents who have a restraint are reviewed monthly at Quality review meetings. At this time there is no change to our residents who have restraints.

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

Educate Families on restraint policy and use of alternatives to restraints.

Process measure

- # of education sessions held with families.

Target for process measure

- 100% of staff will be re-educated on restraint policy.

Lessons Learned

Education sessions were provided to Family Council as well as to the families of residents who have restraints.

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
% of LTC residents with worsened ulcers stages 2-4 (Longfields Manor)	0.00	2	1.18	#Error	NA

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

Improve Registered staff knowledge on identification and staging of pressure injuries, and ensure they are following policy.

Process measure

- # of education sessions provided for Registered staff on Wound Care Program.

Target for process measure

- 100% of registered staff will have received education on identification and staging of pressure injuries and Wound Care Program by September 2024.

Lessons Learned

100% of Registered staff were provided training on our Wound Care program. 4 Registered staff attended Wound Care Training off site on November 6, 2024.

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

Provide education for our Personal Support Worker's on the Wound Care Program to ensure they are reporting appropriately to the registered staff.

Process measure

- # education sessions provided for our Personal Support Workers on the Wound Care Program and identifying wounds, etc.

Target for process measure

- 100% of personal support workers will be educated by September 2024.

Lessons Learned

Education sessions were provided to our Personal Support Workers on our Wound Care Program and identifying wounds, but we will continue in 2025 providing on going education to ensure compliance with our Wound Care program and prevention measures.

Safety | Safe | **Optional Indicator**

Indicator #8	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Longfields Manor)	10.37	15	12.77	-23.14%	12

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

Weekly interdisciplinary falls meeting to discuss falls and interventions in place to prevent falls and falls with injuries.

Process measure

- # interdisciplinary falls meetings.

Target for process measure

- Stay below target for % of LTC residents who fell in the 30 days leading up to their assessment.

Lessons Learned

The Falls Interdisciplinary meetings were held weekly every Tuesday throughout the year.

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

Review falls daily on Morning report to ensure all information has been gathered and interventions have been identified.

Process measure

- # of Falls that occur and when and where they are occurring.

Target for process measure

- Stay below target for % of LTC residents who fell in the 30 days leading up to their assessment.

Lessons Learned

During morning report the management team, Falls lead, reviewed the falls from the previous day and ensured all the required documentation was complete, any new interventions were initiated, referrals were completed, and POA was notified.

Indicator #9	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Longfields Manor)	10.59	17.30	10.16	4.06%	9.50

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

Medication reviews have been completed for all residents who are prescribed antipsychotics. The Director of Care and Associate Director of Care review the residents monthly who are on antipsychotics to ensure there are no other alternatives. Interdisciplinary meetings are also held to review residents who are on antipsychotics without a diagnosis.

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

Education for nursing staff on documentation when residents have hallucinations or delusions.

Process measure

- # of education sessions held monthly.

Target for process measure

- 100% of staff will be re-educated on documentation by Sept 2024

Lessons Learned

Education was provided to all the nursing staff on documentation when residents are having hallucinations or delusions. The Director of Care and Associate Director of Care review progress notes daily to ensure we are monitoring documentation.

