

Experience | Patient-centred | Custom Indicator

Indicator #10	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Resident would recommend the home (Mcgarrell Place)	97.40	75	85.10	--	NA

Change Idea #1 ☐ Implemented ☒ Not Implemented

Increase the % of residents that would recommend the home

Process measure

- # of residents that would recommend

Target for process measure

- # of residents that would recommend the home will increase on 2024 survey results

Lessons Learned

Residents were not satisfied with the quality of care from the Dietitian or the Physical Therapist. Both the RD and PT were replaced during the late summer-early fall. The appropriate care was provided to the residents but there were gaps in visits/communication from them. This contributed to the overall satisfaction living at the home. The new RD and PT have been attending care conferences and are building rapport with residents and families. The new flooring project was much longer to complete than anticipated making it some of the common areas unusable for the residents and their families, also leading to disappointment.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Residents will be satisfied with the physical improvements completed in the home.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Scheduled esthetic improvements will be completed in the home, leading to increased satisfaction of the residents and families. Flooring has now been completed, painting is scheduled for the common areas of the home. Overall appeal will be increased.

Indicator #3	Last Year		This Year		
	71.80	80	85.70	--	NA
I am aware of the recreation services offered in the home (Mcgarrell Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Increase % of residents will be aware of the recreation services offered in the home

- Process measure**
 - # of programs shared with residents monthly
- Target for process measure**
 - Increase % of residents will be aware of the programs offered in the home

Lessons Learned

Residents discussed satisfaction of programs during Resident Council meeting and also at Care Conferences. Residents were engaged in creating new programs which was very successful. We did see improvement in our satisfaction results in this area and will continue with our processes that are in place.

Indicator #4	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 variety of food and beverage options (Mcgarrell Place)	65.00	70	64.00	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

Increase % of residents will feel they have input into food and beverage choices in the home

Process measure

- # of residents feeling increased satisfaction of variety of food and beverages

Target for process measure

- Increased % of residents will feel they have input into food and beverage choices in the home reflected in 2024 survey results

Lessons Learned

Menu choices were reviewed at Resident Council meetings and Food Committee meetings which helped gather feedback on menu. Menu changes were made as per resident request. We want to further improve and will continue to involve residents in review of the menu choices.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Electronic interactive menu boards were installed in early 2025. These allow timely updates to menu changes, ensuring accuracy and increase satisfaction for meals.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Residents, families and staff require step-by-step instructions on using the features of the interactive menu boards. As a result, Step-by-step instructions were posted beside them for reference, and they have opportunities to ask questions.

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Family would recommend the home to others (Mcgarrell Place)	85.30	85	82.60	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

Increased % of families that would recommend the home to others

Process measure

- 1)# of families that would recommend will increase 2) overall satisfaction with the home

Target for process measure

- % of families that would recommend the home will increase as shown in the 2024 survey results

Lessons Learned

The home faced challenges with flooring project completion resulting in disruption to use of common area and TV rooms for residents. Families expressed concerns and we addressed when they were brought forward.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Better communication to families of home improvements scheduled or happening in the home will increase satisfaction in the visual appeal of the home.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Leadership team tea with Family Council every quarter to connect and have open discussions about the home which was positive. Adding a comment box in the front lobby of the home for anyone to drop in a question or comment was also beneficial.

Indicator #1	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Family is satisfied with the variety of recreation programs in the home (Mcgarrell Place)	50.00	63	52.20	--	NA

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

Increased satisfaction of the resident's family member with the variety of activities offered in the home

Process measure

- 1) # of new and relevant programs that are introduced in the home 2) # suggestions from families are considered 3) # of residents that needs are not being met

Target for process measure

- Increased satisfaction of the variety of programs offered in the home by families will be reflected in the 2024 survey results

Lessons Learned

Discussions at care conferences and upon admission were held to keep family members informed of programs. Calendars are posted in each resident room, and the daily schedule is posted in the home area which has been successful. We continue to encourage family members to login to Activity Pro.

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

1) Integrate specific activities, programs and strategies to include all 5 domains

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

We reviewed statistics from last year, and ActivityPro and identified domain gaps which was helpful as we developed programs. We were able to include all 5 domains in discussion when Program Planning (w/ residents and dept. meetings) which was beneficial. Calendars were audited as a check prior to print to ensure balance of all domains.

Comment

We continue to work on involving residents in program planning activities as we did see some success with this process.

Indicator #5	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
I feel my feedback on the resident's goals and care plan is considered and incorporated whenever possible (Mcgarrell Place)	58.80	70	76.10	--	NA

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

Families feel their feedback is considered and incorporated into the resident's goals and care plan whenever possible.

Process measure

- 1) # of family members' feedback received and considered 2) # of residents' goals and care plans reviewed at care conferences

Target for process measure

- Increased % of family members feel their feedback is considered and incorporated into the resident's goals and care plan whenever possible, as reflected in the 2024 survey results

Lessons Learned

All residents had their goals of care reviewed at the care conference (both annual and admission) and we saw significant improvement overall. Processes will continue as they were effective.

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

POA for care thoroughly understand the plan of care for the resident.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

POA for care are provided a care plan prior to the care conference for their review and preparation for any questions or concerns they may have. This enables the POA to better understand the resident's plan of care. This was a successful process and will continue.

Safety | Safe | Optional Indicator

Indicator #8	Last Year		This Year		
	21.79	15	22.30	-2.34%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Mcgarrell Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Enhance monitoring of residents by other frontline staff during nursing shift change.

Process measure

- 1. # of residents reviewed for activity needs/preferences weekly 2. # of activity programs that occur during change of afternoon shift.

Target for process measure

- Specific activity program during afternoon shift change will be implemented by June 2024

Lessons Learned

New "Buddy Up" program was implemented, staff are paired with high fall risk resident. Staff engage the resident in meaningful activities while being closely monitored. This has been effective so far, and we will continue with this in 2025.

Recreation Aides continue to engage residents in programs while shift change occurs to help reduce falls risk.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Conduct environmental assessments of resident spaces to identify potential fall risk areas and address areas for improvement.

Process measure

- 1. # of environmental assessments completed monthly 2. # of identified deficiencies from assessments that were corrected monthly.

Target for process measure

- Environmental risk assessments of resident spaces to identify fall risk will be completed by June 2024

Lessons Learned

All staff on each home area are responsible to ensure the residents' environment is free of obstacles that could contribute to a fall. Staff are to report any hazards immediately to registered staff member or a manager. Weekly environmental assessments are completed during MBWA (Manage by Walkabout) and this change idea has been effective.

Change Idea #3 ☐ Implemented ☒ Not Implemented

1) Implement /Reassess Falling Leaf /Star program and re educate staff on program

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Reassessment of the Falling Star program will be continued into this year.

Change Idea #4 ☒ Implemented ☐ Not Implemented

Identification of residents that pose a high risk for falls in order to increase monitoring and decrease falls risk

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

New Falls Team will meet biweekly (or as needed) to review recent falls to ensure timely follow up and interventions are in place.

Comment

We continue to focus on this indicator for 2025.

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 (Mcgarrell Place)	39.42	18	33.89	14.03%	17.30

Change Idea #1 ☒ Implemented ☐ Not Implemented

Medication reviews completed for all residents currently prescribed antipsychotics.

Process measure

- 1. # of residents reviewed monthly 2. # of care plans reviewed that have supporting diagnosis 3. # 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

New Anti-Psychotic Reduction Pilot Program initiated. Decreased to 17.8% at the lowest point of the year. 10-15 residents are reviewed monthly to be considered for reduction strategies. We plan to focus on residents who receive a low dose antipsychotic.

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

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

Process measure

- 1. # of families provided with best practice information on reducing antipsychotics monthly 2. # of tour and admission packages provided with antipsychotic reduction information included monthly

Target for process measure

- Educational material will be provided to families and/or residents on antipsychotics and the importance of minimizing use by September 2024.

Lessons Learned

All families/residents who are candidates for the Antipsychotic Reduction Program are provided with the antipsychotic reduction education and this has been successful.

Change Idea #3 ☒ **Implemented** ☐ **Not Implemented**

Prescribing physicians participate in the Antipsychotic Reduction Program to help reduce antipsychotic prescribing.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

All of the home's physicians are educated on the importance of the deprescribing antipsychotics for the resident. This will reduce future antipsychotics being prescribed for the resident.

Comment

We will continue to work on this area for 2025.

Safety | Safe | Custom Indicator

Indicator #6	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of long-term care home residents in daily physical restraints over the last 7 days (Mcgarrell Place)	4.60	2.50	2.10	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

1) Review current restraints and determine plan for trialing alternatives to restraints 2) Re-educate staff on restraint policy and use of alternative to restraints

Process measure

- 1) # of residents monthly 2) # of meetings held with families/residents to discuss alternatives monthly 3) # of action plans in place for reduction of restraints in collaboration with families/resident monthly

Target for process measure

- 100% of restraints will be reviewed and plans implemented for trialing alternatives by September 2024

Lessons Learned

Each resident with a restraint was reviewed by the team lead for restraints. Restraints are reviewed on an ongoing basis. Conversation with the resident's POA for care are ongoing. Restraint education is provided to the registered staff annually and as needed. There are currently 3 action plans that are ongoing to reduce restraint usage.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Refocus meeting agenda for interdisciplinary Restraint Quality team in order to provide more thorough analysis and recommendations for reduction of restraints.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

- 1)Continue to review meeting agenda and refocus team
- 2) Team to review and analyze all restraints in home per unit on a monthly basis
- 3) Continue to review if alternatives to restraints have been tried.
- 4) Continue to make recommendations for removal of restraints.

Indicator #7

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 (Mcgarrell Place)

Last Year

0.70

Performance
(2024/25)

2

Target
(2024/25)

This Year

2.00

Performance
(2025/26)

--

Percentage
Improvement
(2025/26)

NA

Target
(2025/26)

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

Improve Registered Staff knowledge on identification and staging of pressure injuries

Process measure

- # of education sessions provided monthly for Registered Staff on correct staging of pressure injuries

Target for process measure

- 100% of Registered Staff will have received education on identification and staging of pressure injuries by September 2024

Lessons Learned

Education was provided as needed to registered staff on an ongoing basis and part of the onboarding experience. 2 RPNs were trained as Skin and Wound Champions. Assessments were audited by Skin and Wound Program Lead.

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

PSW staff were educated on the importance of positioning in wheelchairs and also turning and repositioning.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Tasks were set up in POC for staff to sign off that this has been completed for the resident, this increased compliance and was an effective strategy.

Comment

Although we met our target for this indicator, we are continuing to strive for improvement and have included in our 2025 workplan.

