

Experience | Patient-centred | Custom Indicator

Indicator #10	Last Year		This Year		
	82.90	75	70.80	--	NA
Resident Satisfaction – Would Recommend (Northridge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Continue to create a resident/family centered community that provides a lived experience which respects resident rights and enhances quality of life.

Process measure

- Continue to track and analyze Client Service Response Forms.

Target for process measure

- 100% of staff complete annual education with an increase focus on Customer Service. 2024 resident survey will meet or exceed 82.9%

Lessons Learned

2024 Analysis of CSRs continues focus on laundry and lost personal items as areas of concern. Laundry and hearing aids care will be a focus in 2025.

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Family Satisfaction – Would Recommend (Northridge)	75.40	85	88.10	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

To establish family's expectations related to goals of care on move-in and change in condition.

Process measure

- PPS score. % of MD attendance at care conferences. Increase in family satisfaction survey results 2024.

Target for process measure

- Meet or exceed Family 2023 survey results of 75.4% Increase MD attendance at care conferences by September 2024.

Lessons Learned

The PPS score is reviewed at each care conference which was beneficial. The % of family satisfaction with quality of physician care was 59.4% in 2023 and increased to 85.4% in 2024.

Indicator #5	Last Year		This Year		
	54.50	74.70	76.70	--	NA
I am satisfied with the relevance of recreation programs (Northridge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Create a targeted survey focusing on program timing and schedule preferences. Review survey data to pinpoint key issues and priorities. Use analysis to guide decision-making and prioritize changes.

Process measure

- Implement the new schedule on a trial basis. Gather feedback from residents’ council members and staff during the trial to assess effectiveness. Assess the impact of the revised schedule on satisfaction levels. Adjust based on ongoing feedback and observations.

Target for process measure

- 2024 Survey results will meet or exceed LTC Division target of 74.7%

Lessons Learned

Programs are shaped by feedback from residents, staff, family and recreation assessments of resident's diverse cognitive needs. Monthly Resident Choice meetings were held in each home area and reviewed at Resident Council. Resident suggestions shape the next month's calendar to align with resident interests. ie Christmas in July, Take Out Meals, Sports/Physical programs. These were effective and we improved in our overall results in this area.

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 quality of care from physiotherapist (Northridge)	54.50	75.80	50.00	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

To develop information related to physiotherapy services in LTC.

Process measure

- 1. All families to receive information about PT services as part of their move in packages. 2. Review with all families at admission care conference.

Target for process measure

- 100% of the families will receive the educational materials at admission and move in conference.

Lessons Learned

A PT services information pamphlet was developed in 2024 and will be part of resident/family move in package in 2025 for review upon with all families at the admission care conference. This was positive and we continue to try to improve and communicate about physio services.

Indicator #7	Last Year		This Year		
	72.60	74.60	83.80	--	NA
My care conference is a meaningful discussion that focuses on what’s working well, what can be improved and potential solutions (Northridge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Residents will describe a meaningful experience after their care conference.

Process measure

- Follow up with residents and families to validate that there was a focus on resident success, challenges and solutions as part of the care conference audit.

Target for process measure

- 66.5% of residents will report the experience of meaningful discussions during care conferences by September 2024.

Lessons Learned

Resident Services Coordinator follows up regularly with families post care conferences. Situational care conferences are organized as requested by family or change in resident's status. This was successful and we will continue with this practice.

Indicator #6	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 timing and schedule of recreation programs (Northridge)	71.90	77	64.10	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

Keep residents, families, and staff informed about recreation schedule changes.

Process measure

- Formally and informally monitor satisfaction levels quarterly via annual surveys/feedback. Make further refinements as needed to sustain improvement.

Target for process measure

- Annual survey results will meet or exceed LTC Division overall target of 77%.

Lessons Learned

Information about scheduled changes will continue to be provided in real time to residents and families. Resident preferences are noted when changes are made and there was positive feedback, but we will continue to work on this in 2025.

	Last Year		This Year		
Indicator #12					
There is a good choice of continence care products (Northridge)	35.80	52.40	80.00	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

To further understand the family's dissatisfaction related to choice of continence products when there is only one provider.

Process measure

- There will be a decrease in CSRs in 2024 related to continence care products. "Show me you Know" audits will reflect staff Prevail knowledge to practice.

Target for process measure

- 100% of families will receive the Prevail pamphlet on move-in. Resident

Lessons Learned

There was targeted Continence Care product staff education in 2024 resulting in minimal family concerns related to continence products. The 2023 family survey question is different as compared to the 2024 survey questions however the responses identify a marked improvement in the Family experience related to Continence Products. Examples from the 2024 Survey questions are: 1) Bladder care products keep residents dry and comfortable 80%. 2) Bladder care products available when resident's need them 76.9%. 3) I can provide feedback about the products used for the resident 80%.

Indicator #11	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
The resident has input into the recreation programs available (Northridge)	22.70	47.20	59.30	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

Residents have input into the recreational activities that enhance their quality of life by providing choice.

Process measure

- Review survey data to pinpoint key issues and priorities. Use analysis to guide decision-making and prioritize changes. Track the number of residents who can provide input into their recreational activities.

Target for process measure

- Resident satisfaction with input into recreational activities will meet or exceed the LTC Division target of 63.9% in the 2024 survey.

Lessons Learned

A monthly Resident/Family newsletter provides an update and pictures of resident engagement in activities and promotes the activity calendar of the following month.

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 (Northridge)	10.59	15	12.40	-17.09%	10

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

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

Process measure

- # of environmental assessments completed monthly # 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

Area of focus in the prevention of fall risk was the identification of clutter in resident rooms. Care team worked in partnership with resident's and families to declutter rooms when risk was identified.

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

Re-evaluation toileting plans

Process measure

- # of residents reviewed for toilet plans

Target for process measure

- All residents will have their toileting plans and all associated care plan interventions by October month end 2024

Lessons Learned

10% of population continue to have toileting plans reevaluated monthly.

Comment

We will continue to work on fall prevention in our 2025 QIP.

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 (Northridge)	20.77	17.30	12.79	38.42%	11

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

The care team actively uses Antipsychotic (DST) Decision Support Tool. The care team partners with residents and families to discuss strategies for antipsychotic reduction in consultation with the Halton Seniors Mental Health Team. this was helpful and we made significant improvement in our results.

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

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

Process measure

- # of families provided with best practice information on reducing antipsychotics monthly # 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 important of minimizing use by Sept 2024

Lessons Learned

All families at the move in care conference receive information related to the importance of minimizing the use of antipsychotics which they found to be beneficial.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #1	0.88	2.50	0.00	--	NA
% of LTC residents with restraints (Northridge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Ensuring resident restraint usage is being reviewed and reevaluated with change of status.

Process measure

- # residents reviewed monthly # of meetings held with families/residents to discuss alternatives monthly

Target for process measure

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

Lessons Learned

The risk of restraint is identified at move in and reviewed with residents and families. In 2024 there was 0 use of 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 (Northridge)	4.54	2	0.80	--	NA

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

Review current bed systems/surfaces for residents with PURS score 3 or greater.

Process measure

- # of residents with PURS score 3 or greater # of reviews completed of bed surfaces/mattresses monthly # of bed surfaces /mattresses replaced monthly

Target for process measure

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

Lessons Learned

Residents with a PURS score of 3 or greater were consistently provided with a pressure relieving surface. The number of pressure relieving surfaces available increased with MOH Local Priorities Funding and we made significant improvement in this area.

Change Idea #2 ☒ **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 Sept 2024

Lessons Learned

Skin and Wound Care education for registered staff was provided during annual mandatory education and all nurses attended a Regional Clinical Education Day. Additionally, the Skin and Wound Care nurse is a resource to ensure correct staging of pressure injury. As a result, we greatly reduced our pressure injuries.

