Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #10	**64.70**	**75**	**73.90**	**--**	**NA**
Resident Satisfaction – Would Recommend this home (Sherwood Court LTC Centre)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Information from the home specific and from the ORCA. Welcome baskets are provided by the welcome committee. Attend RCM

Process measure

- attending monthly Resident Council Meeting all new residents regularly.

Target for process measure

- Improve satisfaction survey score to 80%

Lessons Learned

Resident's appreciated welcome baskets and that able provided feedback. RCM meetings attended when invited, resident's appreciated availability and support provided.

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

At 6 weeks, annual and situation care conferences leadership team will attend and ask for their feedback and concerns.

Process measure

- Leadership team to meet with new resident and family and document in PCC of that interaction

Target for process measure

- Ensure that 6 weeks admission care conferences are completed to improved resident experience to 80%

Lessons Learned

Member of leadership team attended care conferences and takes feedback as well as addresses concerns.

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

Engage in regular discussions with residents on their overall satisfaction with services

Process measure

- # Increase resident satisfaction survey 2024

Target for process measure

- Ongoing feedback from residents on satisfaction with service being provided by staff.

Lessons Learned

Residents were successfully asked for feedback on overall satisfaction, all concerns were heard and addressed as a result the satisfaction of resident's recommendations increased.

	Last Year		This Year		
Indicator #4	**54.50**	**75**	**44.40**	**--**	**NA**
Family satisfaction - Overall, I am satisfied with the meal, beverage and dining service. (Sherwood Court LTC Centre)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Report Accessed: March 14, 2025

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

Management to complete meal service audits of different meal service to obtain feedback from resident.

Process measure

- Leadership team and nurse lead to complete dining room audits and address the gaps.

Target for process measure

- Daily food and beverage temperature audits completed by Dietary Manager to improve resident satisfaction by 75%.

Lessons Learned

An increased number of audits was completed during 2024 by both the leadership and nurse lead.

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

Attend regular Food Committee Meeting.

Process measure

- The Food Committee Meeting will be held monthly to address and concerns and review menu items.

Target for process measure

- Resident satisfaction will increase to 75%

Lessons Learned

Food Service manager successfully attended monthly food committee meetings.

	Last Year		This Year		
Indicator #8 Resident satisfaction - Overall, I am satisfied with the continence care products. (Sherwood Court LTC Centre)	**45.00** Performance (2024/25)	**75** Target (2024/25)	**NA** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Report Accessed: March 14, 2025

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

Arranged education sessions with Prevail and SWAN for families, residents and staff.

Process measure

- Develop/provide written information regarding continence products to be available upon admission, introduction or as need arises.

Target for process measure

- Increase positive response to 75% satisfaction on the family engagement survey.

Lessons Learned

Excellent collaboration between Prevail, SWAN, families and staff of Sherwood Court. Positive feedback was provided.

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

1) Ensure all residents are assessed for the correct product

Process measure

- Number of reassessments for fit by continence team.

Target for process measure

- Improve satisfaction survey score in Sept 2024

Lessons Learned

100% of assessments were completed for all residents. Excellent collaboration between members of the continence team.

	Last Year		This Year		
Indicator #3	**43.50**	**75**	**16.70**	**--**	**NA**
Family Satisfaction - Overall, I am satisfied with the laundry, cleaning and maintenance services. (Sherwood Court LTC Centre)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Cleaning and organizing all residents home areas and ensuring cleaning schedules are sign off.

Process measure

- Remind staff to check resident pocket before putting resident clothes into the wash at town hall meeting and ESM meeting.

Target for process measure

- Increase staff positive response to provide excellent environmental service to increase next survey period.

Lessons Learned

Addressed during town hall.

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

Audits laundry carts to ensure residents items are return after laundry to the correct units and residents.

Process measure

- # of feedback from residents on the environmental services

Target for process measure

- Increase positive response to 75% in the next survey

Lessons Learned

The home has recorded a reduction in family complaints regarding laundry services. Processes have since then been implemented and the home continues to work towards improving this indicator.

	Last Year		This Year		
Indicator #5 Family Satisfaction – Would Recommend (Sherwood Court LTC Centre)	**78.70** Performance (2024/25)	**85** Target (2024/25)	**33.30** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Report Accessed: March 14, 2025

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

1) Enhance resident quality of life by promoting a person-centered approach to care and services

Process measure

- # of assessments completed on new admission monthly # of assessment completed on current residents monthly

Target for process measure

- A resident specific approach to plan of care based on individual needs and preferences will be implemented for all new admission by August 2024 and current by Oct 2024

Lessons Learned

100% of assessments were completed on resident's during new admissions. Challenges remain with families transitioning to LTC.

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

Ensure families are informed of all the management team, services and meetings through posted memos, email and monthly communications.

Process measure

- 100% of families receive notification of invitations to quarterly meetings.

Target for process measure

- Increase positive response on the family engagement survey.

Lessons Learned

Challenges remain to be lack of attendance and participation from families. Memo's, emails and monthly communications were successfully implemented.

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	Last Year		This Year		
Indicator #9	**46.90**	**75**	**45.50**	**--**	**NA**
Resident satisfaction - Overall, I am satisfied with the quality of care from the doctors. (Sherwood Court LTC Centre)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Report Accessed: March 14, 2025

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

MD must attend all care conference and interdisciplinary meeting.

Process measure

- # of monthly care conference audits will be completed to increase satisfaction score

Target for process measure

- Continue to monitor and track the changes.

Lessons Learned

Challenges remain to be family and doctor schedules. MD has alternative method to contact families if unable to attend conference.

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

Improve communication with doctors with changes on their health status with their loved ones and the residents.

Process measure

- # of residents requesting MD consultation will be seen and documentation will be completed in PCC.

Target for process measure

- Ongoing feedback from resident and family about the care services provided.

Lessons Learned

Communication was improved between MD and residents. Doctors communicated with resident when requested during admission assessments, re-admissions, care conferences and health status changes.

Safety | Safe | Optional Indicator

Indicator #6

Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Sherwood Court LTC Centre)

	Last Year		This Year		
	15.34	**15**	**10.57**	**31.10%**	**9.50**
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Report Accessed: March 14, 2025

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

Implement specific activity program at afternoon change of shift for residents who are high risk for falls

> **Process measure**
>
> - of residents reviewed for activity needs/preferences weekly of activity programs that occur during change of shift in afternoon weekly
>
> **Target for process measure**
>
> - Specific activity program at afternoon change of shift will be implemented by June 2024

Lessons Learned

Project - Activity bins was implemented and utilized across all home areas. There was a decrease in falls during shift change.

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**
>
> - # 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

Upon admission, readmission, room changes, and post-fall, resident's environment was assessed which provided a better understand of possible deficiencies. The team was able to implement remedies and reduce this indicator.

Indicator #7

Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Sherwood Court LTC Centre)

Last Year		This Year		
28.35	**17.30**	**11.54**	**59.29%**	**10.75**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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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

Successfully completed with an interdisciplinary approach and lead by BSO. Additional reduction strategies were added to the home and aided in reducing this indicator.

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

Families were educated and became passionate toward correct antipsychotic usage.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #1 % of LTC residents with restraints (Sherwood Court LTC Centre)	**0.00** Performance (2024/25)	**2.50** Target (2024/25)	**0.00** Performance (2025/26)	**#Error** Percentage Improvement (2025/26)	**NA** Target (2025/26)

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

1) Review current restraints and determine plan for trialing alternatives to restraints

> **Process measure**
>
> • # 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 restraints will be reviewed and plans implemented for trialing alternatives by Sept 2024

Lessons Learned

The home currently has no restraint utilization. Restraint and associated risk education continues to be provided to families upon admission, staff upon orientation and upon health status changes. Alternative methods consistently are explored.

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

1) Re-educate staff on restraint policy and use of alternatives to restraints

> **Process measure**
>
> • # of education sessions held monthly for all staff
>
> **Target for process measure**
>
> • 100% of staff will be re-educated on restraint policy and alternatives to restraints by Sept 2024

Lessons Learned

Staff received restraint education during orientation, annual mandatory education and were exemplary in knowledge transfer.

	Last Year		This Year		
Indicator #2 % of LTC residents with worsened ulcers stages 2-4 (Sherwood Court LTC Centre)	**1.16** Performance (2024/25)	**2** Target (2024/25)	**0.28** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

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

1) 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

Sherwood Court managed to assess multiple residents with a PURS score above 3. In addition, an interdisciplinary approach to pressure ulcers including PT, RD, physician, BSO, NLOT team was emphasized.

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

1) 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

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Lessons Learned

A variety of education was provided to staff members which is inclusive of prevention strategies, early identification, classification of wounds, wound protocols, appropriate application of products and their mechanism of action. We successfully saw a reduction in this indicator and an increase in staff knowledge.

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

Improved communication and collaboration between the home and hospitals for resident transfers.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Sherwood Court communicated risk levels for skin impairments and existing wounds to hospital staff and NLOT team to ensure that preventative and maintenance strategies were employed and implemented in care outside of the home. Notably, we saw an increase in effective communication and a reduction in wounds.