

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

	Last Year		This Year		
Indicator #9	59.20	75	83.30	--	NA
Resident Satisfaction – Would Recommend (Baywoods Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Focus on communication through Resident Newsletter

Process measure

- All residents who are able to review the newsletter to be provided with a newsletter monthly

Target for process measure

- We are aiming to have 100% of residents to receive the news letter monthly by June 2024.

Lessons Learned

Noted that not all residents wanted the newsletter therefore it was posted for review which had positive feedback. This will continue.

Change Idea #2 Implemented Not Implemented

Sharing of Resident Success Stories

Process measure

- All Residents who would like to have a newsletter will have access to the new newsletter

Target for process measure

- We are aiming to ensure that 100% of Residents receive the home newsletter shared at the start of each month by June 30, 2024

Lessons Learned

This was embedded into the newsletter and there was a positive response. We will continue to share positive successes in 2025.

Comment

We had a marked improvement from 2024 in this area. Change ideas were implemented and successful. We will continue to support the processes as, they were positive.

Indicator #10	Last Year		This Year		
	Residents are friendly with each other (Baywoods Place)	53.30	75	NA	--
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Resident rights reviewed at Resident Council

Process measure

- Residents understand the resident right reviewed at the Resident Council

Target for process measure

- We are aiming to have Resident Council review one to two Resident Rights at each Resident Council Meeting by September 30, 2024. This will become a regular agenda item.

Lessons Learned

Continued to review these rights to support all resident living together at Resident Council meetings.

Change Idea #2 Implemented Not Implemented

Regular review of resident profiles prior to room assignment on admission

Process measure

- Reduction of behaviours that require residents to move to other rooms

Target for process measure

- We are aiming to reduce the overall number of room moves due to resident behaviours by December 31, 2024 by regular review of new resident profiles prior to admission to ensure compatibility with existing resident.

Lessons Learned

This change idea is in place and this continues. we do have a higher dementia population which makes this a challenge at times to move to other rooms, but we address each individually as they arise.

Change Idea #3 Implemented Not Implemented

Supporting development of resident relationships

Process measure

- New residents attending 2 program events in the first 6 weeks from admission

Target for process measure

- We are aiming to have 80% of new residents attend at least 2 programs in the first 6 weeks of admission by December 31, 2024 by auditing new resident participation in programming in Activity Pro

Lessons Learned

Recreation team continues to support all residents with attending activities. This is effective and continues.

Comment

Change ideas have been implemented. Unable to assess progress as this question was not asked on this year's survey.

	Last Year		This Year		
Indicator #5	53.50	75	81.30	--	NA
If I have a concern my concerns are addressed in a timely manner (Baywoods Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Residents are aware that their concerns reviewed with in 10days of the initial complaint

Process measure

- Residents as satisfied with the response to the concern resolution with allotted timelines.

Target for process measure

- We are aiming to have 100% of resident concerns are addressed in a timely manner by June 30, 2024 by auditing the response times on the CSR documents.

Lessons Learned

Residents are notified of the timelines around communication expectations and where they can share their concerns. This was an effective strategy.

Change Idea #2 Implemented Not Implemented

Review the Complaint process with Residents during Care Conferences.

Process measure

- Review the complaint process with Residents on admissions and annually.

Target for process measure

- We are aiming to have all residents have an understanding of the complaint process by September 30, 2024 by providing education through Resident Council meetings.

Lessons Learned

As concerns arise in Care Conferences the process is reviewed to support communication and residents found this to be beneficial. This process will continue going forward.

Comment

We had significant improvement in this area in 2024 and we continue to strive to further improve.

Indicator #3	Last Year		This Year		
Family Satisfaction – Would Recommend this home to others (Baywoods Place)	56.30	85	83.70	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 **Implemented** **Not Implemented**

Focus on communication opportunities

Process measure

- Confirmed Emails and mail outs 95% of the time to families monthly.

Target for process measure

- We are aiming to improved engagement of families to 75% from now to December 31, 2024 by ensuring families are receiving information through a number of communication channels.

Lessons Learned

Emails were sent almost monthly with newsletters and other updates from the home. Due to the demographics of our families, not all families have email addresses. We will continue to work on this, but we did find communication effective overall.

Change Idea #2 **Implemented** **Not Implemented**

Increased information from home to families

Process measure

- New resident families to provide email addresses

Target for process measure

- We are aiming to ensure that 70% of families on email distribution by December 31, 2024 by ensuring new family members have provided their email addresses and current families members have an opportunity to provide their email addresses as well.

Lessons Learned

All new resident families are encouraged to provide email addresses to support communication and this was effective.

Comment

There was a marked improvement from the previous year's results. Strategies were effective and will continue.

Indicator #6	Last Year		This Year		
Overall I am satisfied with Laundry, cleaning and maintenance (Baywoods Place)	43.80	85	55.40	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Improve satisfaction with laundry services

Process measure

- Laundry returning to the room in the correct closet 90% of the time. Areas remain neat and tidy

Target for process measure

- We are aiming to have 80% improved accuracy of laundry returning to the correct resident and rooms are tidy, by December 31, 2024 through auditing to validate the rooms and laundry processes

Lessons Learned

Continued Auditing of closets to ensure all laundry items are in the correct closet. Extra staffing has been utilized to support this important process improvement.

Change Idea #2 Implemented Not Implemented

Audit room cleanliness each shift

Process measure

- Increase satisfaction of residents with housekeeping services

Target for process measure

- we are aiming to increase to 80% of families satisfied with housekeeping services by providing audit results for Laundry services at Family Council and newsletter by December 2024

Lessons Learned

This continues to be a process in our home and will continue as it increases resident satisfaction.

Comment

We saw an improvement in our results from 2024 but still would like to see further improvement in this area. We will continue to work on this going forward.

Indicator #4	Last Year		This Year		
I am satisfied with the quality of laundry Services for personal clothing (Baywoods Place)	45.80	85	55.40	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Audit rooms after laundry is put away for accuracy

Process measure

- Resident clothing returned to the correct resident and their closet.

Target for process measure

- We are aiming to have 90% of resident clothing will be in the correct closet when laundry is returned to the rooms after laundry service completed by December 31, 2024 by regular auditing to ensure accuracy of staff process.

Lessons Learned

Auditing continues to show there are items not going into the right closets. Continuing to work with staff and auditing for compliance for 2025.

Change Idea #2 Implemented Not Implemented

Laundry to be returned to the new residents within 24 hours of admission to the home

Process measure

- New resident laundry to be returned labelled and washed for all new admissions with in 24 hours of admission.

Target for process measure

- We are aiming to have 100% of new residents will have their laundry in their closets and dressers within 24hrs of admission by June 30, 2024 by ensuring extra staff are available on move in day to support laundry processes

Lessons Learned

This change idea continues to grow towards 100% for all new residents.

Comment

While results show some improvement from previous year, this is an area we are still working on in our 2025 workplan as a priority focus.

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
Indicator #2	0.65	0.60	0.90	--	NA
% of LTC residents with worsened ulcers stages 2-4 (Baywoods Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

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

Process measure

- 57 residents with PURS score 3 or greater, 10 reviews completed of bed surfaces/mattresses monthly, 2 of bed surfaces /mattresses replaced monthly, if required

Target for process measure

- We are aiming to review the current bed systems/surfaces for residents with PURS score 3 or greater by August 2024.

Lessons Learned

Reviews of all mattresses supported all residents within the home as planned. It was noted and mattresses were replaced on an as needed bases less frequently than 2 surfaces per month. this was effective and we will continue with this process.

Change Idea #2 Implemented Not Implemented

Improve Registered staff knowledge on identification and staging of pressure injuries

Process measure

- 1 education session provided monthly for Registered staff on correct staging of pressure injuries

Target for process measure

- We are aiming to have 100% of registered staff receive education on identification and staging of pressure injuries by Sept 2024.

Lessons Learned

Education was provided regularly through different presenters and organizations but not on a monthly basis.

Change Idea #3 **Implemented** **Not Implemented**

Improve Personal Support worker staff knowledge to identify early warning signs of pressure ulcers

Process measure

- Through annual orientation and new hire orientation. 1 education session to be provided bimonthly for staff

Target for process measure

- We are aiming to have 100% of personal support worker staff to have received education by September 2024 by education provided at Annual Orientation and New Hire Orientation

Lessons Learned

Clinical Education is currently being updated to support this. Regular education continues and is effective.

Change Idea #4 **Implemented** **Not Implemented**

Maintain and improve on this indicator

Process measure

- Review the number of residents with pressure ulcers

Target for process measure

- Maintain current level of this indicator by continuing with current practices in the home.

Lessons Learned

There was a slight increase in this indicator, but it still remains below the benchmark of the organization. We will continue to focus on this indicator for 2025.

Comment

This area remains stable and an area of focus for the clinical team for 2025 workplan.

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 (Baywoods Place)	0.00	0	0.00	--	NA

Change Idea #1 Implemented Not Implemented

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

Process measure

- 1 education sessions held monthly

Target for process measure

- We are aiming to maintain 0 residents using restraints within the home by December 31, 2024 by continuing with our current practice.

Lessons Learned

This continued to be provided as an adhoc discussion at meetings and on MBWA

Change Idea #2 Implemented Not Implemented

Provide staff with up to date alternatives to residents requiring restraints.

Process measure

- 1 meeting held with families/residents to discuss alternatives monthly, if required

Target for process measure

- We are aiming to maintain 0 residents using restraints within the home by December 31, 2024 by continuing with our current practice.

Lessons Learned

Families/residents completed reviews of alternatives when the restraint discussion arises, this is usually around the use of bed rails and seat belts

Change Idea #3 Implemented Not Implemented

Continued education to be provided to families around risks for restraint usage.

Process measure

- Education materials to be provided in tour and admissions packages. Also have it available when needed as resident condition changes.

Target for process measure

- We are aiming to maintain 0 residents using restraints within the home by December 31, 2024 by continuing with our current practice.

Lessons Learned

We have no restraints in home, so this was not needed. We will discuss with families if questions arise.

Change Idea #4 Implemented Not Implemented

Maintain current level of resident restraints in use

Process measure

- Maintain Current percentage of residents with restraints

Target for process measure

- We are aiming to maintain 0 residents in the home with restraints by December 31, 2024 by ensuring families and staff are making educated decision around this area.

Lessons Learned

No restraints in the home currently. We will continue to monitor results to maintain current performance.

Comment

The home remains a zero-restraint home. We will continue to monitor but will not be including in our 2025 workplan as a priority focus.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #7	9.40	9	8.23	12.45%	7
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Baywoods Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Implement Movies on Main Floor program at afternoon change of shift for residents who are high risk for falls

Process measure

- 10 residents reviewed for activity needs/preferences weekly, ensure 1 activity program occurs during change of shift in afternoon (weekly)

Target for process measure

- We are aiming to implement activity programming: Movies on Main Floor to be implemented by June 2024 to support the residents during shift change.

Lessons Learned

Monthly reviews are happening to ensure interventions are in place.

Movies are happening on the main floor during shift change and the RHAs have TV programming on as well. This has been very successful program and will continue.

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

- 10 environmental assessments completed monthly, 10 identified deficiencies from assessments that were corrected monthly

Target for process measure

- We are aiming to complete 100% Environmental risk assessments of resident spaces to identify fall risk to be completed by June 2024 by having the registered staff and environmental staff taking this task on jointly.

Lessons Learned

All resident moves have an environmental assessment, and deficiencies are corrected in the moment. This was an effective strategy and continues.

Change Idea #3 Implemented Not Implemented

Ensure all Call bells are easily accessible to residents

Process measure

- 10 resident rooms to be reviewed weekly for call bell placement

Target for process measure

- We are aiming to ensure 100% of residents have their call bells within reach by April 30, 2024 by regular audits and spot checks

Lessons Learned

MBWAs have noted compliance with this area.

This has been transferred to Leadership rounds to ensure this is regularly reviewed with staff

Change Idea #4 Implemented Not Implemented

Assessment of resident care plans to ensure that appropriate toileting routines and care plans are in place

Process measure

- 10 care plans to be audited monthly to ensure toileting routines are appropriate and care plans are accurate.

Target for process measure

- We are aiming to complete reviews on all resident care plan reviews by December 31, 2024 through quarterly audits of MDS and care plans.

Lessons Learned

This continues to be a quarterly review with all residents as per process. Audits have shown compliance with this area and when issues arise, they are addressed in the moment.

Comment

Change ideas have been implemented with success and we saw improvement in the number of falls. We will continue to work towards further improvement in 2025.

Indicator #8	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Baywoods Place)	25.15 Performance (2024/25)	17 Target (2024/25)	13.43 Performance (2025/26)	46.60% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Medication reviews completed for all residents currently prescribed antipsychotics.

Process measure

- 19 residents reviewed monthly, 5 plans of care reviewed that have supporting diagnosis, 2 reduction strategies implemented monthly

Target for process measure

- We are aiming that all residents currently prescribed antipsychotics will have a medication review completed by July 2024.

Lessons Learned

New partnerships with Dr. Luthra and HSS geriatric psychiatry have been established, and assessments have been conducted to address this concern. This has been very successful and will continue.

Change Idea #2 Implemented Not Implemented

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

Process measure

- 10 families provided with best practice information on reducing antipsychotics monthly, 100% of tour and admission packages provided with antipsychotic reduction information included monthly

Target for process measure

- We are aiming to have educational material provided to families and/or residents on antipsychotics and the importance of minimizing use by Sept 2024.

Lessons Learned

Additional information continues to be developed. Families are educated when the need for antipsychotic medication is required, and feedback has been positive.

Change Idea #3 **Implemented** **Not Implemented**

Reduce the number of residents on antipsychotic Medications without diagnosis.

Process measure

- Engaging Pharmacy, Medical director and BSO Ontario for care plan reviews

Target for process measure

- We are aiming to reduce the number of residents on antipsychotic medications without diagnosis by December 31, 2024 through care plan reviews and external supports.

Lessons Learned

As noted above new partnerships are in place to support residents without diagnosis and has been very successful.

Change Idea #4 **Implemented** **Not Implemented**

Maintain current partnerships with external resources including BSO Ontario, St. Peters Geriatric Psychiatry.

Process measure

- Regular Rounds meetings to be scheduled 4-6 weeks

Target for process measure

- We are aiming to have regular meetings in place by May 30, 2024 by setting the schedule with BSO and Baywoods Place.

Lessons Learned

These partnerships are valuable, and we continue to maintain our collaboration with external partners to assist in supporting.

Comment

We had good improvement in 2024 in this area and our change ideas were successful. Partnerships continue to grow and develop to support the resident needs. We continue to focus on this in 2025.