

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

Indicator #6	Last Year		This Year		
	CB	CB	CB	--	NA
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Carlingview 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**

We did not have this indicator on our workplan in 2024.

**Comment**

We did not have this question on our workplan for 2024 .

Indicator #7	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". (Carlingview 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 included in our 2024 workplan as we focused on other priorities.

**Comment**

This question was not part of this year's survey and we did not have this in our workplan for 2024 as we focused on other questions from our survey.

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

Indicator #8	Last Year		This Year		
	Resident Satisfaction - Would Recommend (Carlingview Manor)	<b>73.50</b> Performance (2024/25)	<b>75</b> Target (2024/25)	<b>73.60</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Communication from home leadership is clear and timely. I am updated regularly about any changes in my home.

**Process measure**

- 1. We will evaluate how popular this method of communication by seeing how many newsletters are being taken. We will also ask residents in 1:1 conversation. We will also evaluate the outcome at the next survey and see if this indicator has increased. 2. We will evaluate outcome at the next survey and see if this indicator has increase 3. We will ask residents in 1:1 conversation. We will evaluate the outcome at the next survey and see if this indicator has increased.

**Target for process measure**

- Would recommend at 75%

**Lessons Learned**

We observed an increase in satisfaction for this question, but we are still striving for further improvement. As a result, it remains a key focus in this year's Quality Improvement Plan (QIP).

**Change Idea #2**  Implemented  Not Implemented

I am satisfied with the food and beverages served to me

**Process measure**

- 1. Attendance 2. General usage of the seasoning and how often they get emptied 3. Next resident satisfaction survey and waste audits

**Target for process measure**

- Would recommend at 75%

**Lessons Learned**

This year, we saw a 13% increase in satisfaction for this question. The Food Committee plays a key role in menu planning, ensuring that residents are consistently satisfied with the food and beverage options provided. Their ongoing involvement has been instrumental in driving this positive outcome.

Indicator #3	Last Year		This Year		
	Family Satisfaction - Would Recommend (Carlingview Manor)	<b>62.20</b> Performance (2024/25)	<b>85</b> Target (2024/25)	<b>62.10</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

The resident has input into the recreation programs available.

**Process measure**

- Next year survey results

**Target for process measure**

- Would recommend at 85%

**Lessons Learned**

Our results for this question were lower in 2024, and as a result, it will be a key focus of our Quality Improvement Plan (QIP) for this year. We are committed to addressing this area and implementing targeted strategies to drive improvement moving forward.

**Change Idea #2**  Implemented  Not Implemented

I am satisfied with the timing and schedule of spiritual care services I am satisfied with the variety of spiritual care services

**Process measure**

- Next year's survey results

**Target for process measure**

- Would recommend at 85%

**Lessons Learned**

We observed an increase in family satisfaction within this category, which is a positive development. However, there is still room for improvement, and we remain dedicated to making further enhancements to ensure an even better experience moving forward

**Change Idea #3**  Implemented  Not Implemented

I have an opportunity to provide input on food and beverage options.

**Process measure**

- Next year's survey results

**Target for process measure**

- Would recommend at 85%

**Lessons Learned**

This question has been removed from our satisfaction survey, so we are unable to make a direct comparison or assess the success of our efforts in this area. However, our Food Committee has been actively engaged in the menu planning process, to ensure that residents are satisfied with their food and beverage options.

Indicator #4	Last Year		This Year		
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Carlingview Manor)	<b>15.70</b>	<b>15</b>	<b>15.93</b>	<b>-1.46%</b>	<b>15</b>
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

## 1. Implement specific activity program at afternoon change of high for resident 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**

Although we were unable to implement an activity during shift changes, we successfully introduced evening programs on every floor multiple times a week. This initiative has led to a noticeable decrease in falls during the evening, reflecting the positive impact of these added activities on resident safety and well-being.

**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**

An environmental scan is conducted upon admission, and we have successfully identified and eliminated potential fall risks in each resident's room, ensuring a safer living environment.



**Comment**

We will be conducting a re-education session for all staff on the importance of shift reports, emphasizing the need for daily discussions regarding residents at high risk for falls and the interventions in place to support their safety. This will help ensure consistent communication and a proactive approach to fall prevention.

	Last Year		This Year		
<b>Indicator #5</b>	<b>15.83</b>	<b>17</b>	<b>8.82</b>	<b>44.28%</b>	<b>7.50</b>
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Carlingview Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**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 were completed for all residents, resulting in a significant reduction in the use of antipsychotics. We continue this process regularly to ensure that medications are appropriately managed, promoting the well-being and quality of life for our residents while minimizing unnecessary pharmacological interventions.

**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**

While we have not provided formal education materials, we have engaged in thoughtful discussions with both families and physicians regarding the importance of reducing the use of antipsychotics.

Safety | Safe | **Custom Indicator**

	Last Year		This Year		
<b>Indicator #1</b>	<b>2.20</b>	<b>2.50</b>	<b>1.50</b>	<b>--</b>	<b>NA</b>
% of LTC residents with restraints (Carlingview Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

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**

All restraints were reviewed in 2024 as part of our ongoing commitment to improving patient care and safety. As a result of these reviews and the implementation of alternative strategies, we have observed a consistent and steady decrease in the usage of restraints over the past year.

**Change Idea #2**  Implemented  Not Implemented

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

**Process measure**

- # of education sessions held monthly

**Target for process measure**

- 100% of staff will be re-educated on restraint policy and alternatives to restraints by Sept 2024

**Lessons Learned**

All staff members received comprehensive training on our restraint policy. Additionally, we engage in ongoing discussions with frontline staff during our monthly multidisciplinary meetings to reinforce the policy, address any concerns, and share best practices.

Indicator #2	Last Year		This Year		
% of LTC residents with worsened ulcers stages 2-4 (Carlingview Manor)	<b>2.80</b>	<b>2</b>	<b>2.10</b>	<b>--</b>	<b>NA</b>
	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**

- # 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**

We were unable to review bed systems/surfaces based on the resident's PURS score, however we were able to review them for new admissions and when there was a change in status for our residents

**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**

We have appointed a dedicated Wound Care Champion who works twice a week to provide ongoing education to our nursing staff and conduct thorough audits. This initiative has proven to be highly successful, enhancing the skills and knowledge of our team while ensuring the highest standards of care for our residents.

