

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

Indicator #11	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Resident Satisfaction - Would Recommend: Someone to talk to about medications (Heartwood (Fka Versa-Care Cornwall))	59.40	75	75.00	--	NA

**Change Idea #1**  Implemented  Not Implemented

New attending physician/Medical Director started and ED/DOC to set out expectations.

**Process measure**

- # of physician visits coded in MDS assessments

**Target for process measure**

- This target is to be fully implemented by September 2024

**Lessons Learned**

Heartwood has successfully met this indicator, collaboration with the physician was a success.

**Change Idea #2**  Implemented  Not Implemented

Book care conferences on doctor's day.

**Process measure**

- 1. MD will be present at care conferences to speak with residents and POAs. 2. # of care conferences with physician attendance.

**Target for process measure**

- This target is to be fully implemented by June 2024

**Lessons Learned**

Heartwood was able to accomplish this measure only 25% of the time. We continue to work on this important indicator.

**Change Idea #3**  Implemented  Not Implemented

Educate charge nurses to monitor resident annual physicals.

**Process measure**

- 1. # of Physicals and doctor's rounds completed weekly. 2. # of resident Physical's completed on time.

**Target for process measure**

- This target is to be fully implemented by April 2024

**Lessons Learned**

Nurses were educated successfully on the importance of resident annual physicals. Physician completion remains a challenge.

**Comment**

Heartwood will continue to stive for improvement in resident experience.

	Last Year		This Year		
<b>Indicator #9</b>	<b>58.60</b>	<b>75</b>	<b>63.80</b>	<b>--</b>	<b>NA</b>
Resident Satisfaction - Would Recommend: Input into Recreation programs available (Heartwood (Fka Versa-Care Cornwall))	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Implement Program Planning meetings.

**Process measure**

- 1. Program planning meeting minutes. 2. Annual resident satisfaction survey results.

**Target for process measure**

- This target is to be fully implemented by September 2024

**Lessons Learned**

Program planning has been a successful measure.

**Change Idea #2**  Implemented  Not Implemented

Standing agenda item at monthly Residents' Council meetings.

**Process measure**

- 1. Residents' Council meeting minutes documenting and tracking resident input. 2. Annual Resident Satisfaction survey results.

**Target for process measure**

- This target is to be fully implemented by September 2024

**Lessons Learned**

This has been a successful measure.

**Change Idea #3**  Implemented  Not Implemented

Post-program survey to acquire feedback regarding activity held.

**Process measure**

- 1. # of post program surveys completed. 2. Post-program survey results. 3. Annual resident satisfaction survey results.

**Target for process measure**

- This target is to be fully implemented by September 2024

**Lessons Learned**

Post program surveys have been completed 50% of the time, the challenge has been with resident buy in for completion. Residents' council will continue to review monthly programs with suggestions from residents for satisfaction.

**Comment**

Although Heartwood did not meet the projected target, we have improved our performance by 5%

	Last Year		This Year		
<b>Indicator #10</b>	<b>53.30</b>	<b>75</b>	<b>57.80</b>	<b>--</b>	<b>NA</b>
Resident Satisfaction - Would Recommend: Regular updates about changes to the home. (Heartwood (Fka Versa-Care Cornwall))	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Implement Resident Information Board in each Home area.

**Process measure**

- Resident information board to have current pertinent home info available for residents.

**Target for process measure**

- This target is to be fully implemented by September 2024

**Lessons Learned**

Successful implementation of the information boards, they are updated daily with current activities being offered, and residents find them to be very helpful.

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

Provide Newsletters to each resident.

**Process measure**

- # of residents who were given newsletter

**Target for process measure**

- This target is to be fully implemented by September 2024

**Lessons Learned**

Newsletters delivered to each resident at the beginning of each month.

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

Leadership team to speak with residents when doing Management by Walkabouts (MBWA).

**Process measure**

- Audits results established from MBWA audits

**Target for process measure**

- This target is to be fully implemented by April 2024

**Lessons Learned**

MBWA/resident engagement continues to be successful measure

**Comment**

Heartwood will continue to strive for excellence in resident satisfaction

Indicator #3	Last Year		This Year		
	Family Satisfaction - Would Recommend (Heartwood (Fka Versa-Care Cornwall))	<b>88.90</b> Performance (2024/25)	<b>85</b> Target (2024/25)	<b>71.00</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Timely Follow-up with family concerns.

**Process measure**

- 1. Complaint Service Response (CSR) tracking log & quarterly analysis. 2. # of Written complaints and written responses.

**Target for process measure**

- Plan will be implemented in the month of April 2024

**Lessons Learned**

Challenges with timely follow up for concerns contributed to not reaching the target of 85%. We continue to work on this to improve.

**Change Idea #2**  Implemented  Not Implemented

Posted flow charts in all nursing stations for reference by registered staff of when to call POA.

**Process measure**

- Progress notes and documentation indicating communication occurring with POA/SDM regarding residents status etc. is found in Point Click Care.

**Target for process measure**

- Education and will commence immediately and management will be reviewing progress notes daily to ensure registered staff are compliant with initiative.

**Lessons Learned**

Successful measure, and this process will continue.

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

Include in mandatory clinical education importance of staff documenting communication with POA/SDM.

**Process measure**

- DOC/ADOC will be reviewing progress notes daily reviewing registered staff documentation in PCC and providing re-education where needed.

**Target for process measure**

- This target is scheduled to be completed by June 2024

**Lessons Learned**

Successful measure, DOC & ADOC review reports daily for accurate documentation

**Comment**

Heartwood will continue to closely monitor this quality indicator and strive to improve our resident's experience.

	Last Year		This Year		
<b>Indicator #6</b>	<b>16.70</b>	<b>85</b>	<b>84.00</b>	<b>--</b>	<b>NA</b>
Family Satisfaction - Would Recommend: Quality of Physio Services (Heartwood (Fka Versa-Care Cornwall))	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Build physio/family connection - Physiotherapist to call families and follow-up.

**Process measure**

- 1. Increased communication with POAs - documentation in progress notes. 2. Annual Family Satisfaction survey results.

**Target for process measure**

- this target is to be fully implemented by June 2024

**Lessons Learned**

Although Heartwood did not meet the target set of 85%, we did have a substantial improvement in this area due to increased communication with physio.

**Change Idea #2**  Implemented  Not Implemented

Post days the Physiotherapist is in the home.

**Process measure**

- Residents and families to be aware of when physio is in house and available.

**Target for process measure**

- This target is to be fully implemented by September 2024

**Lessons Learned**

Successful measure, physiotherapist hours are posted on the units.

**Change Idea #3**  Implemented  Not Implemented

Discuss Physiotherapy services at care conferences.

**Process measure**

- 1. # of care conferences completed where physiotherapy services were discussed. 2. Annual Family Satisfaction survey results.

**Target for process measure**

- This target is to be fully implemented by September 2024



**Lessons Learned**

Discussion of the benefits of physiotherapy during care conference is a successful measure.

**Comment**

Heartwood has improved on this quality indicator by 67%

	Last Year		This Year		
<b>Indicator #5</b>	<b>28.60</b>	<b>85</b>	<b>80.40</b>	<b>--</b>	<b>NA</b>
Family Satisfaction - Would recommend: Quality of Dietitian Services (Heartwood (Fka Versa-Care Cornwall))	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Ongoing recruitment for dietitian. Currently using agency dietitian.

**Process measure**

- 1. # of applicants. 2. No longer having to use agency dietitian.

**Target for process measure**

- Our targeted recruitment if to have the position filled by September 2024

**Lessons Learned**

Successfully recruited a dietitian which has been beneficial for the home.

**Change Idea #2**  Implemented  Not Implemented

Post days the dietitian is on-site in the home.

**Process measure**

- 1. Families aware of when dietitian is on-site and available. 2. Annual Family Satisfaction survey results.

**Target for process measure**

- Once recruited and standard schedule will be made available for all families by September 2024

**Lessons Learned**

Dietitian hours posted on home units, successful measure so families are aware o when they are onsite.

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

Dietitian to build connections with families by communicating order changes and providing nutritional updates.

**Process measure**

- Documentation in residents charts, less concerns from families asking for follow up from dietitian in timely manner.

**Target for process measure**

- This will be fully executed by September 2024

**Lessons Learned**

Successfully improved this indicator and there have been greater connections and increased communication. this will continue .

**Comment**

Heartwood greatly improved resident/family experience.

Indicator #4	Last Year		This Year		
	Family Satisfaction - Would Recommend: Input about Food & Beverages (Heartwood (Fka Versa-Care Cornwall))	<b>25.00</b> Performance (2024/25)	<b>85</b> Target (2024/25)	<b>73.00</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Food Service Manager(FSM) to meet with family on admission and go over menu and food & beverages provide/available.

**Process measure**

- 1. Admission progress notes. 2. # of initial dietary assessments completed. 3. Annual Family Satisfaction survey results.

**Target for process measure**

- This target is due to be fully implemented by September 2024

**Lessons Learned**

Successful measure, FSM meets with every new admission to review the menu and answer questions.

**Change Idea #2**  Implemented  Not Implemented

Presentations to Family Council on menu process with the menu changes.

**Process measure**

- 1. Family Council meeting minutes. 2. Annual Family satisfaction survey results.

**Target for process measure**

- This process will be fully implemented by September 2024

**Lessons Learned**

Successful Measure implemented and process will continue in 2025.

**Change Idea #3**  Implemented  Not Implemented

Promote use of family portal on monthly newsletter. Menu is posted on-line.

**Process measure**

- 1. # of monthly newsletters sent to families. 2. Annual Family Satisfaction survey results.

**Target for process measure**

- This will be an ongoing process but will be fully implemented by September 2024

**Lessons Learned**

Challenge due to the advanced age of family members, and use of web-based portal. Education sessions to be provided to families that are experiencing challenges.

**Comment**

Heartwood will continue to strive to increase satisfaction.

**Safety | Safe | Custom Indicator**

	Last Year		This Year		
<b>Indicator #1</b>	<b>4.10</b>	<b>2.50</b>	<b>3.10</b>	<b>--</b>	<b>NA</b>
% of LTC residents with restraints (Heartwood (Fka Versa-Care Cornwall))	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

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

**Process measure**

- 1. # of residents reviewed 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 resident/family monthly.

**Target for process measure**

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

**Lessons Learned**

While we did not meet our projected target Heartwood has successfully reduced the indicator. Restraints and the reduction of are reviewed daily at our interdisciplinary meetings and remains an important focus for Heartwood.

**Change Idea #2**  Implemented  Not Implemented

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

**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 September 2024.

**Lessons Learned**

Although the projected target was not met, education sessions proved to be a successful process. Heartwood continues with restraint reduction education provided yearly and with orientation.

**Comment**

We will continue to work on this in our 2025 action plan.

Indicator #2 % of LTC residents with worsened ulcers stages 2-4 (Heartwood (Fka Versa-Care Cornwall))	Last Year		This Year		
	<p><b>3.10</b></p> <p>Performance (2024/25)</p>	<p><b>2</b></p> <p>Target (2024/25)</p>	<p><b>3.10</b></p> <p>Performance (2025/26)</p>	<p><b>--</b></p> <p>Percentage Improvement (2025/26)</p>	<p><b>NA</b></p> <p>Target (2025/26)</p>

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

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

**Process measure**

- 1. # of residents with PURS score of 3 or greater. 2. # of reviews completed of bed surfaces/mattresses monthly. 3. # 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**

The review of the bed systems for residents with a greater than 3 score, was a successful change idea. Identification of bed systems/surfaces was made in a timely manner. Heartwood was unable to attain the projected target of 2% our current performance remained the same at 3.1%. Heartwood continues to strive to reduce this number.

**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 September 2024.

**Lessons Learned**

Although Heartwood did not meet the projected target, team capacity has been built through in house education session. Wound care champions have been identified, with one nurse becoming certified with the SWAN program.

**Comment**

Heartwood will continue to closely monitor this quality indicator and strive for improvement.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
<b>Indicator #7</b>	<b>14.55</b>	<b>15</b>	<b>12.18</b>	<b>16.29%</b>	<b>10</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Heartwood (Fka Versa-Care Cornwall))	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)



**Change Idea #1**  Implemented  Not Implemented

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

**Process measure**

- # of residents reviewed for activity needs/preferences weekly.

**Target for process measure**

- Specific activity program at afternoon change of shift will be implemented by June 2024.

**Lessons Learned**

Successful intervention to decrease the number of falls at shift change, this continues to be a successful ongoing intervention

**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**

Heartwood was able to meet/exceed the set target and found that conducting environmental assessments helped identify areas that would cause potential falls, and we were able to put plans in place to address.

**Comment**

Heartwood has surpassed the stated target for this indicator by 16%

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 (Heartwood (Fka Versa-Care Cornwall))	<b>31.27</b>	<b>17.30</b>	<b>31.15</b>	<b>0.38%</b>	<b>17.30</b>
	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**

- 1. # of residents reviewed monthly. 2. # of plans of care 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**

This continues to be successful measure, the target for this indicator was surpassed.

**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 importance of minimizing use by September 2024.

**Lessons Learned**

Educational material provided to families is a success. Question regarding how many families are reading the provided materials, as Heartwoods target was not met. Family council has agreed to hold information sessions with the DOC discussing the reductions of antipsychotics.

**Comment**

Heartwood will continue to strive to meet/exceed the provincial average on this indicator.