

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

	Last Year		This Year		
<b>Indicator #12</b>	<b>95.10</b>	<b>75</b>	<b>88.90</b>	<b>--</b>	<b>NA</b>
Resident Satisfaction – Would Recommend (Main Street Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Promote a positive resident experience by offering programs that meet resident needs

**Process measure**

- # of the residents completed next year survey

**Target for process measure**

- By next survey, there will be a 5% increase in resident survey result recommending Main Street Terrace

**Lessons Learned**

Residents are actively engaged so that programming reflects their interests.

**Change Idea #2**  Implemented  Not Implemented

Survey residents on the spiritual program's choices.

**Process measure**

- # of the residents attended spiritual programs of their choice

**Target for process measure**

- Resident satisfaction for 2024 has increase by 5%

**Lessons Learned**

Residents have provided ongoing feedback as to the spiritual services they are interested in.

**Change Idea #3**  Implemented  Not Implemented

Offer in services to residents on continence care program.

**Process measure**

- # of the residents satisfied with their continent products

**Target for process measure**

- Resident satisfaction for 2024 has increased by 5%

**Lessons Learned**

This change idea was not implemented but will be a primary focus for 2025.

**Comment**

The resident satisfaction score decreased from the previous year. Change ideas largely focused on recreation programs, spiritual services and satisfaction with continence products. The home will focus on these areas but also include the satisfaction of medical services offered in the home for 2025.

	Last Year		This Year		
<b>Indicator #8</b>	<b>43.20</b>	<b>75</b>	<b>88.60</b>	<b>--</b>	<b>NA</b>
I have input into the recreation programs available. (Main Street Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Increase resident input to recreation programs 10% in the following quarter.

**Process measure**

- # of the program suggestions implemented in the monthly calendar

**Target for process measure**

- Increase participation rates in recreation programs by 10% within the first three months through improved promotion and program offerings.

**Lessons Learned**

This idea was implemented successfully as the residents are regularly engaged for feedback on what programs they would like in the home.

**Change Idea #2**  Implemented  Not Implemented

Promote residents' contribution to recreation programs

**Process measure**

- # of the events held in 2024

**Target for process measure**

- Increase resident satisfaction by 15% by August 2024

**Lessons Learned**

Monthly planning meetings reflect resident input. This is also discussed at monthly resident council meetings as the calendar of activities is developed month to month.

**Comment**

Great success was seen this year. There has also been stability in the recreation department with staffing and leadership and this has reflected in the ability for the team to engage residents and then plan programs according to their preferences.

Indicator #5	Last Year		This Year		
I am satisfied with the relevance of recreation programs. (Main Street Terrace)	<b>55.30</b>	<b>75</b>	<b>88.60</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

Increase satisfaction with resident programs by 10% in the next quarter

**Process measure**

- # of the residents participating in recreation programs to assess the impact of changes on resident engagement.

**Target for process measure**

- Provide training and support to staff and volunteers, resulting in a 10% improvement in participant satisfaction with program execution and delivery within three months.

**Lessons Learned**

The residents have been engaged in feedback on a monthly basis for programs. This has been successful as we have reached this target.

**Change Idea #2**  Implemented  Not Implemented

Monthly Program Planning Meetings on Each home area

**Process measure**

- # of the programs implemented

**Target for process measure**

- Increase participation rates in recreation programs by 10% within the first three months through improved promotion and program offerings.

**Lessons Learned**

Monthly program meetings take place as scheduled, and minutes are kept with resident feedback and responses. This will continue going forward.

**Comment**

There has been a significant increase in satisfaction for residents in the relevance of their recreation programs. The team has tailored programs to suit each home area and to gain an understanding of the hobbies and interests of the residents.

Indicator #6	Last Year		This Year		
	I am satisfied with the variety of spiritual care services. (Main Street Terrace)	<b>60.00</b> Performance (2024/25)	<b>75</b> Target (2024/25)	<b>96.90</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Resident will provide the input on variety of spiritual programs they would like to participate in

**Process measure**

- # of the residents attending spiritual care events and activities

**Target for process measure**

- Maintain consistent communication with residents about spiritual care services, achieving a minimum of 65% awareness among the residents by July 2024

**Lessons Learned**

Input is offered monthly through resident's council and with 1:1 discussion with residents. there has been positive response to this.

**Change Idea #2**  Implemented  Not Implemented

Increase satisfaction with the variety of spiritual care services from 60.0% to 65% within the next six months.

**Process measure**

- # of spiritual programs offered quarterly

**Target for process measure**

- Increase attendance rates at spiritual care services by 5% by July 2024

### Lessons Learned

Successfully met target as we have exceeded this threshold.

### Change Idea #3 Implemented Not Implemented

Recreation Manager has been engaging residents and family members to receive more feedback to engage more community spiritual resources. More variety is being added. In 2025, we are seeking to add Eastern Christian Orthodox services.

#### Process measure

- No process measure entered

#### Target for process measure

- No target entered

### Lessons Learned

Engagement of residents and families for increased feedback on community spiritual resources has been effective. We successfully increased the variety of spiritual resources available, and we will continue to increase as able for 2025.

### Comment

The idea implemented have been effective and we will continue to build upon these. More religious/spiritual services will be offered as the home continues to engage the community. The home is currently served by seven (7) different religious services.

Indicator #3	Last Year		This Year		
	Family Satisfaction- Would Recommend (Main Street Terrace)	<b>85.70</b>	<b>85</b>	<b>91.30</b>	<b>--</b>
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Provide Education to the families on Continence care Program.

**Process measure**

- % of the survey outcome

**Target for process measure**

- Increase in Satisfaction by August 2024

**Lessons Learned**

This change idea was not implemented due to significant turnover of the team. This idea will be a priority for this year.

**Change Idea #2**  Implemented  Not Implemented

Improve family satisfaction on Spiritual programs offered at home.

**Process measure**

- # of the surveys completed

**Target for process measure**

- 10% increase in Family Satisfaction survey on resident spiritual programming

**Lessons Learned**

There has been an improvement in this as families are notified of spiritual programming which has been positive.



**Change Idea #3**  Implemented  Not Implemented

Medical Directors to attend annual care conferences

**Process measure**

- # of the care conferences attended

**Target for process measure**

- Increase in % of Family and resident satisfaction by August 2024

**Lessons Learned**

This area requires further improvement as MDs are not attending care conferences consistently. We continue to focus on this in 2025.

**Change Idea #4**  Implemented  Not Implemented

Increase satisfaction with food and beverage choices from 66.7% to 75% within six months.

**Process measure**

- # of the received feedbacks

**Target for process measure**

- Increase in % annual satisfaction survey by 10%

**Lessons Learned**

Monthly food committee meetings show positive feedback by the residents that they are enjoying the food and beverages offered.

**Comment**

Overall, there has been an improvement in family satisfaction with respect to recommending the home. Notable areas of improvement have shown positive feedback in the quality of the food.

Indicator #7	Last Year		This Year		
I am satisfied with variety, time and a schedule of Spiritual Care Services (Main Street Terrace)	<b>40.00</b>	<b>85</b>	<b>61.90</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

Improve family satisfaction with Spiritual Programs by 5% quarterly

**Process measure**

- The recreation manager will survey families by August 2024 to determine the effectiveness of the changes incorporated.

**Target for process measure**

- Increase in the % of satisfaction with spiritual programming.

**Lessons Learned**

The goal of increasing satisfaction by 5% was reached however we are still below the benchmark.

**Change Idea #2**  Implemented  Not Implemented

Spiritual programs offered on the weekends and evening

**Process measure**

- # of the families that joined spiritual programs

**Target for process measure**

- Increase family satisfaction with Spiritual care Services by August 2024

**Lessons Learned**

More spiritual services are being offered on weekends and evenings. The schedule suits the residents, but this needs to be communicated better to families.

**Comment**

An improvement from the previous year but below the benchmark. This is an area of focus for this year and will be better advertised and communicated to family members to make them aware of the services offered.

	Last Year		This Year		
<b>Indicator #9</b>	<b>60.00</b>	<b>85</b>	<b>56.50</b>	<b>--</b>	<b>NA</b>
Involvement from doctors (Main Street Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Increase involvement from doctors in care conferences from the current rate of 60% to the target rate of 70% in next quarter.

**Process measure**

- # of the CC MD's attended

**Target for process measure**

- Achieve a monthly increase in doctor attendance at care conferences by 5% until reaching the target of 75% by August 2024

**Lessons Learned**

The physicians have been attending the care conferences on a more consistent basis however family members have expressed they would like more face-to-face time with the doctors. We will review and work on for this year.

**Change Idea #2**  Implemented  Not Implemented

Improve the communication between home and MD's

**Process measure**

- # of the meetings held

**Target for process measure**

- 100% participation by doctors in the meetings scheduled

**Lessons Learned**

The communication between the home and the doctors is excellent. Upon discussing this indicator with family members there seems to be a knowledge gap as to the role of the MD in the home. This will be addressed in 2025.

**Comment**

No improvement seen here. Some areas the home has identified as a gap is that family members are not aware of the MD schedule and the role of the MD in the home. This will continue to be a focus in 2025.

	Last Year		This Year		
<b>Indicator #4</b>	<b>66.70</b>	<b>85</b>	<b>91.70</b>	<b>--</b>	<b>NA</b>
I am satisfied by food and beverage choices. (Main Street Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Provide the opportunity for Family Council to review and give input on resident's food menu Quarterly.

**Process measure**

- # of families that provided the feedback

**Target for process measure**

- Achieve an increase in satisfaction levels to 75% by August 2024

**Lessons Learned**

Monthly food committee meetings are held with residents and input is also sought by Family Council on a quarterly basis.

**Change Idea #2**  Implemented  Not Implemented

The Dietary Department will have resident choice dinner once a month.

**Process measure**

- # Number of resident suggestions

**Target for process measure**

- Implementation of this initiative by May 2024

**Lessons Learned**

This change idea was implemented successfully.

**Comment**

The change ideas were implemented successfully. There is frequent input from residents and family members into the menu planning and there have been positive results.

Safety | Safe | **Custom Indicator**

Indicator #1	Last Year		This Year		
	% of LTC residents with restraints (Main Street Terrace)	<b>0.00</b> Performance (2024/25)	<b>2.50</b> Target (2024/25)	<b>0.00</b> Performance (2025/26)	<b>--</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Continue with zero restraints approach at the home.

**Process measure**

- Organize education sessions with all staff on restraint policy and alternatives to restraints

**Target for process measure**

- # of education sessions held monthly

**Lessons Learned**

The education with staff, residents and families has been successful as we have maintained 0 restraints in the home.

**Change Idea #2**  Implemented  Not Implemented

Assess the current use of restraints and develop a plan to test alternative approaches.

**Process measure**

- # of the staff attending interdisciplinary meetings

**Target for process measure**

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

**Lessons Learned**



Team members have been engaged from various departments in understanding the reason for implementing no restraints.

**Change Idea #3**  Implemented  Not Implemented

Upon admission and application to our home, potential residents and their families are advised of the home's no restraint policy/approach.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

At the time of admission and upon accepting a bed to our home, new residents and their families are informed of the home's no restraint policy.

**Comment**

Will continue with current processes as they have been effective.

	Last Year		This Year		
<b>Indicator #2</b>	<b>2.93</b>	<b>2</b>	<b>2.77</b>	<b>--</b>	<b>NA</b>
% of LTC residents with worsened ulcers stages 2-4 (Main Street Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Re-educate frontline staff regarding prevention of skin break down.

**Process measure**

- #of education, sessions provided monthly for front-line staff on prevention of skin break downs

**Target for process measure**

- 100% of registered staff will have received education on identification and staging of pressure injuries by Sept 2024

**Lessons Learned**

This idea was not implemented due to staff turnover in the Staff Educator and Skin and Wound Lead role. We will review and complete in 2025.

**Change Idea #2**  Implemented  Not Implemented

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

**Process measure**

- # 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**

This idea was not implemented due to staff turnover in the Staff Educator and Skin and Wound Lead role.

**Comment**

The change ideas that were noted for last year's QIP will be implemented for the current QIP as the home now has a complete team that has a full time Staff Educator and a permanent Skin & Wound Lead. The home has already seen improvements in Skin & Wound indicators and anticipate we will reach the expected benchmark of 2.0%.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
<b>Indicator #10</b>	<b>7.53</b>	<b>15</b>	<b>6.50</b>	<b>13.68%</b>	<b>6</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Main Street Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

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

**Process measure**

- # 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**

Recreation team members have been engaging residents in activities for increased supervision during shift exchange in the afternoon.

**Change Idea #2**  Implemented  Not Implemented

Conduct environmental assessments of resident spaces to identify potential tripping hazards.

**Process measure**

- # of environmental assessments completed monthly

**Target for process measure**

- Environmental risk assessments of resident spaces to identify fall risk will be completed by June 2024

**Lessons Learned**

A weekly falls checklist has been implemented whereby the registered staff sign off that all environmental hazards are cleared and equipment is in place and working.

**Comment**

The home has been successful in significantly reducing falls. The change ideas were effective and will continue.

	Last Year		This Year		
<b>Indicator #11</b>	<b>7.37</b>	<b>17.30</b>	<b>7.61</b>	<b>-3.26%</b>	<b>7</b>
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Main Street Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Continue with participating in antipsychotic reduction program and decision support tool pilot.

**Process measure**

- # of the residents without psychosis who were given antipsychotic medication

**Target for process measure**

- Successfully completing the pilot program

**Lessons Learned**

The decision-making tool is utilized monthly to review residents who are appropriate for reduction of antipsychotic usage.

**Change Idea #2**  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 multidisciplinary team meets monthly to review residents who may be appropriate for reduction of antipsychotics. This is working effectively as we have remained well below the benchmark.

**Comment**

The home remains below the benchmark, but we have increased since our last review. The home has seen an increase of resident admitted with prescribed antipsychotics. There are a number of challenging behaviours that we manage, and antipsychotics are reduced with safety in mind.

