

Experience | Patient-centred | Custom Indicator

Indicator #10	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of residents who would positively respond to the statement "I would recommend this home" on the Annual Resident Satisfaction Survey. (Oak Terrace)	100.00	75	94.60	--	NA

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

Ensure that residents are given the opportunity to become involved in the running of Oak Terrace through participation in Resident Council

**Process measure**

- 1.Ensure all residents receive a calendar supplied to them monthly. 2.Reminder will be announced day of Resident's council meeting

**Target for process measure**

- Remain above 75% Satisfaction on 2024 Survey to the statement "I would recommend this home"

**Lessons Learned**

We had an increase in resident participation for Resident council and reminding residents with PA announcements

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

Ensure residents are well informed with changes are updates that are occurring in the home

**Process measure**

- Provide minutes to can be shared among all residents that cannot attend Residents Council

**Target for process measure**

- Remain above 75% Satisfaction on 2024 Survey to the statement "I would recommend this home"

**Lessons Learned**

Recreation ensures there is communication for residents that are unable to participate.

Indicator #3

Percentage of families who would positively respond to the statement "I would recommend this home" on the Annual Family Satisfaction Survey.

(Oak Terrace)

Last Year		This Year		
83.30	85	77.50	--	NA
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Ensure all families receive invitations to attend quarterly Family Forum meetings

**Process measure**

- Complete tracking to ensure all families receive invitations to Family Forum

**Target for process measure**

- 100% of our families will receive notification or an invitation to quarterly Family Forum meetings

**Lessons Learned**

We discuss family forum dates in our newsletter, by sending invites by email and invite on wall by entrance. We continue to have poor attendance.

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

Ensure that families are given the opportunity to become involved in the running of Oak Terrace through participation in Quality Council

**Process measure**

- Family members will be called to determine if they would be interested and available to attend a Quality Council meeting. If response is positive, an invite will be sent by email.

**Target for process measure**

- Remain above 75% Satisfaction on 2024 Survey to the statement "I would recommend this home"

**Lessons Learned**

There have been no new families joining Quality council.

**Comment**

although our "would recommend" has declined from 2023 we were able to engage more families to participate in the survey and get more feedback. 2023 we only had 42.4% participation and in 2024 we had 80%

Indicator #8	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of residents who would positively respond to the statement "I am satisfied with the quality of care from doctors" (Oak Terrace)	50.00	65.50	62.90	--	NA

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

Ensure residents are well informed regarding the role of medical directors in the home

**Process measure**

- 1)Have one on one conversations with residents to see if they have seen an improvement with the quality of care from the doctors 2)Create paper survey to be disbursed and filled in anonymously at residents' council to see if they have seen improvement with the quality of care from doctors

**Target for process measure**

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the quality of care from doctors"

**Lessons Learned**

Our challenge was residents didn't understand the physician's role in our home. There has been a lot of education and re-education

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

Ensure there is effective communication between physician and residents when changes are made to medications or treatments

**Process measure**

- 1)Have one on one conversations with residents to see if they have seen an improvement with the quality of care from the doctors 2)Create paper survey to be disbursed and filled in anonymously at residents' council to see if they have seen improvement with the quality of care from doctors

**Target for process measure**

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the quality of care from doctors"

**Lessons Learned**

there continues to be ineffective communication between the physician and the residents, but our registered staff and nurse practitioner have been able to provide any information requested from resident. We continue to work on improving in this area.

Indicator #9	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of residents who would positively respond to the statement "I am satisfied with the temperature of my food and beverages" (Oak Terrace)	82.10	67.80	NA	--	NA

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

Reviewing process of meal delivery and service

**Process measure**

- audit on weekly basis-between all meals

**Target for process measure**

- Increase 5% positive response on 2024 Survey to the statement "I am satisfied with the temperature of my food and beverages"

**Lessons Learned**

We were able to purchase a new steam table and since then we have not had any more complaints about the temperature of the food

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

Ensure residents have input at Food Committee meetings

**Process measure**

- 1.audit on weekly basis-between all meals 2.Surveys at Food Committee meetings

**Target for process measure**

- Increase 5% positive response on 2024 Survey to the statement "I am satisfied with the temperature of my food and beverages"

**Lessons Learned**

Any residents that would like to participate in the food committee are encouraged to attend.

We have had 2 menu changes in 2024 and many changes were made based on our resident preferences

**Comment**

This question was not on the 2024 Resident survey



Indicator #1	Last Year		This Year		
	63.60	71.80	62.90	--	NA
Percentage of families who would positively respond to the statement "I am satisfied with the quality of care from doctors" (Oak Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Ensure families are educated regarding the role of Physician, Physician Assistant and Nurse Practitioner at Oak Terrace

- Process measure**
  - 1)Audit to ensure there has been family contact with changes 2)Do anonymous survey with families that attend Family Forum regarding "I am satisfied with the quality of care from doctors"

**Target for process measure**
  - Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the quality of care from doctors"

Lessons Learned

-we had physician and physician assistant attend family forum to explain their role and answer questions. There was poor family attendance, but we added the minutes to the family newsletter that is emailed to all families.

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of families who would positively respond to the statement "I am satisfied with the quality of cleaning services throughout the home" (Oak Terrace)	66.70	75.80	NA	--	NA

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

Improve room cleanliness of resident areas- dining rooms, front entrance, stairwells, flooring etc.

**Process measure**

- 1. Get feedback from families at Family forum 2. Give anonymous paper surveys to see if services have improved 3. Provide audit numbers to families at Family Forum and Quality Council

**Target for process measure**

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the quality of cleaning services throughout the home"

**Lessons Learned**

We have been able to receive a lot of feedback during our family forum. Concerns or questions are looked into and addressed.

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

Improve room cleanliness of resident areas- dining rooms, front entrance, stairwells, flooring etc.

**Process measure**

- 1. Get feedback from families at Family forum 2. Give anonymous paper surveys to see if services have improved 3. Provide audit numbers to families at Family Forum and Quality Council

**Target for process measure**

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the quality of cleaning services throughout the home"

**Lessons Learned**

We have received a lot of feedback regarding the cleanliness in rooms and building and realized that we had to streamline our job duties and deep cleans and make the housekeepers more accountable

**Comment**

This question is not on the 2024 Family Satisfaction survey

**Safety | Safe | Optional Indicator**

Indicator #5	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Oak Terrace)	20.83	13	21.53	-3.36%	15

**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**

We changed some programs to cover the shift change period and we have seen a decrease of falls during that period. This will continue as it was successful.

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

Increase clinical staff coverage during high falls risk time

**Process measure**

- # of high risk falls residents reviewed # of staff on break during high risk fall periods reviewed

**Target for process measure**

- Decrease in #falls

**Lessons Learned**

We have seen an improvement in decrease of falls 1 hour prior and after shift change by added a midshift and bath shift-

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

Increase attention to front line staff regarding increased falls rate

**Process measure**

- Staff meeting minutes and updated posters/campaign will be evidence of methods in place

**Target for process measure**

- Reduce falls by 5% by end of 2024

**Lessons Learned**

We have added high risk fall residents to every report to be read by the registered staff member to bring attention to all staff

**Comment**

We have implemented a new falls committee in November 2024 and implemented several new interventions. We have seen great success and look forward to seeing our numbers to continue to decline.

Indicator #7	Last Year		This Year		
	X	18	X	--	3
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Oak Terrace)	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**

We were able to continue to keep our numbers well below the provincial average with consistent med reviews

**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

**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**

Education was provided at admission and any time we decreased or increased anti-psychotics

Safety | Safe | Custom Indicator

Indicator #4	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of long-term care home residents in daily physical restraints over the last 7 days (Oak Terrace)	1.40	4	0.59	--	NA



**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

**Lessons Learned**

We only had 1 resident with a restraint as per family request and would not remove regardless of education. We have not had any new restraints since that time.

**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

**Lessons Learned**

reviewed in PSW huddles

Indicator #6	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC residents with worsened ulcers stages 2-4 (Oak Terrace)	6.10	2	3.96	--	NA

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

Increase care staff knowledge as it relates to preventative and management of skin integrity.

**Process measure**

- # of newly acquired pressure injuries will be monitored monthly. % of residents with worsening pressure injuries will be monitored monthly.

**Target for process measure**

- % of worsened pressure injuries will decrease to target of 2%.

**Lessons Learned**

Having educational in-services for staff increased knowledge and awareness regarding prevention and management of skin integrity

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

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

**Process measure**

- # of newly acquired pressure injuries will be monitored monthly. % of residents with worsening pressure injuries will be monitored 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**

Audits were completed to ensure residents were on the correct surfaces.

**Comment**

We did show improvement this year and we will continue to focus on this in our workplan.

