Experience | Patient-centred | Custom Indicator

Indicator #10

Resident Communication (Trillium Court)

Last Year		This Year		
75.00	**75**	**85.70**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Enhancing Communication

Process measure

- # of Residents' Council meetings and minutes # of locations information is posted

Target for process measure

- # of residents advising that communication is satisfactory

Lessons Learned

Resident council meetings held monthly, and minutes posted, and monthly resident newsletter was re-introduced which helped to improve communication.

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

All signage, calendars, maps, will reviewed if feasible to be in large print and accessible for residents

Process measure

- # of signs, calendars, maps updated to a larger format

Target for process measure

- 100% of posted information will be reviewed for accessibility..

Lessons Learned

Recreation calendar font has been increased by the Recreation manager which has had positive feedback.

Indicator #5

Family Satisfaction Would Recommend (Trillium Court)

Last Year		This Year		
84.60	**85**	**80.60**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

The home will implement an action plan based on the areas that need improvement as identified in the satisfaction surveys with an overall goal of achieving improved results.

Process measure

- 2024 Family Survey review and action planning

Target for process measure

- 85% satisfaction rating on future resident and family surveys

Lessons Learned

the home created an action plan regarding the family satisfaction survey based on areas that needed improvement. The home score decreased in 2024. Leadership vacancies in the home have stabilized, this should have a direct result in improving this score in 2025.

	Last Year		This Year		
Indicator #6 Maintenance of physical building and grounds (Trillium Court)	**8.30** Performance (2024/25)	**85** Target (2024/25)	**67.70** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

A physical plant audit will be conducted in May of the exterior and interior of the building. The home will use any available minor capital funding from the MOH for LTC projects.

Process measure

- #suggestions # minor capital items identified

Target for process measure

- Minimum 75% satisfaction rate on the survey

Lessons Learned

Deficiencies were identified and minor capital projects were completed, this will continue into 2025. Repairs and upgrades to the dining room, tub room and report room. We had significant improvements in our results, and we continue to work on this.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Survey residents, staff and volunteers and any community resources to assess interest in gardening projects, outdoor space enhancements.

Process measure

- # responses # of new outdoor and gardening programs/initiatives

Target for process measure

- Improvement in satisfaction to minimum 75%

Lessons Learned

New contract for grounds maintenance is in place in effort to enhance the esthetic of the outdoor property. This has improved results significantly. There are residents and family members in the home that have verbalized they would like to take on some gardening projects

Indicator #4

Continence Care Products (Trillium Court)

Last Year		This Year		
45.50	**85**	**75.90**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Continence care program review

Process measure

- #continence assessments completed # audits completed

Target for process measure

- Minimum of 85% satisfaction rating on next survey 100% of residents using continence products will have the correct size and product

Lessons Learned

20 continence assessments were completed which was successful and we had great improvement in 2024.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Regular and detailed reporting from vendor to the homes

Process measure

- # site visits # reports

Target for process measure

- Minimum 85% satisfaction rating on next survey 100% completion of continence assessments

Lessons Learned

Vendor did 3 onsite visits and 2 virtual visits providing a report after each visit. this was successful.

Indicator #12

Satisfaction with quality of care from social workers. (Trillium Court)

Last Year		This Year		
33.30	**85**	**62.50**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

Explore the use and types of external Social Services support available in Bruce County and communicate this information.

Process measure

- # of local providers # brochures Available funding dollars for Social Work and other AHP roles

Target for process measure

- Improvement in the response rating on the annual FSS to a minimum of 85% Increased satisfaction and access to Social Work

Lessons Learned

The home has not had success in a Social Worker referral process for the home. Bruce County resources are minimal for this role. We continue to explore external resources and work on this in the 2025 workplan

Indicator #3

Continence Care and Products (Trillium Court)

Last Year		This Year		
45.50	**75**	**64.30**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Continence Program Review

Process measure

- #continence assessments # audits completed

Target for process measure

- Minimum of 85% satisfaction rating on next survey 100% of residents using continence products will have the correct size and product

Lessons Learned

There were 20 continence assessments completed in 2024, quarterly internal audits. We were successful in showing improvement in this area and we will continue with our strategies.

	Last Year		This Year		
Indicator #9 Quality and Temperature of Food/Beverages (Trillium Court)	**35.70** Performance (2024/25)	**75** Target (2024/25)	**73.30** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

All food and beverages will be prepared in accordance with recipes and maintained at required temperatures at all stages from purchasing to meal/snack service.

Process measure

- Number of temperature records daily, weekly and monthly Number of reports being used as evidenced by the MS Utilization Reports Number of concerns/compliments at Residents' Council and Food Committee

Target for process measure

- 100% of all food and beverage items will have recorded temperatures. 100% of all staff will understand and follow correct meal and tray service practices. 100% of required CQI audits related to quality and food temperatures will be completed by the nutrition manager and the Director of Care as outlined in the Quality Activities Calendar.

Lessons Learned

Rollout of Meal suite in November 2024 and all staff trained on Meal suite for temperature recording.
Food concerns- 3 complaints
180 food temperature reports. We have had significant improvement in this in 2024.

	Last Year		This Year		
Indicator #11	**85.70**	**75**	**80.00**	**--**	**NA**
Resident Satisfaction-Residents would recommend this home to others. (Trillium Court)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

Maintain or exceed current satisfaction rating in the 2024 survey.

Process measure

- 2024 Experience Surveys

Target for process measure

- 75% Corporate Target

Lessons Learned

New leadership in the home, efforts have been made to improve engagement score for 2025 including attending resident council, resident newsletter, review of recreation activities, gathering input from residents

Safety | Safe | Custom Indicator

Indicator #1

% of LTC residents with restraints (Trillium Court)

Last Year		This Year		
0.00	**2.50**	**0.00**	**#Error**	**NA**
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 if any, and determine plan for trialing alternatives to restraints Re-educate staff on restraint policy and use of alternatives to restraints Implement brochure re use of bedrails for resident and family information

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 # of education sessions held monthly

Target for process measure

- 100% of restraints used if any, will be reviewed and plans implemented for trialing alternatives by Sept 2024 100% of staff will be re-educated on restraint policy and alternatives to restraints by Sept 2024

Lessons Learned

Residents reviewed on admission. One family meeting occurred to review alternatives to bedrails. Current performance remains at zero. Staff are aware of alternatives for restraints. this change idea has been successful.

	Last Year		This Year		
Indicator #2	**7.40**	**2**	**3.48**	**--**	**NA**
% of LTC residents with worsened ulcers stages 2-4 (Trillium Court)	**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. Improve Registered staff knowledge on identification and staging of pressure injuries

Process measure

- # of residents with PURS score 3 or greater # of reviews completed of bed surfaces/mattresses monthly # of bed surfaces /mattresses replaced monthly # of education sessions for Registered staff on correct staging of pressure injuries

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

Lessons Learned

At the end of 2024 24/34 resident's had a PURS score of 3 or greater. The home did not have a wound care lead and has appointed one during the last quarter of 2024
Registered staff education regarding staging wounds and product use occurred in 2024. the ESM completed an audit of 34 surfaces and there have been 4 replaced in 2025. this has helped us improve and we will continue to work on this for further improvement.

Safety | Safe | Optional Indicator

Indicator #7

Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Trillium Court)

Last Year		This Year		
15.60	**15**	**15.97**	**-2.37%**	**15**
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 for residents who are high risk for falls 2) Conduct environmental assessments of resident spaces to identify potential fall risk areas and address areas for improvement

Process measure

- # of residents reviewed for activity needs/preferences weekly # of activity programs that occur during change of shift in afternoon weekly # of environmental assessments completed monthly # of identified deficiencies from assessments that were corrected monthly

Target for process measure

- Specific activity program at afternoon change of shift will be implemented by June 2024 Environmental risk assessments of resident spaces to identify fall risk will be completed

Lessons Learned

Environmental scans being completed
Job routines have been altered to strategically place staff in areas where resident's gather in effort to decrease falls.
Out of 31 days there are approximately 27 days with programs at shift change = 87%. This was a beneficial strategy and will continue.

Comment

Successful strategies: Implementation of interdisciplinary falls committee,
Change in job routines. We continue to focus on this indicator in 2025.

Indicator #8

Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Trillium Court)

Last Year		This Year		
34.95	**17.30**	**30.65**	**12.30%**	**25**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

1) Medication reviews completed for all residents currently prescribed antipsychotics 2) Provide educational material to families and/or residents on antipsychotics and the importance of minimizing use.

Process measure

- # of residents reviewed monthly # of plans of care reviewed that have supporting diagnosis # of reduction strategies implemented monthly # 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

- All residents currently prescribed antipsychotics will have a medication review completed by July 2024 Educational material will be provided to families and/or residents on antipsychotics and important of minimizing use by Sept 2024

Lessons Learned

Families that were provided best practice information - The nurse or physician talk to each family to make them aware when we were making the medication changes and give POA information to help them make decisions which has been beneficial.
Each resident admitted now has a comprehensive interdisciplinary review regarding reduction strategies
Rollout to the AP reduction tool in 2024 which has been helpful. This will continue to be part of the workplan for 2025

Comment

Current review of residents on AP medication and efforts made to reduce or deprescribe continues for 2025.