

Experience | Patient-centred | Custom Indicator

Indicator #9	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Resident Satisfaction- Would recommend. (Bay Ridges)	88.10	75	90.00	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

Foster a positive customer experience through customer centric culture.

Process measure

- # of participants in next year survey.

Target for process measure

- By next survey, there will be a 5% increase in resident survey result recommending Bayridges.

Lessons Learned

100% participation which was a great success.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Obtained on the spot feedback.

Process measure

- # of positive feedback in MBWA

Target for process measure

- Resident satisfaction for 2024 has increase by 5%

Lessons Learned

Success: MBWA (Manager Walk about) reported on daily report which was beneficial. Area for improvement was to also focus on dining room audit. Challenges: FSM turn over.

Indicator #12

Resident: My care conference is a meaningful discussion that focuses on what is working well, what can be improved and potential solution. (Bay Ridges)

Last Year

29.60

Performance
(2024/25)

75

Target
(2024/25)

This Year

75.00

Performance
(2025/26)

--

Percentage
Improvement
(2025/26)

NA

Target
(2025/26)

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

Resident will participate in their scheduled care conference.

Process measure

- # of resident participate scheduled monthly by RSC.

Target for process measure

- 80 % of resident invited to care conference are able to attend.

Lessons Learned

Success: 100% of care conferences in 2024 was completed. Challenges: Resident who have cognition of >2 unable to actively participate, alternatively POA was in attendance.

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

Utilized interdisciplinary approach in resident care conferences.

Process measure

- # of interdisciplinary team member present during the care conference.

Target for process measure

- 100% of the interdisciplinary care conference section are competed including resident goal, question, concerns and explanation are documented in the interdisciplinary care conference (PCC) Interdisciplinary care team will document on their designated section resident's question/concern and will be documented.

Lessons Learned

Success: 100% of the scheduled care conference were completed. Challenges: Nurses workflow and part-time i.e. PT schedule limit in-person attendance. Alternatively, update is completed prior to care conference and follow up completed based on needs.

Indicator #10	Last Year		This Year		
	32.20	75	80.40	--	NA
Resident: Communication from home leadership is clear and timely (Bay Ridges)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Re-establish newsletter for residents.

Process measure

- # of resident receiving newsletter monthly.

Target for process measure

- By the end of the 2nd quarter of 2024, all residents are receiving all their newsletter as scheduled.

Lessons Learned

Success: Implemented in November, included in council meeting. Family verbal/email feedback was positive. We received email compliments. Challenges: Newsletter sent through email it doesn't reach most of the residents. Front desk needs to have available physical copies.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Reinforce OPEN DOOR policy.

Process measure

- # of manager who can identify Heart approach. # of CSR form filed each month.

Target for process measure

- By the end of 2rd quarter, CSR complaint is decrease by 40 % and 50 % by end of the year.

Lessons Learned

100% of managers have education for heart approach. Noted decrease of CSR by 60% every quarter.

Change Idea #3 ☐ Implemented ☒ Not Implemented

Include New letter in resident monthly council meeting

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The home implemented the newsletter in November 2024.

	Last Year		This Year		
Indicator #11	32.20	75	NA	--	NA
Resident: I am updated regularly about any changes in my home. (Bay Ridges)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☒ Not Implemented

Utilized memo outlining update within the home will be send to the resident council president.

Process measure

- # of memo sent out to resident council.

Target for process measure

- Resident council president received regular monthly update.

Lessons Learned

Not implemented. Lesson learned: Memo not sustainable and was not as expected. Prefer in person.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Improve communication process for emergency update.

Process measure

- # CSR of communication concern from resident.

Target for process measure

- 100% of CSR submitted will have satisfactory outcome.

Lessons Learned

Success: Phone follow up for concern has been well-received. Open-door policy. Newsletter

Comment

the survey was updated in 2024 based on resident and family feedback focus groups. As a result, this question was not included, and we are not able to compare results from 2023.

Indicator #1	Last Year		This Year		
	84.30	85	91.40	--	NA
Family Satisfaction- Would recommend. (Bay Ridges)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Improved care outcomes for resident.

Process measure

- # of indicator above benchmark # of audit completed as schedule.

Target for process measure

- 100% of indicators will be below corporate target at the end of 2024.

Lessons Learned

Success: 8% increase from 2023. Open door policy. family are able to promptly report, and managers address/follow up within a day via phone call.

Challenges: Email culture, family prefers to email.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Restructure home recreational activities to reflect resident preference.

Process measure

- % of annual survey outcome

Target for process measure

- 5% increase in family satisfaction-would recommend annual survey outcome.

Lessons Learned

Success: Increase 51.4% 2024 from 43.8 in 2023. Resident council meeting follows up. Revamping the bulletin board.

Challenges: Survey after activity. Preferences not reflective in Council meeting minutes.

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

Open door policy

Process measure

- # of survey for communication to family.

Target for process measure

- 75% corporate target is meet.

Lessons Learned

Success: Open-door policy 93% for communication and 100% in feeling comfortable and trust to raise concern to staff and leadership.

Challenges: strong email culture, requires considerable effort to maintain, and sometimes families may require more support than anticipated, making it difficult to balance with other responsibilities.

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Family: I am satisfied with the timing and scheduling of spiritual care services (Bay Ridges)	35.70	75	29.20	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

Resident calendar will reflect variety of spiritual care services.

Process measure

- # of units have posted within the 1st of the month.

Target for process measure

- 100 % of unit has recreation calendar posted in each unit in recreation board.

Lessons Learned

Successes: The home increasingly used technology to connect residents virtually with spiritual services online, initially catholic services, and to be expanded. Challenges: outbreaks lead to cancellation of live service, retirements of spiritual leader, difficulty in recruiting other churches willing to come to the home, barriers to specific practices that are requested such as the use of sage.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Resident should have an individual calendar at bedside.

Process measure

- # of resident room with calendar

Target for process measure

- 100 % of resident will have calendar visible to family and residents.

Lessons Learned

100% of residents had bedside activity calendar.

Change Idea #3 ☒ Implemented ☐ Not Implemented

Spiritual services schedule will be incorporated in our monthly newsletter.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Successes: This was implemented in November 2024 Will use to highlight services and online services

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Family: I am satisfied with the variety of spiritual care services. (Bay Ridges)	38.70	75	33.30	--	NA

Change Idea #1 ☐ Implemented ☒ Not Implemented

Identify the spiritual practice of current residents..

Process measure

- # of resident having spiritual care is care planned. # of spiritual care personnel in the home

Target for process measure

- 50% of resident has spiritual care by end of 3rd quarter and 100% of resident by end of 2024.

Lessons Learned

Was not fully implemented – audit of religions in early 2025 showed many gaps and inconsistencies between PCC and ActivityPro. Lessons Learned: Need for ongoing follow up and we will review in 2025.

Change Idea #2 ☐ Implemented ☒ Not Implemented

Ensure recreation aide updates the spiritual practice of resident on care plan upon admission.

Process measure

- # of new admission.

Target for process measure

- 100% of new admission in 2024 have spiritual focus care.

Lessons Learned

Was not fully implemented – Plan of care does not consistently identify the spiritual practices of residents. Lessons Learned: Need for follow up; staff need to dive deep into residents' preferences when assessing, phone family, speak with visitors to complete a “rich assessment”.

	Last Year		This Year		
Indicator #4	43.80	75	54.10	--	NA
Family: The resident has input into the recreation programs available. (Bay Ridges)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☒ Not Implemented

Conduct post activity feedback.

Process measure

- # of feedback obtained from resident

Target for process measure

- % of resident satisfaction rate will be increase by 5%.

Lessons Learned

This was only done informally and not tracked, verbally. No survey for activities was completed. Will start to do monthly planning meeting for residents who can provide feedback in 2025.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Install suggestion box in reception for easy access. Suggested Ideas to be included in the monthly calendar.

Process measure

- # of suggestion received.

Target for process measure

- By end of 2nd quarter suggestion box is actively use.

Lessons Learned

Suggestion box was provided. Lessons learned - family/ resident not all aware of the suggestion box at the reception. We will disseminate this information further through newsletters going forward.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #5	13.02	15	12.47	4.22%	11
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Bay Ridges)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Review care plan for toileting needs.

Process measure

- # of resident care plan review.

Target for process measure

- Fall high risk resident has individualized toileting care plan on monthly audit.

Lessons Learned

Success: Care planning review meetings started to be conducted in each home unit. PSWs were more involved with care plan review.

Challenges: Registered staff consistency in updating the care plan, major concern with workload and knowledge gap on what to update. We will continue to work on this in 2025.

Change Idea #2 ☐ Implemented ☒ Not Implemented

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

Process measure

- # of environment assessments completed monthly.

Target for process measure

- All residents have environmental risk assessment is completed.

Lessons Learned

12 assessments were done during health and safety rounds. Challenges: turnover of 3rd party staff, system to track education implemented by ESM. Lessons learned: Implement environmental scan from move in and return from hospital.

Indicator #7	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Bay Ridges)	20.00	17.30	16.89	15.55%	15

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

Engagement of pharmacy team to provide recommendations to prescribers for safe reduction of antipsychotics.

Process measure

- # of resident triggered for antipsychotic medication.

Target for process measure

- Monthly number of residents on antipsychotic used is decrease by 2% monthly for the next 6 months.

Lessons Learned

Success: Average year end benchmark: 16.6 %. It was a challenge to d/c as most of behaviors are unpredictable. BSO nurse was on leave and returned December and continuity of follow up was a challenge as we trained the temporary BSO. We will continue to review this in 2025.

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

Roll out person-centered approach to purposefully engage resident in ADLs and leisure activities to address boredom.

Process measure

- # of resident on behavior list that are actively engagement.

Target for process measure

- Staff are actively engaging resident is a structure activity during sundowning.

Lessons Learned

Success: Hiring vacant line for activity aid done. Review of resident at risk every morning report. Challenges: BSO and Recreation need to improve in coordination.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #8	3.24	2.50	1.25	--	NA
Percentage of Resident with daily Physical Restraints. (Bay Ridges)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Reach out to family and ask for collaborative approach in removing restrains.

Process measure

- # of resident with restraint

Target for process measure

- At the end of the year, a significant decrease in the use of retraining.

Lessons Learned

Success: from 5 resident in 2023 to 1 by end of 2024. Restraint family forum last March 2024. Challenges: despite educating families still opted to have restraint and not entirely open to do trial of alternatives. Reevaluation quarterly to follow up. We will continue to work on this in 2025.

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

Utilized safe trial session.

Process measure

- # of resident with restraint.

Target for process measure

- by the end of the year 2024, home will have zero restraints.

Lessons Learned

Success: from 5 resident in 2023 to 1 by end of 2024. Restraint family forum last March 2024. Challenges: despite educating families still opted to have restraint and were not open to alternatives for trial. Reevaluation quarterly to follow up.

	Last Year		This Year		
Indicator #6	2.03	2	1.64	--	NA
Percentage of LTC home residents with worsened ulcer stage 2-4 (Bay Ridges)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☒ Not Implemented

Back to Basic education to frontline staff regarding prevention of skin break down.

Process measure

- # of staff educated.

Target for process measure

- All staff are educated of back to basic, strategy to prevent the skin breakdown by May 2024.

Lessons Learned

Success: Prevail education conducted in the home. New Clinical coordinator was hired. Challenges: Still continuously looking for dedicated, consistent skin and wound champion.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Review multiple skin and wound audit and confirm treatment is according to 3M protocol.

Process measure

- Review multiple skin and wound audit and confirm treatment is according to 3M protocol.

Target for process measure

- # of resident triggered monthly. # of resident careplan reviewed. # of resident with positioning charge.

Lessons Learned

Success: Consistency in register staff meeting to address the skin and wound gaps. Challenges: Agency staffing in consistency following 3M protocol. We continue to look at this in 2025.

