

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**

	Last Year		This Year		
Indicator #5	20.83		21.53	-3.36%	15
Percentage of LTC home residents who fell in the 30 days leading up to their 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

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

	Last Year		This Year		
Indicator #4	1.40	4	0.59	--	NA
Percentage of long-term care home residents in daily physical restraints over the last 7 days (Oak Terrace)	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 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.



## Experience

**Measure - Dimension: Patient-centred**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of resident responding positively to: "I am satisfied with the quality of care from Dietitian"	C	% / LTC home residents	In-house survey / 2024	72.20	75.00	"Chosen at resident council based on their recommendation"	

**Change Ideas****Change Idea #1** Increase awareness of role of Dietitian in home with residents and families

Methods	Process measures	Target for process measure	Comments
1) Dietitian to meet at minimum annually with Family Forum and Resident councils 2) Feedback on services and areas for improvement will be discussed 3) update at CQI meeting on action plan	1) # of meetings with Councils where Dietitian attended 2) # of suggestions provided by councils 3) # of CQI meetings where action items were discussed with Dietitian	1) Dietitian will attend Family Forum by May 31, 2025 2) Dietitian will attend Resident Council by May 31, 2025 3) Action items and plan will be discussed at CQI committee with Dietitian by March 31, 2025	

**Change Idea #2** Increase opportunities for Residents to book one-on-one sessions with the Dietitian within their home

Methods	Process measures	Target for process measure	Comments
1) Requests to be sent through nursing or have sign-up sheet. 2) Dietitian to confirm appointment date and time with Resident. 3) Feedback received will be reviewed and actioned 4) Action items and plan discussed at CQI committee for follow up	1) # of requests to meet with Dietitian 2) # of one-on-one sessions with Dietitian that occurred. 3) # of action items received from feedback 4) # of action items implemented	"1) Process for sending requests to Dietitian will be in place by April 30th, 2025 2) One-on- one sessions with Dietitian will be in place by April 30, 2025 3) Action items and plan will be discussed at CQI committee with Dietitian by March 31, 2025"	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to "" I am satisfied with the food and beverages served to me"	C	% / LTC home residents	In-house survey / 2024	75.70	80.00	Chosen at resident council based on their recommendation	

**Change Ideas**

**Change Idea #1** Hold food tastings prior to each Menu launch to obtain feedback on types of food to be incorporated into next menu cycle. Could potentially be in collaboration with Recreation Department

Methods	Process measures	Target for process measure	Comments
1) Schedule food tastings and determine products to be tested. 2) Advertise food tasting event and have sign up sheet for Residents 3) Plan for event, ensure that home adheres to Residents nutritional plan of care when providing samples to Residents. 4) Order food items required for event"	1) # of food tasting sessions held annually 2) # of items accepted by Residents (and included on the menu) and # of items rejected by Residents 3) Improvement of overall Resident satisfaction score .	1) Two Food tasting sessions will occur each year based on menu launches 2) 20 -25% of new menu choices will be included as a results of tasting held each menu change	

**Change Idea #2** Ensure dedicated time (standing agenda item) during Resident Council meeting to discuss food complaints and recommendations

Methods	Process measures	Target for process measure	Comments
1) Set allotted time on the agenda OR have separate sub-committee for Food Council / feedback on food. 2) Agreed upon actions that will be taken and specify timeline 3) Follow-up on improvement and reassess action if needed.	1) Food Committee will be provided allotted specified time during every Resident's Council meeting. 2) Feedback, recommendations and corresponding actions will be documented and monitored ongoing	1) Food committed meetings will be held monthly. 2) Recommendations will be documented and actioned on within 21 days and feedback on those actions will be provided at next food committee meeting post implementation.	

**Measure - Dimension: Patient-centred**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of families responding positively to: "I am satisfied with the quality of care from doctors"	C	% / Family	In-house survey / 2024	61.50	70.00	Chosen at a Family Forum based on their recommendation	

**Change Ideas****Change Idea #1** Tracking of in person resident visits to ensure everyone has a visit

Methods	Process measures	Target for process measure	Comments
1) Create list of each physicians/NP residents to track in person visits to ensure each resident meets with physician/NP at least once per quarter .	1) # residents per physician 2) # of residents who had in person visit during quarter	1) List will be developed by physician for tracking by April 30, 2025 2) Each resident will have an in person visit with physician / NP at minimum 1 per quarter by May 31, 2025.	

**Change Idea #2** Improve visibility of physicians in home with residents and families.

Methods	Process measures	Target for process measure	Comments
1) Order Extendicare name tags for physicians 2) Utilize a communication board for families /residents so they are aware of when physician is going to be onsite.	1) # of name tags ordered 2) % of communication boards with physician visits included	1) Name tags will be ordered for all physicians in home by March 31,2025. 2) Process for utilizing communication board for posting of visit schedules will be 100% implemented by April 30,2025.	



## Safety

### Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents with worsened ulcers stages 2-4	C	% / LTC home residents	CIHI CCRS / July 2024–September 2024 (Q2), with rolling 4-quarter average	4.70	2.00	Corporate target	Solventum/3M, Wounds Canada

### Change Ideas

Change Idea #1 Mandatory education for all Registered staff on correct staging of Pressure ulcers

Methods	Process measures	Target for process measure	Comments
1) Communicate to Registered staff requirement to complete education. 2) Registered staff to complete online modules on wound staging by end of third quarter of year. 3) DOC/designate to monitor completion rates	1) # of communications to Registered staff mandatory requirement to complete education. 2) # of Registered staff who have completed online modules on wound staging on a monthly basis. 3) # of audits of completion rates completed by DOC/designate and follow up as required.	1) Communication on mandatory requirement will be completed by March 31, 2025 2) 100% of Registered staff will have completed education on correct wound staging by June 30, 2025 3) Audits of completion rates will be completed monthly with required follow up will occur by 1st week of each month and process is to be in place by April 30, 2025	

## Change Idea #2 Turning and repositioning re-education

Methods	Process measures	Target for process measure	Comments
"1) Educate staff on the importance of turning and repositioning to off load pressure 2) Night staff to audit those resident that require turning and repositioning 3)Review this during the Skin and Wound committee meetings for trends	# of staff that have been educated # of audits completed # of reviews completed by Skin and Wound committee	1) 100% of PSW will have attended education sessions on turning and repositioning by April 30, 2025. 2) Check in with staff and will be correctly completed on a monthly basis by May 1, 2025 3) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by May 1, 2025	

## Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	21.53	15.00	Corporate target	Achieva, Behavioural supports

## Change Ideas

## Change Idea #1 Reassess Star program and re educate staff on program

Methods	Process measures	Target for process measure	Comments
1) Educator will provide education sessions on Falling Star Program to all PSW and Registered Staff on all units on all shifts. 2) Managers will audit and monitor progress to ensure implementation.	1) # of education sessions provided to PSW and Registered staff 2) # of audits completed on Falling star program monthly 3) # of audits on Falling star program with no deficiencies	1) Education sessions for PSW and Registered staff will be completed by April 30, 2025 2) Audits on Falling star program will begin by May 1, 2025	

## Change Idea #2 Implement 4 P's rounding

Methods	Process measures	Target for process measure	Comments
1) educate staff on 4P's process 2) Provide 4P's cards to staff as reminder 3) Inform resident council and family council what 4P process is.	1) # of staff educated on the 4P's process 2) # of 4P cards provided 3) Resident council and family council informed of process	1) 100% of front line staff will be educated on 4P process by April 30, 2025 2) 4P cards will be distributed to staff by April 30, 2025 3) Resident council and Family council will be informed of process by May 31, 2025	

## Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	X	3.00	As of Oct-Dec 2024 PCC data we are 6.5%. As a result, we are striving to continuously improve our results and remain below corporate target of 17.3%	Medisystem, Behavioural Supports, GPA

## Change Ideas

### Change Idea #1 GPA education for training for responsive behaviours related to dementia.

Methods	Process measures	Target for process measure	Comments
1). Engage with Certified GPA Coaches to roll-out home-level education (note: GPA Bathing module now available), 2). Contact Regional Manager, LTC Consultant or Manager of Behaviour Services & Dementia Care for support as needed. 3). Register participants for education sessions.	1). # of GPA sessions provided 2). # of staff participating in education 3). # of referrals to Regional Managers, LTC Consultants or Manager of Behaviour Services & Dementia Care. 4.) Feedback from participants in the usefulness of action items developed to support resident care.	1.) GPA sessions will be provided for 35% of staff by October 31, 2025 2.) Feedback from participants in the session will be reviewed and actioned on by August 31, 2025.	

### Change Idea #2 Education for Registered Staff on antipsychotics

Methods	Process measures	Target for process measure	Comments
1) Nurse Practitioner or Pharmacy consultant to provide education session for registered staff on antipsychotic medications including usage, side effects, alternatives etc..	1) # of registered staff who attended training session on antipsychotic medications.	1) 75% of registered staff will have attended training on antipsychotic medications by July 31,2025	