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

| | Last Year | | This Year | | |
|---|---|---|---|---|---|
| **Indicator #1** | **70.10** | **77.11** | **96.60** | **--** | **NA** |
| I am satisfied with the schedule of programs available. (West Park LTC Centre) | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |

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

Provide daily routines to team members to ensure programming is occurring 3-4 x/day for each member.

**Process measure**

- 1) # of new routines reviewed and signed. 2) # of increased programs as a result of following standard on days and evenings. 3) % of positive feedback received from residents.

**Target for process measure**

- 1) Daily routines will be reviewed, modified, and signed by April 2025. 2) Program offerings will increase by 5 as a result of new routines 3) Residents will provide feedback on program times 1x/year in RC or Program Planning Meetings.

**Lessons Learned**

This was effective in ensuring programs were occurring and continued to occur throughout the year.

**Comment**

Daily routines will continue to be provided.

**Indicator #3**

I have input into the recreation programs available. (West Park LTC Centre)

| Last Year | | This Year | | |
|---|---|---|---|---|
| **64.10** | **70.51** | **96.50** | **--** | **NA** |
| Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |

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

Use real-time feedback tools such as evaluations of programs, seeking resident feedback on enjoyment and satisfaction of program in real time.

**Process measure**

- 1) # of audits completed throughout the year. 2) Rate of satisfaction of program. 3) # of Change actions.

**Target for process measure**

- 1) 5 audits will be completed monthly to evaluate level of enjoyment/satisfaction. 2) There will be a 10% improvement with satisfaction of program by August 2025.

**Lessons Learned**

Using evaluations and seeking resident feedback had a positive influence on satisfaction.

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

Engage residents at monthly calendar planning meetings to seek input into the recreation programs available.

**Process measure**

- 1) # of monthly calendar meetings. 2) # of times this indicator was discussed. 3) # of times the schedule was changed/modified, or programs were added.

**Target for process measure**

- Indictor will be discussed at all monthly calendar planning meetings.

**Lessons Learned**

Having monthly calendar meetings with residents fostered a collaborative approach to the calendar, based on their interests.

**Comment**

Overall, seeking input from resident's and getting them involved in programs, had a profound positive effect on their satisfaction.

| | Last Year | | This Year | | |
|---|---|---|---|---|---|
| **Indicator #2** | **74.70** | **82.17** | **96.50** | **--** | **NA** |
| I am satisfied with the variety of recreation programs. (West Park LTC Centre) | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |

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

Include a variety of 1:1, small, large group, and outings into monthly calendars.

**Process measure**

- 1) Increase in variety of group size offerings throughout monthly program calendar. 2) Reduced number of Residents at Risk each month. 3) Increase number of community outings. 4) Increase resident choice offerings via program planning meetings.

**Target for process measure**

- 1) # of 1:1 programs will be increased weekly by 2. 2) # of small group programs will be increased weekly by 2. 3) # of large group programs will be increased weekly by 1. 4) Resident at Risk report will have 5 or less per unit on any given day as a result of changes to program offerings. 5) Monthly outings to the community will be offered March 2025.

**Lessons Learned**

This was effectively implemented across the home with positive results from residents and staff.

**Comment**

We will continue to offer a variety of 1:1, small, large group, and outings into our monthly calendar.

## Safety | Safe | Optional Indicator

### Indicator #4

Percentage of LTC home residents who fell in the 30 days leading up to their assessment (West Park LTC Centre)

| Last Year | | | This Year | | |
|---|---|---|---|---|---|
| **9.63** | **9.40** | | **10.08** | **-4.67%** | **9.80** |
| Performance (2025/26) | Target (2025/26) | | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |

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

Enhance lighting at bedside and in bathrooms for residents who fall between 7 pm- 7 am.

**Process measure**

- 1) # of residents identified as benefiting from enhanced lighting 2) # of environmental assessments completed 3) # of lights installed at bedside, and in BR.

**Target for process measure**

- 1) Residents will be reviewed for enhanced lighting by April 2025 2) Environmental assessments of each of the identified resident rooms will be completed by May July 2025. 3) Lights will be installed by July 2025. 4) Review baseline vs. post installation data for falls for residents with enhanced lighting by December 2025.

**Lessons Learned**

Home implemented this strategy which did help residents see during the night.

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

Review Activity programming during times when most falls occur.

**Process measure**

- 1) # of residents reviewed who are high risk for falls. 2) % of program review completed. 3) # of new programs implemented during peak times for falls. 4) # of high-risk residents who did not fall during month when activity was occurring.

**Target for process measure**

- 1) Review of falls and times when occurring will be completed by April 2025. 2) Review of high-risk resident's program preferences will be completed by May 2025. 3) Suitable fall program will be implemented during indicated times by June 2025.

**Lessons Learned**

Home evaluated when falls occurred and structured programs around those times with good effect.

**Comment**

Home is currently below Extendicare and Provincial average for falls and despite not meeting our stretch goal, we will continue to provide enhanced lighting and programming at high fall times.

| | Last Year | | This Year | | |
|---|---|---|---|---|---|
| **Indicator #5** | **8.65** | **8.50** | **8.99** | **-3.93%** | **8.70** |
| Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (West Park LTC Centre) | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |

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

Collaborate with the physician to ensure all residents using anti-psychotic medications have a medical diagnosis and rationale identified.

**Process measure**

- 1) # of medication reviews completed monthly. 2) # of diagnosis that were appropriate for antipsychotic medication use. 3) # of alternatives implemented

**Target for process measure**

- 1) 75% of all residents will have medication and diagnosis review completed to validate usage by June 2025. 3) Alternatives will be in place and reassessed if not effective within 1 month of implementation with process in place by October 2025.

**Lessons Learned**

This was successfully implemented with positive physician engagement.

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

Enhance collaboration with Behavioral Supports Ontario (BSO) Lead and interdisciplinary team.

**Process measure**

- 1). # of interdisciplinary meetings BSO invited to attend. 2.) # of monthly referrals to BSO

**Target for process measure**

- BSO will have increased collaboration and visibility in home by June 2025.

**Lessons Learned**

BSO lead collaborated well with the interdisciplinary team which helped communication regarding resident's behaviours.

**Comment**

Home is currently below Extendicare and Provincial average for antipsychotics being given without a diagnosis and despite not meeting our stretch goal, we will continue to engage physicians and collaborate with the BSO lead.

**Safety | Safe | Custom Indicator**

| | Last Year | | This Year | | |
|---|---|---|---|---|---|
| **Indicator #6**<br>Percentage of residence who had a pressure ulcer that recently got worse. (West Park LTC Centre) | **0.50**<br>Performance (2025/26) | **0.48**<br>Target (2025/26) | **0.60**<br>Performance (2026/27) | **--**<br>Percentage Improvement (2026/27) | **NA**<br>Target (2026/27) |

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

Implement per unit tracking for all pressure ulcers to measure status and trends of pressure ulcers in the home.

**Process measure**

- 1) # of education sessions held for Registered staff on tracking tools 2) # of tracking tools completed monthly 3) # of tracking tools that were reviewed on a monthly basis for trends

**Target for process measure**

- 1) 100% of active Registered staff will have attended education sessions on tracking tool by June 2025. 2) Tracking tools will be correctly completed on a monthly basis by July 2025 3) Process for review, analysis and follow up of trends from tools will be 100% in place by August 2025.

**Lessons Learned**

Implementing a tracking system for pressure ulcers per unit helped the home keep consistency and continuity.

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

Adopt a new point of care (POC) alert process to notify nursing staff of by exception issues for early identification of skin issues

**Process measure**

- # of staff that have been educated # of audits completed # of alerts that were completed on a monthly basis

**Target for process measure**

- 1) Staff are educated on the new process by June 2025 2) Registered staff will complete 30 of audits by July 2025 3) Alerts will be 100% implemented on each unit by August 2025

**Lessons Learned**

This was implemented across the home with minimal improvements seen in this indicator seen.

**Comment**

Home is currently below Extendicare and Provincial average for worsened pressure ulcer and despite not meeting our stretch goal, we will continue to track all wounds and have a dedicated Skin & Wound Champion overseeing these.