Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #6	**94.74**	**96**	**84.38**	**-10.94%**	**97.05**
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Au Chateau)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Get better representation of our resident population answer the resident satisfaction survey

Process measure

- number of resident satisfaction surveys that are completed

Target for process measure

- double the amount of completed surveys- from 19 to 38.

Lessons Learned

we were able to increase the amount of completed surveys from 19 to 32, still representing approx 20% of our population.
We enlisted the help of a high school student in search of their volunteer hours to spend time with residents to fill out the survey

Change Idea #2 ☑ Implemented ☐ Not Implemented

simplify the resident satisfaction survey/ make it more user friendly

Process measure

- number of resident satisfaction survey filled out

Target for process measure

- double the amount of completed surveys- from 19 to 38.

Lessons Learned

resident still struggled with understanding the questions in the survey

Change Idea #3 ☑ Implemented ☐ Not Implemented

improved response rate of satisfaction in key areas that have been identified by residents as needing improvement. For example bathing, meal service, religious and recreational activities.

Process measure

- number of survey results

Target for process measure

- we aim at improving overall satisfaction rates of all services provided to residents to be between 85-90%

Lessons Learned

however improved in satisfaction, Bathing opportunities and religious/ spiritual services remain lower scoring areas of satisfaction and this year physio and occupational therapies were noted as the lowest scoring services

Change Idea #4 ☑ Implemented ☐ Not Implemented

Restarted weekly masses in 2024

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Residents enjoy weekly mass.
Arrangements being made to have virtual access to religious programs when in person mass is not available or as an addition to weekly mass. No official process measure obtained.

Comment

The lower percentage outcome for the question "I can express my opinion without fear of consequences" in the 2024 Resident Satisfaction Survey may be influenced by several factors. In 2023, only 19 residents completed the survey out of 162, whereas in 2024, participation increased to 32 residents. The smaller sample size in the previous year may not have accurately reflected the overall resident perspective, making comparisons less direct. Additionally, the survey included repetitive questions and was lengthy, which may have led to fatigue or disengagement. Some residents may have also faced difficulties understanding certain questions, potentially impacting their responses.

Indicator #5

Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Au Chateau)

Last Year		This Year		
52.63	**80**	**61.29**	**16.45%**	**70.50**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

Obtain the help of resident and family council members to get better representation of our resident population answer the resident satisfaction survey

Process measure

- number of resident surveys that are completed

Target for process measure

- double the amount of completed surveys- from 19 to 38.

Lessons Learned

Did not obtain the help of resident council or family council, but we did have a volunteer student help residents

Change Idea #2 ☑ Implemented ☐ Not Implemented

simplify the resident satisfaction survey/ make it more user friendly for residents

Process measure

- number of resident satisfaction survey filled out

Target for process measure

- double the amount of completed surveys- from 19 to 38.

Lessons Learned

Resident still struggled with the amount of questions and understanding the questions

Change Idea #3 ☑ Implemented ☐ Not Implemented

improved response rate of satisfaction in key areas that have been identified by residents as needing improvement. For example bathing, meal service, religious and recreational activities.

Process measure

- number of survey results

Target for process measure

- we aim at improving overall satisfaction rates of all services provided to residents to be between 85-90%

Lessons Learned

However improved in satisfaction rates, Bathing opportunities and religious/ spiritual services remain lower scoring areas of satisfaction and this year physio and occupational therapies were noted as the lowest scoring services

Change Idea #4 ☑ Implemented ☐ Not Implemented

Restarted weekly masses in 2024

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Residents enjoy weekly mass.
Arrangements being made to have virtual access to religious programs when in person mass is not available or as an addition to weekly mass. No official process measure obtained.

Comment

monitor the effects of more consistent in person and virtual options of masses.
collaborate with physio/ occupational therapy services to improve resident outlook on these services.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #1	**38.90**	**70**	**47.22**	**--**	**NA**
Percentage of family who respond positively to the key question: "How well do they think the the staff listen to the resident? (Au Chateau)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

include this key satisfaction question from a family's perspective in our QIP to help influence key areas needing improvement in care and services

Process measure

- Percentage of POA/SDM response positively (to: What number would you use to rate how well the staff listen to your loved one?

Target for process measure

- 85-90% overall positive rate between 9-10 of of 10, 0 being worse, 10 being best

Lessons Learned

Providing access to the survey link once a year is not enough.
Online version of the survey is very convenient for the Home to send off quickly to all families with known emails.
Paper surveys were provided at annual care conferences. Very few of them were filled out and returned.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Restarted weekly mass

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Residents enjoy weekly mass.
Arrangements being made to have virtual access to religious programs when in person mass is not available or as an addition to weekly mass. No official process measure obtained.

Comment

In the most recent survey, 38 online responses were received, showing improvement in all areas except for Respect, Confidentiality, and Privacy, where performance declined. It was surprising to see a decrease in satisfaction in these areas from the family's perspective, and this will be addressed with staff. From the family perspective, the lowest-scoring areas were Religious/Spiritual Care and Housekeeping. Notably, 69.44% of families rated staff listening to their loved ones between 8-10/10, while 47.22% provided a 9-10/10 rating—which was the key measure we aimed to track last year. Given that our target was a 70% response rate in the 9-10/10 range, this goal was highly ambitious. Understanding these results is crucial in assessing our progress toward our broader objectives. This year, we will be switching from SurveyMonkey to Google Forms for online surveys.

Indicator #2

percentage of family members that respond positively to the key question: " They believe that the resident/ themselves can express their opinion about care/services without fear of consequences." (Au Chateau)

Last Year		This Year		
70.40	**80**	**60.52**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

include this key satisfaction question from a family's perspective in our QIP to help influence key areas needing improvement in care and services

Process measure

- Percentage of POA/SDM response positively (to: they believe that the resident or themselves ca express their opinion about care/ services without fear of consequences.)

Target for process measure

- 85-90% overall positive rate between the "usually and always" answers.

Lessons Learned

see Indicator #1 regarding online survey

Change Idea #2 ☑ Implemented ☐ Not Implemented

See indicator #1- same change idea

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

See indicator #1 regarding masses

Comment

In the most recent survey, 38 online responses were received, showing improvement in all areas except for Respect, Confidentiality, and Privacy, where performance declined. It was surprising to see a decrease in satisfaction in these areas from the family's perspective, and this will be addressed with staff. From the family perspective, the lowest-scoring areas were Religious/Spiritual Care and Housekeeping. Notably, 60.52%% of families indicated that they feel the resident can voice their opinion about care & services without fear of consequences all or usually all of the time.—which was the key measure we aimed to track last year. Given that our target was a 80% response answer of always and usually, this goal was highly ambitious. Understanding these results is crucial in assessing our progress toward our broader objectives. This year, we will be switching from SurveyMonkey to Google Forms for online surveys.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #4	**22.68**	**20.42**	**32.08**	**-41.45%**	**28.87**
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Au Chateau)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

clarification of indication of medication use, clarification of diagnosis substantiating use of medication to treat vs to restrain.

Process measure

- number of residents with supporting diagnosis (using PCC diagnosis report) quarterly.

Target for process measure

- decrease in the percentage of LTC residents being triggered as using antipsychotic medication without diagnosis of psychosis from 22.68 to 20.42%

Lessons Learned

We acknowledge that the change idea related to clarifying the indication of medication use and ensuring a clear diagnosis to differentiate treatment from restraint was already an established practice prior to its formal documentation as a change idea. Upon review, we determined that no modifications were required to our existing processes, as they were already aligned with best practices and regulatory expectations. As a result, tracking of this change idea was discontinued, given that no further implementation actions were necessary.

It is also important to note that our resident population has a high incidence of complex mental health conditions, with 82 instances of such diagnoses recorded in 2024 for 162 care bed facility. Given the clinical needs of our residents, we continue to ensure that medication use is based on appropriate clinical indications and supported by a clear diagnosis, with ongoing monitoring to align with best practices and regulatory standards.

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

Auditing RAPS triggering residents who use antipsychotic meds without diagnosis of psychosis to determine appropriate coding specifically those with Huntington, schizophrenia, delusions, hallucinations, end of life care

Process measure

- number of quarterly RAI assessments due every month provided by the RAI coordinator to the nursing team

Target for process measure

- decrease the % of residents triggering QI for having had an antipsychotic medication without diagnosis of psychosis in their assessment period, from 22.68 to 20.42%

Lessons Learned

While the change idea of auditing RAPS-triggering residents using antipsychotic medications without a diagnosis of psychosis was identified, we were able to solicit the help of a consultant to review our work, but without a significant reduction in percentages. We remain confident that our existing robust monitoring system ensures antipsychotic medications are used only when clinically necessary.

Our ongoing review processes include frequent medication assessments, interdisciplinary collaboration, and adherence to best practices to prevent unnecessary medication use. Additionally, residents with conditions such as Huntington’s disease, schizophrenia, delusions, hallucinations, and those in end-of-life care receive thorough evaluations to ensure appropriate coding and treatment decisions. We remain committed to optimizing medication use and will continue to explore opportunities for further quality improvement in this area.

Comment

From Q4 2023 to Q3 2024, our long-term care home maintained a consistent and careful approach to prescribing antipsychotic medications for residents without a diagnosis of psychosis. During this period, the number of residents prescribed an antipsychotic without a documented psychosis diagnosis ranged between 6 to 13 individuals out of our 162 care beds. It is important to note that of these residents, 6 to 9 had already been prescribed an antipsychotic upon admission, indicating that the decision to continue the medication was based on prior clinical assessments rather than new prescribing patterns within our home.

Additionally, between 9 and 16 residents had a PRN (as-needed) order for an antipsychotic medication on file at any given time during this period. PRN orders are reviewed regularly to ensure they are still clinically indicated and are not used as a substitute for non-pharmacological interventions. The limited number of PRN orders demonstrates our commitment to minimizing unnecessary antipsychotic use while still providing appropriate symptom management for residents who may experience acute distress or behavioral symptoms associated with conditions such as dementia, Huntington's disease, or end-of-life care needs.

While our percentage of long-term care residents without psychosis who received an antipsychotic medication in the seven days preceding their resident assessment appears higher than the provincial average, this snapshot does not fully capture the overall prescribing trends. When analyzed on a broader, annual scale, our data shows that the actual use of antipsychotic medications without a psychosis diagnosis remained between 4-8% of our total resident population throughout Q4 2023 to Q3 2024. This is well below the provincial average for long-term care homes, reinforcing that our prescribing practices prioritize clinical necessity and resident safety.

We remain committed to responsible prescribing practices by ensuring that all antipsychotic use is justified by clinical need, regularly reviewed, and adjusted as appropriate. Our robust medication management and monitoring processes, coupled with interdisciplinary oversight(pharmacist/ nurse practionner/ medical director, registered nurses and BSO), ensure that residents are not medicated unnecessarily while still receiving the appropriate support for their complex care needs.

Safety | Effective | Custom Indicator

	Last Year		This Year		
Indicator #3 percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer (Au Chateau)	**2.50** Performance (2024/25)	**1.90** Target (2024/25)	**1.60** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

utilization of new equipment secured through diagnostic equipment funding

Process measure

- compare the number of residents who develop stage 2 to 4 pressure injures before implementation of new scanner vs post implementation

Target for process measure

- decrease the percentage of residents who develop stage 2 to 4 pressure injuries from 2.5 to 1.9%

Lessons Learned

We have been unable to implement the program due to competing priorities, outbreaks and increase in staff vacancy, but it is ready for use. We will be training staff for use this year

Change Idea #2 ☑ Implemented ☐ Not Implemented

train staff on utilization of the Provizio Scanner

Process measure

- number of staff trained- track list of staff

Target for process measure

- have all RN, RPN and full time PSW trained by the end of the year.

Lessons Learned

trained 2 staff (train the trainer) in anticipation of starting the program. We need to train more front line registered staff for daily use.

Change Idea #3 ☑ Implemented ☐ Not Implemented

implementation of Skin & Wound documentation app in PCC.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

we have been able to complete the onboarding process and train a couple nurses to be the trainers for the rest of the registered staff

Change Idea #4 ☐ Implemented ☑ Not Implemented

utilization of the Skin & wound documentation app in PCC

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

We have been unable to implement the program due to competing priorities, outbreaks and increase in staff vacancy, but it is ready for use. We will be training staff this year

Comment

At the beginning of 2024, our performance was 2.5%, with a target reduction to 1.9% for the 2024/2025 QIP. As of early 2025, we have exceeded this goal, achieving a current performance of 1.6%, which is also below the provincial average of 1.8%.

Despite not yet implementing our new "early identification of PI program," PSWs have been diligent in repositioning residents and providing appropriate skin care, while RPNs have consistently documented wounds with photographs to enhance tracking of healing progress.

In 2025, we are introducing two new tools to improve early identification and monitoring: Provizio, which assesses risk before pressure injuries develop, and a documentation app within PCC for more accurate PI and wound measurement and tracking. Our focus for 2025/2026 is to train staff and fully implement these tools to further improve resident outcomes.