

Experience | Patient-centred | Custom Indicator

Indicator #4	Last Year		This Year		
	84.60	85	72.40	--	NA
% of families who would positively respond to the statement "I would recommend this home to others" on the Annual Family Experience Survey. (Eagle 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 provided information on how to form a family council.

Process measure

- Audit new admission packages quarterly to ensure "How to form a Family Council" is included. Quarterly this information will be reviewed at Family Forum meetings.

Target for process measure

- 100% of families will receive information on how to form a family council by May 2024.

Lessons Learned

Information located on the Family Information Board and is shared in monthly newsletters. Quarterly Family Town Hall meetings were being held.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Ensure families receive invitations to attend Family Town Hall meetings.

Process measure

- Complete tracking to ensure families receive invitations to quarterly Family Town Hall meetings

Target for process measure

- 100% of families receive notification of invitations to quarterly Family Town Hall meetings.

Lessons Learned

Invites are sent out via email and are posted on the Communication board.

Change Idea #3 ☒ Implemented ☐ Not Implemented

Family members to be included in quarterly Quality Council meetings

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 or Canada Post if there is no email

Target for process measure

- Family members will be in attendance at all Quality Council Meetings

Lessons Learned

Invites sent out to resident and families for the Quality Council Meetings.

Comment

The target was not met, however, participation increased drastically. In the 2023 survey where the response was 84.6% positive, only 22.8% of families completed the survey. Last year where we scored 71.8%, a total of 54.5% of families completed the survey.

Indicator #2	Last Year		This Year		
	44.40	85	75.00	--	NA
% of families that would respond positively to the statement "I am satisfied with the variety of spiritual care services" on the family engagement survey. (Eagle Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Provide family Education of “What is spirituality?”

**Process measure**

- Complete tracking tool to ensure all families receive spirituality education and the online survey.

**Target for process measure**

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the timing and schedule of spiritual care services"

**Lessons Learned**

Results varied. Church services was the clear favourite.

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

Develop an online survey, with paper format if required, to families soliciting input about the home's spiritual services

**Process measure**

- Evaluate results from the online survey to provide further opportunities for improvement.

**Target for process measure**

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the variety of spiritual care services".

**Lessons Learned**

Survey completed, results varied. Met with Family Town Hall and Residents Council to provide information on new spiritual care services offered in the home.

**Comment**

As per the survey, both residents and families were content with the home's spiritual care services. Resident satisfaction increased by 6.4% and family satisfaction increased by 30.6%.

Indicator #3	Last Year		This Year		
	44.40	85	85.20	--	NA
% of families that would respond positively to the statement "There is a good choice of continence care products" on the family engagement survey. (Eagle Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Provide education to families on the continence care products and program offered at home. Education will be provided through live presentation and written information.

Process measure

- Two live sessions will be offered during family forum meetings May and November. Written material will be provided to all families through monthly communication newsletter.

Target for process measure

- Increase positive response to 85% satisfaction on the family engagement survey to the statement "There is a good choice of continence care products on the 2024 survey.

Lessons Learned

One session was held in May and information was shared in the May family newsletter.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Provide continence care program and product information to admission package and provide during annual care conferences.

Process measure

- Audit admission package information material to ensure inclusion of continence care program poster/brochure.

**Target for process measure**

- 100% of admission packages will include information regarding the continence care program by May 2024.

**Lessons Learned**

Admission package did not include information on continence care, but this was discussed at the annual care conference.

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

POA will be provided with written information when resident has a change in continence and requires continence care products.

**Process measure**

- Documented communication with POA regarding continence care product education.

**Target for process measure**

- 100% of residents with a change in continence care product will have a documented note regarding education

**Lessons Learned**

Families were offered the information when a change was made to the continence care product for the resident.

**Comment**

The new resident and family survey did not include this specific question, but 85.2% of families and 89.7% of residents felt that the bladder care products were available when the resident needed them.

Indicator #1	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
% of families that would respond positively to the statement "I am satisfied with the timing and schedule of recreation programs" on the family engagement survey. (Eagle Terrace)	54.50	85	89.30	--	NA

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

Provide education to families at Family Town Hall. The recreation department will post what they can offer to residents and families.

**Process measure**

- ED and Recreation Manager will attend Family Town Hall in March and every quarter thereafter

**Target for process measure**

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the timing and schedule of recreation programs"

**Lessons Learned**

Town Hall was held every quarter and education provided each meeting. The home utilized the Resident and Family Communication Board.

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

2)Solicit families for input about their expectations on the timing and schedule of recreation programs through surveys

**Process measure**

- Evaluate results from online survey to provide further opportunities for improvement.

**Target for process measure**

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the timing and schedule of spiritual care services"

**Lessons Learned**

Survey completed; results varied. Met with Family Town Hall and Residents Council and provided times of daily programming, which both had approved.

Comment

The new survey did not ask this specific question directly, but did ask if they were satisfied with the schedule of Recreation programs, where 92.3% of residents and 89.3% of families responded positively to. This is an increase of 3.9% for residents and 39.8% for families. This was one of our top scores in the survey for the last year for both residents and families.

Indicator #7	Last Year		This Year		
	88.00	75	81.80	--	NA
% of Residents who would respond to the statement "I would recommend this home to others" on the Annual Resident Experience Survey (Eagle Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Ensure all residents are given the opportunity to become involved in resident council meeting in the home monthly.

Process measure

- Meeting times will be posted, individual residents will be invited to meetings.

Target for process measure

- Resident positive response to the statement "I would recommend the home to others" will be maintained above 75% on the annual resident experience survey.

Lessons Learned

Meetings posted and residents are invited to attend.



Comment

The target was not met. Meeting times are included in the monthly calendar, daily schedule and personal invitation by recreations staff. The home would like to increase this score this year.

Indicator #8	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
% of Residents who would respond to the statement "My care conference is a meaningful discussion that focuses on what’s working well, what can be improved, and potential solutions." on the Annual Resident Experience Survey (Eagle Terrace)	42.90	75	82.60	--	NA

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

At each care conference, ask the resident and document if there are any questions or concerns

**Process measure**

- All care conferences we will ask the resident and will document that the resident was asked if they had any concerns or questions about their care

**Target for process measure**

- 100% of care conferences the resident will have the opportunity to ask questions or raise concerns about their care

**Lessons Learned**

Care Conference lead always asks resident and family if they have any concerns about care. Built into our standard practice, this will continue.

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

Develop an online survey, with paper format if required, to residents soliciting input about how to improve their care conference experience

**Process measure**

- Evaluate results from the online survey to provide further opportunities for improvement.

**Target for process measure**

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "My care conference is a meaningful discussion that focuses on what's working well, what can be improved, and potential solutions".

**Lessons Learned**

Online survey was not created.

**Comment**

Target met with improvement of 39.7% from the previous year. Home will continue to sustain current performance.

Indicator #5	Last Year		This Year		
	57.10	75	66.70	--	NA
% of Residents who would respond to the statement "I am satisfied with the quality of care from doctors" on the Annual Resident Experience Survey (Eagle Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Request invitation to Residents' Council to discuss: Resident expectations of MDs vs Resident experiences with MDs and the role of the NP

**Process measure**

- DOC will attend Resident Council in March and again in July 2024

**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**

DOC attended meeting and provided required information to residents.

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

At each care conference, ask the resident and document if there are any questions or concerns for the physician while the physician and resident is present.

**Process measure**

- All care conferences we will ask the resident and will document that the resident was asked if they had any concerns or questions for the physician.

**Target for process measure**

- 100% of care conferences the resident will have the opportunity to ask questions or raise concerns for the physician

**Lessons Learned**

Designated lead had asked this question at care conferences. Care Conference scores increased from 42.9% to 82.6%.

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

Care Conference Lead to follow-up with residents after a MD/NP visit for feedback weekly, tracked and discussed during monthly Quality Days

**Process measure**

- An analysis of feedback will be completed to determine trends and actioned where appropriate

**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**

Not a viable option as there are too many residents being seen weekly by the physician.

**Comment**

This was not met, but there was a marked improvement in this indicator from last year. The satisfaction was at 66.7%, which is an increase by 9.6% from the previous year, but still fell short of the target. We will continue with this indicator this year.

Indicator #6	Last Year		This Year		
	58.30	75	89.70	--	NA
% of Residents who would respond to the statement "I have good choice of continence care products" on the Annual Resident Experience Survey (Eagle Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Provide education to residents on the continence care products and program offered at home. Education will be provided through live presentation and written information.

Process measure

- Presentation will be offered during resident council meeting at resident council members discretion.

Target for process measure

- Increase positive response to 75% satisfaction on the resident engagement survey to the statement "There is a good choice of continence care products" on the 2024 survey.

Lessons Learned

Information shared with the Residents Council earlier in the year.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Provide continence care program and product information to admission package.

Process measure

- Audit admission package information material to ensure inclusion of continence care program poster/brochure.

Target for process measure

- 100% of admission packages will include information regarding the continence care program by May 2024.

Lessons Learned

We decided not to provide this information in the admission package, but did provide it to family members at the admission conference.

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

Resident, if capable, will be provided with written information with a change in continence and requirement of continence care product.

**Process measure**

- Documented communication with resident if capable regarding continence care product education.

**Target for process measure**

- 100% of residents with a change in continence care product will have a documented note regarding education

**Lessons Learned**

When a change was completed, the resident was provided with information on the benefits of the new product.

**Comment**

The new resident and family survey did not include this specific question, but 85.2% of families and 89.7% of residents felt that the bladder care products were available when the resident needs them.

## Safety | Safe | Optional Indicator

	Last Year		This Year		
<b>Indicator #10</b>	<b>12.90</b>	<b>15</b>	<b>12.95</b>	<b>-0.39%</b>	<b>12</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Eagle Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Conduct environmental assessments of resident spaces to identify potential fall risk areas and address areas for improvement

### Process measure

- # of environmental assessments completed monthly # of identified deficiencies from assessments that were corrected monthly

### Target for process measure

- Environmental risk assessments of resident spaces to identify fall risk will be completed by June 2024

### Lessons Learned

Environmental assessments completed regularly with any deficiency being addressed right away.

### Comment

Home did not meet target on the QIP but is still above benchmark. Home will continue to work towards improving this indicator this year.

Indicator #12	Last Year		This Year		
	28.57	17.30	20.31	28.91%	17.30
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Eagle Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Medication review and ensure diagnosis is correct 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**

All residents with an antipsychotic had a medication review completed.

**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 information included monthly

**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**

Information was provided to families at Family Town Hall, at care conferences, and when the residents' medication review was completed.

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

Ensure that for any responsive behaviour the first interventions are non-pharmacological.

**Process measure**

- Percentage of residents with responsive behaviours that have non-pharmacological interventions

**Target for process measure**

- 100% of residents with responsive behaviours will have non-pharmacological interventions

**Lessons Learned**

Non-pharmacological interventions were utilized as a first measure. BSO and recreation collaboration had helped with interventions.

**Comment**

The home has seen great success in improving this indicator. Engagement with families and physicians has helped with the improvement.

Safety | Safe | Custom Indicator

Indicator #9	Last Year		This Year		
	0.00	2.50	0.00	#Error	NA
Percentage of long-term care home residents in daily physical restraints over the last 7 days (Eagle Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Educate new residents and families on the restraint policy and use of alternatives to restraints upon admission

**Process measure**

- % of new residents and family members who received the education upon admission

**Target for process measure**

- 100% of new residents and family members will receive education on the restraint policy and alternatives to restraints upon admission

Lessons Learned

100% of new residents and family members educated on alternatives to the use of restraints upon admission.

Comment

Target met. Home still has 0% restraints. Home also provides education to all new admissions on restraint use.

Indicator #11	Last Year		This Year		
	3.70	2	3.40	--	NA
Percentage of LTC residents with worsened ulcers stages 2-4 (Eagle 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 bed systems/surfaces for residents with PURS score 3 or greater

**Process measure**

- # of residents with PURS score 3 or greater # of reviews completed of bed surfaces/mattresses monthly # of bed surfaces /mattresses replaced 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**

All residents with a PURS score of 3 or greater had their bed system review completed. All identified mattresses were replaced by August 31, 2024.

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

Improve Registered staff knowledge on identification and staging of pressure injuries

**Process measure**

- Percentage of registered staff who will have received education on the correct identification and staging of pressure injuries

**Target for process measure**

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

**Lessons Learned**

All registered staff have received education on how to correctly identify potential pressure injuries. Training was completed by NLOT.

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

Improve PSW knowledge on identification and staging of pressure injuries

**Process measure**

- Percentage of PSW staff who will have received education on the correct identification and staging of pressure injuries

**Target for process measure**

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

**Lessons Learned**

All PSW staff have received education on how to correctly identify potential pressure injuries. Training was completed by NLOT.

**Comment**

The home did not meet the target, but did perform better than the previous performance. This is an area the home will continue to focus on in the coming year.

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfaction with Eating Meals in the Dining Room	C	% / Residents	In-house survey / Sept-Oct 2024	67.90	75.00	Continue to improve our results as we strive to reach corporate target of 85%	

### Change Ideas

#### Change Idea #1 Enhance the environment

Methods	Process measures	Target for process measure	Comments
1. Assess current state of dining room to determine external noises and other environmental factors 2. Engage residents on change ideas to enhance space 3. Complete enhancement measures such as painting, wall protections, implement music, and include an art exhibit	# of external noise assessments and environmental factors audit completed # of times residents were engaged on change ideas # of enhancement measures completed	Assessments will be completed by June 2025 Residents will be engaged on the change ideas by June 30, 2025. All 4 enhancement measures will be completed by July 30th, 2025	

#### Change Idea #2 provide education on improving the Resident Experience during meal times

Methods	Process measures	Target for process measure	Comments
Re-educate on meal service policies and procedures	1) Number of in-services held to review policy and procedure and expectations during mealtimes. 2) # of staff who attended in-services	1. 8 in-services will be held per month until all staff have been trained. 2. 100% of nursing, recreation and dietary staff attend training by September 30, 2025.	

**Measure - Dimension: Patient-centred**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfaction with the Quality of Care from the Physiotherapist	C	% / Residents	In-house survey / Sept-Oct 2024	69.00	75.00	Continue to improve and strive to achieve corporate target of 85%	

**Change Ideas****Change Idea #1** Improve visibility and awareness of the physiotherapy program in the home

Methods	Process measures	Target for process measure	Comments
1. PT to be invited at least once to Residents' Council and Family Forum 2. Feedback on services and areas for improvement will be discussed	# of invitations received to Resident council and Family forum # of Reviews completed from feedback from Resident Council and Family Forum # of improvements actioned	1. PT will attend at least one RC Meeting by July 30, 2025 2. PT will attend at least one Family Town Hall by July 30, 2025 3. Action items and plan will be discussed at CQI committee with PT by October 31, 2025	

**Change Idea #2** Provide Restorative treatment through collaboration with nursing and recreation

Methods	Process measures	Target for process measure	Comments
1. Determine staffing to support 2. Provide education to nursing and recreation staff members on the restorative care program 3. Review and determine therapy programs 4. Implement treatment as outlined	1. Number of staff attending education 2. Number of therapy programs 3. Number of residents attending.	1. 12 staff members will receive education by March 30, 2025 2. There will be at least 10 therapy programs offered per week	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Satisfaction with the Quality of Care from the Doctors	C	% / Family	In-house survey / Sept-Oct 2024	63.30	74.00	Continue to improve as we strive to meet corporate target of 85%	

**Change Ideas****Change Idea #1** Communicate role of Medical Director and Physicians and give opportunity for feedback

Methods	Process measures	Target for process measure	Comments
1) Medical Director to meet at once with Residents' Council and Family Town Hall 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 Medical Director attended 2) # of suggestions provided by councils 3) # of CQI meetings where action items were discussed with Medical Director	1) Medical Director will attend Family Council by July 30, 2025 2) Medical Director will attend Resident Council by July 30, 2025 3) Action items and plan will be discussed at CQI committee with Medical Director by September 30, 2025	

**Change Idea #2** Provide residents and families with information specific to the Medical Director and Attending Physician so that they are aware of expectations

Methods	Process measures	Target for process measure	Comments
1) Develop a information brochure with physician input 2) Bring to Resident and Family Council for feedback 3) Provide to existing family and residents 4) Provide information in admission package.	Number of residents/POA who will receive an information brochure	100% of residents/POAs will receive an information brochure by July 30, 2025	

## Change Idea #3 Improve visibility of physicians within the home

Methods	Process measures	Target for process measure	Comments
Order Extencicare name tags for physicians	Number of name tags ordered	All physicians will have a name tag by April 30, 2025	



## Safety

### Measure - Dimension: Safe

Indicator #4	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	12.95	12.00	We are currently performing better than corporate average of 13%, and provincial average 15.4 % but strive to continue to reduce falls.	Achieva, Behavioural Supports

### Change Ideas

#### Change Idea #1 Re-implement fall huddles

Methods	Process measures	Target for process measure	Comments
1) Review policy on post fall huddles with staff 2) Falls lead in home to attend and /or review post fall huddles documentation and provide further education as needed	1) # of staff who were educated on the policy for post fall huddles 2) # of post fall huddles that were completed as per policy on a monthly basis	Staff education on post-fall huddles will be completed with 80% participation by July 30, 2025	

#### Change Idea #2 11) Increase awareness of fall hazards in residents' environment

Methods	Process measures	Target for process measure	Comments
1) Have a hazard room set up as training for staff as visual education on fall risks 2) have specified times for staff to participate 3) track education	Number of staff participating in hazard room for fall risks	1) Hazard room for fall risks will be in place with 80% staff participation by July 30, 2025	

**Measure - Dimension: Safe**

Indicator #5	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	20.31	17.30	Corporate target	GPA, Medisystem

**Change Ideas****Change Idea #1** GPA education to staff for responsive behaviours/personal expressions

Methods	Process measures	Target for process measure	Comments
1. Engage Certified CPA coach to roll out home level education 2. Contact PRC for support, as needed 3. Register participants for education sessions	1. Number of GPA sessions per quarter 2. Number of staff attending each session	1. There will be 1 GPA session held per quarter for a total of 4 in a year 2. 10 staff members will attend each GPA session	

**Change Idea #2** Education to Registered Staff on Antipsychotics

Methods	Process measures	Target for process measure	Comments
Nurse Practitioner or Pharmacy consultant to provide education session for registered staff on antipsychotic medications including usage, side effects, and alternatives	Number of registered staff who attended training sessions on antipsychotic medications	80% of registered staff will have attending training on antipsychotic medications by Dec. 31, 2025	

**Measure - Dimension: Safe**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who had a pressure ulcer recently got worse	C	% / Residents	Other / Oct - Dec 2024	3.90	2.00	Corporate target	Solventum/3M, Wounds Canada

**Change Ideas****Change Idea #1** 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 education on wound staging 3) DOC/Staff Educator to monitor completion rates	1) # of Registered staff who have completed education on wound staging	1) Communication on mandatory requirement will be completed by April 30, 2025 2) 100% of Registered staff will have completed education on correct wound staging by July 30, 2025	

**Change Idea #2** 5)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	1. # of staff that have been educated 2. # of audits completed 3. # of reviews completed by Skin and Wound committee	1) 90% of PSW staff will have attended education sessions on turning and repositioning by July 30, 2025. 2) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by July 30, 2025	