

Access and Flow | Efficient | **Optional Indicator**

Indicator #6	Last Year		This Year		
	30.56	25	25.79	15.61%	21.17
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Henley Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Appropriate assessment of residents prior to ER transfer by registered staff and NP .

Process measure

- All the residents will have assessment completed by registered staff , CN and NP prior to transferring to ER . Good communication with family , SDM and physician will take place respecting resident's wishes

Target for process measure

- Aiming to reduce potentially avoidable ED visits 30.56% to 25% by Dec31st 2024

Lessons Learned

Staff were successful in completing assessments to see if interventions could be completed in the home, instead of automatically sending to ED.
Challanges with NP resigning in the fall

Comment

Home will continue to recruit and hire full time Nure Practitioner

Equity | Equitable | **Optional Indicator**

Indicator #5	Last Year		This Year		
	CB	CB	92.26	--	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Henley Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Continue to provide education to all staff on equity , diversity and inclusion and anti -racism

Process measure

- Number of management and staff completed the reeducation in the year 2024. 40% attendance rate at in-services

Target for process measure

- 100% of management and staff will have equity , diversity , inclusion and anti-racism reeducation by December 31st 2024

Lessons Learned

revision to inhouse orientation was made to include equity, diversity and inclusion in general orientation.
Challanges in getting all staff to complete online annual education training

Comment

home will continue to seek opportunities to improve training in equity, diversity and inclusion

Experience | Patient-centred | **Optional Indicator**

Indicator #3	Last Year		This Year		
	32.97	40	58.33	76.92%	100
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Henley Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Satisfaction Surveys will have an increase in the number of surveys returned to the community

Process measure

- increase in survey participation this year

Target for process measure

- increase in 10 more surveys completed

Lessons Learned

More life enrichment staff engaged in assisting residents in completing surveys this year resulted in more surveys completed

Change Idea #2 ☒ Implemented ☐ Not Implemented

Education on customer service to all staff in all departments

Process measure

- annual education training with testing on this area

Target for process measure

- 90% of staff will show retention of information, 20% decrease in written complaints, 100% of residents feel staff listen to them

Lessons Learned

changes made to inhouse general orientation process where customer service was added.
challenges getting all staff to complete online annual training

Change Idea #3 ☐ Implemented ☒ Not Implemented

create a survey for newly admitted residents to complete at 8 weeks, with a question related to this area

Process measure

- surplus of positive responses over negative

Target for process measure

- 100% of surveys will be completed from new admissions

Lessons Learned

High management turnover resulted in this survey not being created but will be created for 2025

Change Idea #4 ☐ Implemented ☒ Not Implemented

Education frontline staff on active listening

Process measure

- receiving less complaints regarding staff not listening or following residents direction

Target for process measure

- community will improve communication and the satisfaction rate target for next year will be 80% or higher

Lessons Learned

high management turnover resulted in this not being implemented in 2024, but will work to have implemented for 2025

Comment

number of residents that participated in the survey was less than half the population. Would like to see an increase in the number of residents participating in 2025

Indicator #4	Last Year		This Year		
	87.91	95	16.67	-81.04%	20
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Henley Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

education staff on person-centered care vs task focused care

Process measure

- decrease in resident/family complaints

Target for process measure

- surveys show a 100% satisfaction in this area

Lessons Learned

Implementation of DementiAbility training and changes made to general orientation has helped educate staff on person-centeredness and has driven culture change within the home.

Change Idea #2 ☒ Implemented ☐ Not Implemented

increase rate of participation on annual resident/family satisfaction survey

Process measure

- to complete the presentations by end of day Sept

Target for process measure

- higher survey engagement between residents and families

Lessons Learned

Increase in resident participation this year due to life enrichment assisting resident with completing their surveys. however, would like to see more residents participate in 2025

Change Idea #3 ☐ Implemented ☒ Not Implemented

educate residents on reporting mechanisms within the community and the protection provided

Process measure

- residents reporting more freely, add question relating to this target to post admission survey

Target for process measure

- 100% of surveys complete will respond to this question and show 100% satisfaction with being able to speak without fear

Lessons Learned

education not implemented due to high turnover in Life Enrichment positions leading to discussion not happening with resident council.

Change Idea #4 ☒ Implemented ☐ Not Implemented

ensure resident/families are aware of these indicators and engage them in the QI process

Process measure

- this will be completed in Sept, Oct and Nov

Target for process measure

- enhanced resident/family engagement to help us work towards solutions. Feedback will be positive

Lessons Learned

home continues to actively involve and invite resident and families to participate in quality meetings. And information via email, on-call, and meet and greets.

Low family council involvement makes it difficult to share indicators with families.

Comment

thought resident participation increased, it was still less than half or population. Would like to see more participation in 2025

Safety | Safe | **Optional Indicator**

Indicator #1	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Henley Place)	20.51	18	19.11	6.83%	18.33

Change Idea #1 ☒ Implemented ☐ Not Implemented

Engagement in ongoing education and awareness with regards to the identification, prevention and intervention of those that are at risk of falling

Process measure

- measure how many new admissions are assessed for their falls risk

Target for process measure

- 100% of all admissions have a documented falls risk assessment

Lessons Learned

The home was successful in implementing a new falls program.
The home retained LEAN trainer to assist with revamp falls processes.
high number of staff turnover and high utilization of agency staff was a deterrent

Change Idea #2 ☒ Implemented ☐ Not Implemented

continue to Implement the RNAO Best Practice Guidelines

Process measure

- Reduction in falls rates.

Target for process measure

- Every resident will have a falls risk assessment done at a minimum upon admission

Lessons Learned

visual management tool was created to allow staff to easy identify resident that are high risk for falls.
new clinical pathway makes it difficult to determine the residents that are at high falls risk.

Comment

Home will continue to work to build a stronger collaboration between physio and nursing restorative.

Indicator #2	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 (Henley Place)	27.98	25	34.33	-22.69%	20.40

Change Idea #1 ☐ Implemented ☒ Not Implemented

People living with dementia who are prescribed psychotropic medication to reduce responsive behaviors receive a documented medication review to consider reducing or discontinuing medication if they have no diagnosis of psychosis

Process measure

- Number of residents with the use of psychotropic medications without the diagnosis of psychosis, this will be reviewed quarterly by BSO with MD and pharmacy consultant

Target for process measure

- 100% of the residents on psychotropic medication have a full review to determine eligibility to decrease or discontinue antipsychotics

Lessons Learned

The resignation of current NP with no replacement. Resignation of long-standing medical director also proposed challenges with getting process measure off the ground.

Change Idea #2 ☐ Implemented ☒ Not Implemented

Utilize an interdisciplinary team approach to reduce the percentage of resident's antipsychotic medication use without the diagnosis of psychosis

Process measure

- percentage of residents receiving antipsychotic medications without the diagnosis of psychosis

Target for process measure

- To reduce the percentage of antipsychotic use without the diagnosis of psychosis from 27.98% to 25 % by December 31st 2024

Lessons Learned

high staff turnover and use of agency of staff create inconsistencies with interdisciplinary team.

Comment

establish monthly interdisciplinary team meetings to see reduction in percentage from previous year