Access and Flow | Efficient | Optional Indicator

Indicator #6

Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Henley House)

Last Year		This Year		
28.91	**27.46**	**33.80**	**-16.91%**	**21.17**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

100% of assessment will be completed on a timely manner.

Process measure

- Assessments not completed on a weekly basis will be tracked and recorded.

Target for process measure

- 100% of assessments will be completed.

Lessons Learned

UDA assessments missed. Large staff turnover this year.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Education to PSW when to report changes promptly.

Process measure

- Attendance will be taken, and goal for 80% of staff education to be completed. Weekly review of PointClickCare to ensure PSW are reporting changes.

Target for process measure

- 80% of PSW to receive education. Reduction in ED visit will coincide. Reduction of 2-5% in ED visits.

Lessons Learned

Monthly PSW meetings held. ADOCs monitor PCC clinical alerts. Challenges with timely documentation and follow-up.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Utilization of community outreach program such as NP to reduce ED visits.

Process measure

- Monitor charting to see increase charting from external partners.

Target for process measure

- See NP utilization increase by 10% over the next quarter.

Lessons Learned

No full time NP. We have avoided transfer with the help of community NP. More registered staff education required.

Comment

We are working to enhance our onboarding process for registered staff and utilize learning institute to enhance nursing skills. SBAR training.

Equity | Equitable | Optional Indicator

Indicator #5

Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Henley House)

Last Year		This Year		
64.33	100	82.22	27.81%	100
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

100% of staff will complete training annually on this topic

Process measure

- Statistics through our online portal will be tracking

Target for process measure

- We will be ensuring 100% complete annually

Lessons Learned

Need to involve more staff in DEI training.

Comment

Cultural events held in the home to promote cultural awareness and inclusion.

Experience | Patient-centred | Optional Indicator

Indicator #3

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

Last Year		This Year		
33.93	**70**	**9.38**	**-72.35%**	**100**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Education to PSW staff in active listening

Process measure

- Attendance will be taken at meetings and huddles

Target for process measure

- 80% of PSW staff will be trained in active listening in 2024.

Lessons Learned

Monthly PSW meetings, huddles held on units to involve PSWs

Change Idea #2 ☑ Implemented ☐ Not Implemented

Discuss at resident and family council

Process measure

- attendance taken at meetings, meeting lead to take count of persons responding positively to "What number would you use to rate how well the staff listen to you?"

Target for process measure

- Achieve 80% positivity rate at resident and family council meetings by end of year

Lessons Learned

Council meetings held monthly.

Comment

Survey was completed once in 2024. Survey format reviewed and will change for 2025 to impact change measure and increase number of respondents.

Indicator #4

Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Henley House)

Last Year		This Year		
72.13	**95**	**18.13**	**-74.86%**	**20**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Education to PSW and registered staff in person-centered care

Process measure

- Number of staff who receive education for person centered care

Target for process measure

- goal to reach 80% of staff

Lessons Learned

PSW monthly meetings scheduled unfortunately could not be held every month due to operations.

Change Idea #2 ☐ Implemented ☑ Not Implemented

Education for residents and families at resident and family council

Process measure

- Survey of attendees that respond positively to the statement "I can express my opinion without fear of consequences"

Target for process measure

- Goal of 80% positivity rate at resident and family council meetings by end of 2024.

Lessons Learned

Survey question not followed up in councils.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Education completed on resident and family centered care for RNAO pathway

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

14% of nursing staff completed

Comment

Survey was completed once in 2024. Plan for 2025 to change frequency and format to enable opportunity to follow-up in a timely manner on negative responses and have a higher percentage of surveys completed.

Safety | Safe | Optional Indicator

Indicator #1

Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Henley House)

Last Year		This Year		
19.73	18	21.19	-7.40%	18.33
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Implementation of new RNAO Clinical Pathway for Falls

Process measure

- % of Registered Staff Trained on new Clinical Pathway Staff will be using appropriate clinical tool to assess residents high risk for fall

Target for process measure

- 100% of registered staff will be trained on RNAO clinical pathway for falls

Lessons Learned

17% of nursing staff were trained. Online education platform changed for 2025 to enable monitoring of education compliance to achieve a high completion rate. Turnover rates in nursing dept high in 2024.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Falls Committee Meeting at the home to review and analysis of fall within the home

Process measure

- % of residents that have 2 or more falls in 30 days will be reviewed

Target for process measure

- Fall committee meeting will be completed monthly and meeting minutes will be reviewed

Lessons Learned

Meetings were implemented but not completed monthly due to unforeseen circumstances i.e. outbreak. Interdisciplinary involvement. Quality indicators trending down.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Review of Fracture Risk Scores

Process measure

- % of residents that have Annual, Quarterly and Significant Change have their FRS reviewed

Target for process measure

- An overall reduction in the number of residents with injury related to fall and data will be posted in the quality board

Lessons Learned

Discussions with floor staff, reviewing indicators at interdisciplinary meetings i.e. PAC/QI/RAI. CareRX Pharmacy consultant reviews FRS and Henley House has 90% of residents prescribed fracture prevention medication.

Change Idea #4 ☑ **Implemented** ☐ **Not Implemented**

Decrease in Falls with significant injury resulting in transfer to hospital

Process measure

- % of residents with transfer to hospital post fall with significant injury

Target for process measure

- Decrease transfer to hospital related to falls with significant injury by 5%

Lessons Learned

8.75% of residents had a fall with significant injury resulting in transfer to hospital. Only 1 resident fell twice with significant injury. This details our high percentage of resident on fracture reducing medications, as Henley has had a high number of falls, and low percentage of falls with injury resulting in transfer to hospital. Could use community NP to help rule out injury and prevent unnecessary transfers to hospital.

Comment

Continuing to review FRS, Falls committee meetings monthly, focusing on the root cause of falls, i.e. pain/ change in condition. Implemented facial recognition and care fall program to reduce number of falls. Physiotherapist hours increased from part time to full time. Environmental changes implemented to grounds of home and staffing reviewed related to falls outside.

Indicator #2

Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Henley House)

Last Year		This Year		
27.29	**24.50**	**30.83**	**-12.97%**	**20.40**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Responsive Behaviour Committee Meeting

Process measure

- Monthly meetings to be held

Target for process measure

- Meetings will be completed monthly and minutes will be posted in the community

Lessons Learned

Responsive behaviour lead met with BSO monthly. Due to outbreaks committee members were not able to enter the home every month. A number of meetings were cancelled. High BSO worker turnover. 4 interdisciplinary responsive behaviour meetings were missed, at which time the RB lead met with BSO only.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Utilization of Community Partners for Support and Recommendations

Process measure

- Utilization of BSO, SMHO and pain consultant referrals. Utilize Alzheimer's Soceity for general education topics.

Target for process measure

- Community will see a 10% decrease in the use of antipsychotic medication for residents without a diagnosis of psychosis

Lessons Learned

BSO in home 2-3 times per week. SMHO saw 8 residents. Sherri Davis (PRC support) completed 6 education sessions.

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

Review of Aggressive Behaviour Scores

Process measure

- % of residents whose ABS is reviewed

Target for process measure

- A reduction in the number of resident with responsive behaviors

Lessons Learned

100%. Residents are reviewed quarterly by MDS/RAI staff.

Comment

Utilization of community partners remains strong. BSO, SMHO, Alzheimer's society were all utilized in 2024 and continue a positive relationship with Henley House and will continue to visit in 2025. Responsive behaviour meetings were scheduled to be held.