

Experience | Patient-centred | Custom Indicator

Indicator #1	Last Year		This Year		
	74.00	80	72.00	--	NA
% of residents responding positively to all questions in the Dining Experience category of the in-house annual experience survey (The Elliott Community)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Ensure the optimal temperature of hot meals during dining by using the new upgraded steam tables in the serveries. Then conduct temperature checks of meals post-serving during regular meal audits to guarantee consistent temperature maintenance.

**Process measure**

- Completed Meal audits to be reviewed by the Dietary Manger and any non-compliance to 'optimum temperature of hot meals after being served' to be followed up.

**Target for process measure**

- 100% compliance to the meal audit checklist question "Optimum temperature of hot meals after being served to the table".

**Lessons Learned**

Temperature checks of post-served meals were conducted during regular meal audits, and failure to meet standards promptly addressed.

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

Improve dietary staff to resident engagement and reduce the task oriented work approach of staff by providing Customer Service training to all Dietary staff.

**Process measure**

- # Annual Customer service education module Completion rate on Surge for all active Dietary staff # Percentage of active dietary staff attending the in person training.

**Target for process measure**

- # 100 % Customer Service education completion on Surge for all active dietary staff for the year # 80% active Dietary staff attending In-service session for Customer service.

**Lessons Learned**

There was 100% compliance with online Surge education. However, only 75% of staff completed in-person training due to challenges with staff availability and group training schedules.

Comment

Although resident satisfaction with the dining experience was reported at 72%, Family/POA satisfaction was higher at 85%, resulting in an overall satisfaction rate of 78%. This marks an improvement from previous years, placing the overall rating in the high satisfaction category (above 75%).

The survey highlighted areas for improvement, including maintaining food temperature and offering residents greater flexibility in meal times. To address these, we continue conducting regular meal audits, providing staff training, and implementing Butterfly Principles to further enhance the dining experience for residents.

Indicator #2	Last Year		This Year		
	55.00	75	70.90	--	NA
% of residents responding positively to all questions in the Resident Activities category of the in-house annual experience survey (The Elliott Community)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Increase diversity and accessibility of Activity programs conducted during weekends and evenings in the LTC Home areas

**Process measure**

- Monthly track Performance Indicator :% of Residents at Risk (without Self Directed).

**Target for process measure**

- To consistently achieve a target X=20% for the performance indicator.

**Lessons Learned**

The recreation program was enhanced by introducing more weekend activities, offering residents the option to participate in programs held in other home areas, and strategically adjusting activity staff schedules to improve weekend coverage. These changes helped achieve performance targets through Q2. However, staffing shortages and challenges in filling shifts during the latter part of the year led to a reduction in programs offered.

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

Increase participation of residents in recreational programs by heightening resident awareness of recreational activities.

**Process measure**

- Average satisfaction for the 'Resident activities' category in the Resident Annual Experience Survey for LTC

**Target for process measure**

- In the 2024 Annual Experience Survey, aim for a minimum of 75% average satisfaction in the 'Resident Activities' category.

**Lessons Learned**

Care staff were informed of the weekly recreational programs during team huddles to have them encourage resident participation. However, since this initiative was implemented toward the end of the year, its impact on the survey results might be limited.

Comment

The change ideas were successfully implemented; however, delays in execution and staff shortages impacted survey satisfaction levels. Despite these challenges, the program demonstrated significant improvement compared to the previous year. Moving forward, efforts will focus on addressing these gaps to achieve even better results in next year’s survey.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
<b>Indicator #4</b>	<b>17.83</b>	<b>16.50</b>	<b>20.66</b>	<b>-15.87%</b>	<b>NA</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (The Elliott Community)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Enhance staff awareness and active participation in the falls prevention program through ongoing and interactive huddles

Process measure

- Occurrence, Attendance, reduction on falls for frequent fallers

Target for process measure

- Conduct at least 4 falls huddles each month on all LCT home areas. At least 15 people are attending the huddles in total. 7% reduction on average falls of frequent fallers from previous year.

Lessons Learned

The Falls Huddles proved effective in raising awareness and improving the efficiency of falls management. The team successfully conducted these huddles consistently, with strong staff participation. Additionally, the Rising Star Unit incentive program effectively fostered team spirit and collaboration in managing falls. However, a reduction in the average falls among residents who experienced frequent falls compared to the previous year was not achieved, as an influx of new residents with a history of frequent falls impacted the overall outcome. Also, The Elliott community is a no restraint home and all residents are encouraged and supported to be as independent as able.

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

Reduce the amount of unwitnessed falls by training staff to be more vigilant and engaging on the home areas and Encourage staff to refrain from remaining exclusively at the nursing station to ensure a more comprehensive overview of residents and proactively address potential risks.

**Process measure**

- Reduction in % of unwitnessed falls on Wellington & Fountain home

**Target for process measure**

- 7% reduction in monthly Unwitnessed falls on 3rd floor

**Lessons Learned**

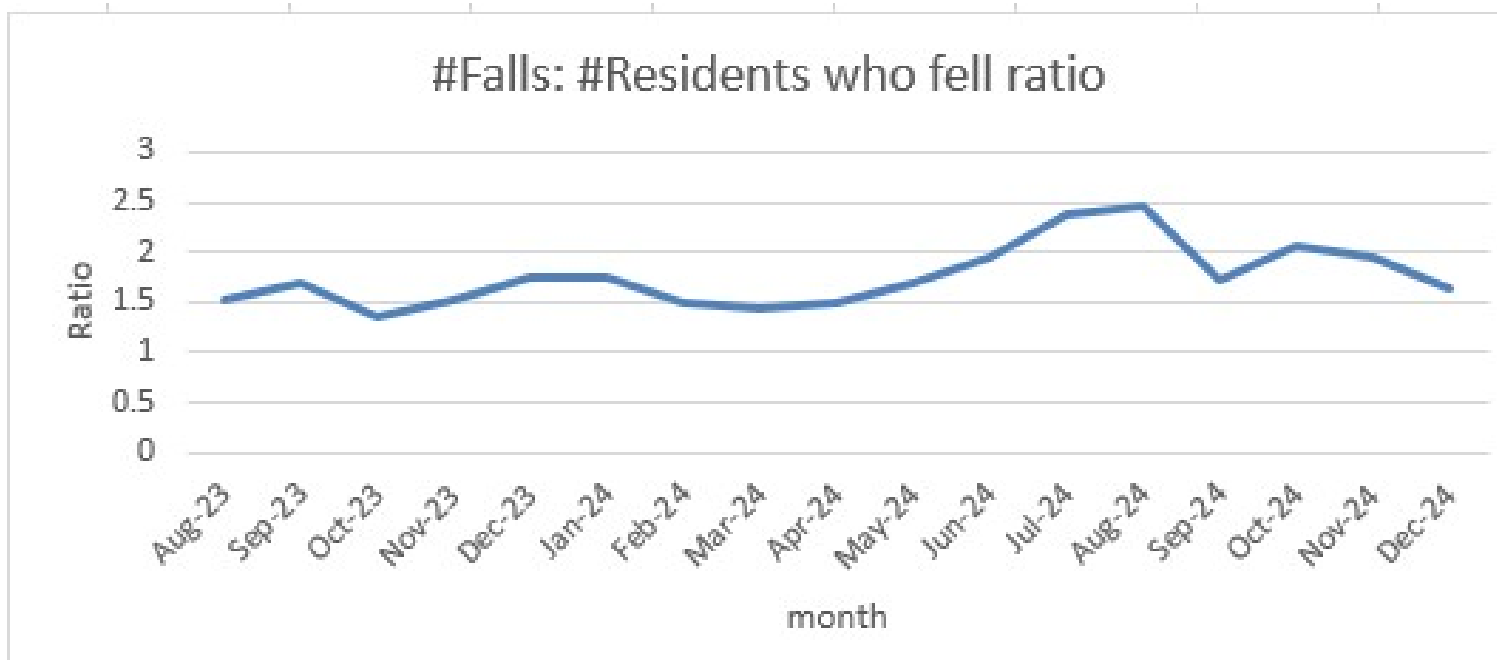
The Wellington & Fountain home areas are successfully progressing through the Butterfly transformation, with meaningful resident engagement as a central focus. Increased resident engagement and staff spending more quality time with residents have contributed to reducing restlessness and falls-prone situations. While the program has not yet been fully implemented, and staff training is ongoing, the full impact of the transformation is expected to be significant in the coming year.

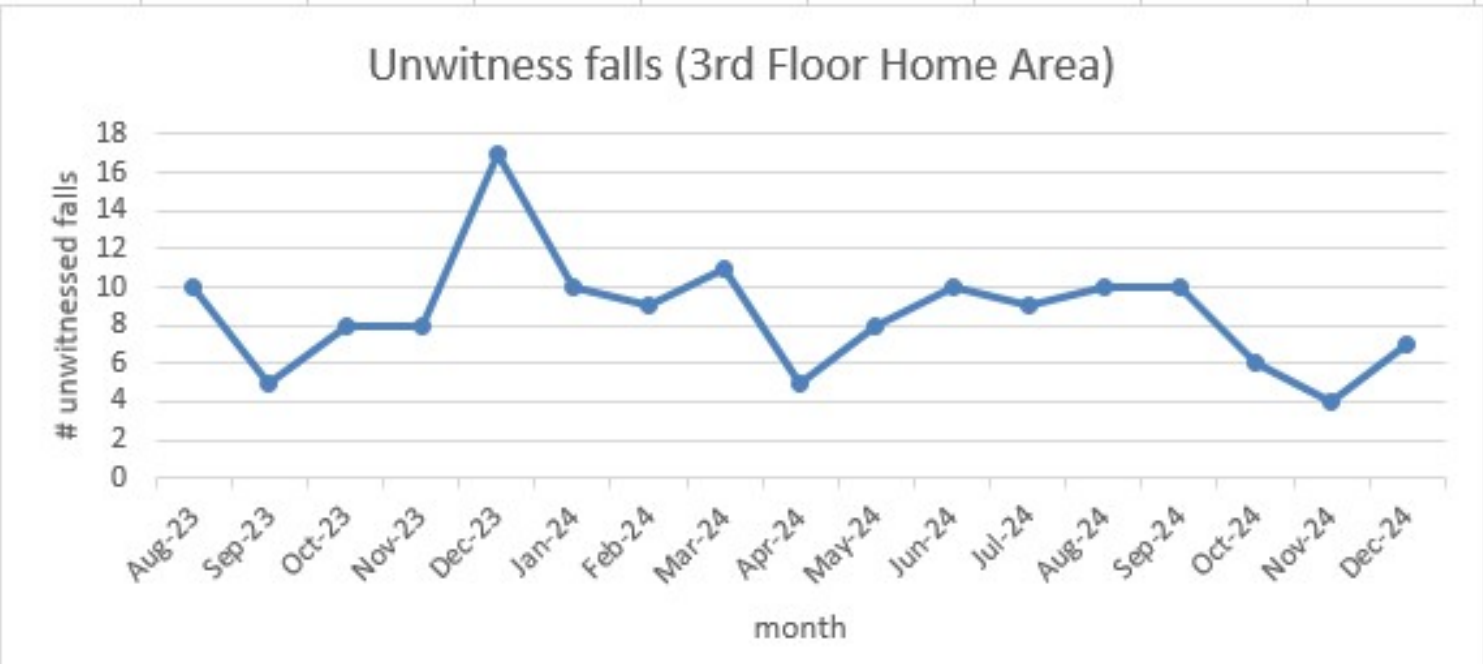
**Comment**

Although the percentage of residents experiencing falls has increased compared to the previous year, the program itself has seen significant enhancements in continuous prevention planning, feedback mechanisms, staff training, and team involvement. The increase in fall rates can largely be attributed to changing resident demographics.

Despite this, our regional performance remains above average (TEC Score:17.4%, West Region Score :18%; Source: Your Health System, CIHI), and the number of critical incidents related to falls has seen a notable reduction from the previous year.

Overall, the program has made progress, but we remain committed to further improving falls management through ongoing planning and enhanced staff training. Additionally, the home is working toward implementing the Butterfly Care Model across all home areas, which is expected to have a positive impact on falls prevention.

**Results**



Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #3	3.30		2.70	--	NA
Percentage of long-term care home residents who had a pressure ulcer that worsened to a stage 2, 3 or 4 (The Elliott Community)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☒ Not Implemented

Wound care lead nurse to collaborate with the newly joined Nurse practitioner to improve the wound care program

Process measure

- Reduction in the percentage of worsening stage 2-4 pressure ulcers



**Target for process measure**

- Lesser than or equal to 2.50% for the Indicator Percentage of long-term care home residents who had a pressure ulcer that worsened to a stage 2, 3 or 4

**Lessons Learned**

The Nurse Practitioner position became vacant, and we have been unable to recruit a replacement despite this multiple number of our frontline staff will be supported through enhanced wound recognition, assessment & management training.

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

Enhance staff awareness and their active participation in the Wound prevention program through ongoing and interactive huddles

**Process measure**

- Occurrence, Attendance, reduction on worsening pressure ulcers

**Target for process measure**

- Conduct at least 4 Wound prevention huddles each month on all LCT home areas. At least 15 people are attending the huddles in total.

**Lessons Learned**

The initiative was successfully implemented, with an average of 15 staff members participating in weekly huddles. These huddles proved effective in raising staff awareness and facilitating ongoing discussions about the wound care needs of each resident.

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

Task PSWs with regularly monitoring the air mattress pressure for all residents using them and ensuring maintenance in accordance with the wound care program guidelines.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

The addition and implementation of air mattress audits in the Point of Care app enabled PSWs to regularly check mattress pressure, effectively supporting wound prevention and mitigation efforts.

**Comment**

Pressure ulcers have shown significant improvement compared to the previous year, and the home is performing better than our peers. Our goal, however, remains to minimize any further deterioration of pressure ulcers. We will continue our efforts in closely monitoring and providing personalized wound care for residents. Moving forward, we plan to host education sessions led by external experts to further enhance our care staff's expertise in wound care. Lastly we continue are efforts to recruit a Nurse Practitioner, as this role will further support the wound care program.