



QIP Narrative – Trillium Manor

January 2026

Overview

Trillium Manor's ongoing commitment to quality is reflected in our mission "to provide effective, high quality, safe and efficient long-term care services in a home-like setting for the clients and families that we serve." We take a multi-faceted approach to improving care and the resident experience through our quality improvement plan (QIP), our home's Quality and Safety committee, maintenance of Accreditation Canada certification, and implementing improvement activities in response to critical incidents, findings from MLTC inspections, and complaints received by the home. We strive to engage and collaborate with staff, residents, and their families to continuously improve our services while demonstrating respect, dignity, and compassion in all that we do.

We are guided in our quality improvement by the County of Simcoe's strategic directions to achieve excellence, enable growth, and build strong, trusted and collaborative relationships with internal and external partners in the provision of resident and family-centered care.

In 2025, we improved our admissions process through the implementation of the Registered Nurses Association of Ontario (RNAO) Clinical Pathways for LTC admission. This pathway ensures a holistic, resident-centered approach during the resident's entry into the home. This approach also improves the provider experience, as it leverages Point Click Care's (PCC) digital platform, ensuring accurate, standardized, and streamlined admission documentation.

Access and Flow

Trillium Manor is committed to ensuring that residents receive the right care in the right place at the right time. Our strong external partnerships play a vital role in supporting this commitment. In support of reducing avoidable emergency department (ED) visits, we are collaborating with the Couchiching Ontario Health Team (COHT) and Orillia Soldiers Memorial Hospital (OSMH) to provide home-based nursing services through a nurse-led outreach team (NLOT). In 2026, we have plans to further support this work through the delivery of education to all registered staff and are initiating a new partnership with the County of Simcoe Community Paramedicine program to support intravenous (IV) initiation and therapy (or treatment) in the home.

In 2025, through Local Priorities Funding, we purchased IV equipment and pain pumps to support better management of health conditions within the home. We have developed a policy on IV initiation and medication administration and have plans to train and support all registered staff in 2026. We have also obtained blood and urine analysis equipment that supports lab-quality, in-home diagnostic tests in minutes, including ID now equipment for COVID testing. This will continue to support our efforts to provide in-home testing and treatment, thereby reducing avoidable ED transfers.



We continue to work closely with Ontario Health at Home to support seamless transitions for residents joining our home from hospital or the community. Through partnerships with Behavioural Supports Ontario (BSO) and North Simcoe Muskoka Specialized Geriatric Services (NSM SGS) we provide support for residents with expressive behaviours. Through partnership with the North Simcoe Muskoka Hospice Palliative Care Network we have provided education for residents, family and staff to support a palliative approach to care and support end of life care. We work with our external partners to align practices and standards to deliver high-quality resident-centred care to meet the evolving needs of our residents. In 2026, we will be partnering with palliative coaches through COHT.

Equity and Indigenous

Trillium Manor's equity, diversity, and inclusivity (EDI) initiatives are supported by the County of Simcoe's People & Inclusivity Department. The County is currently developing their corporate strategy for 2026, which will be followed by developing and implementing a personalized action plan for Trillium in support of the larger County strategy.

Our professional practice manager is an active member of the Ontario Centres for Learning, Research & Innovation (CLRI) in Long-Term Care and provides notable EDI learning opportunities to the four County homes.

Trillium Manor supports the celebration and recognition of various cultural events through themed meals, museum outings, and culturally themed activities. In 2025, we updated our admission process to include data capture of residents' cultural needs and will be continuing to build on this in 2026.

In 2025, we cocreated a policy on Culturally Appropriate Care with our Manager of People and Inclusivity and implemented process to ensure all relevant home departments are working cohesively to support resident's personal cultural needs while maintaining health and safety. To support a resident's gender expression and sexual orientation, we have implemented new demographic options within PCC to obtain this information during admission process. This will ensure that all staff can support residents to be their authentic selves.

Resident Experience

Trillium Manor is committed to continuously improving the resident and family experience. Involving residents in their care plan development and supporting autonomy in their daily experiences enhances their sense of dignity and overall well-being. We prioritize ongoing feedback to shape and improve our care and services, ensuring residents feel heard, valued, and respected.



2026 initiatives

Admissions:

Building on the work started in 2025, we will continue to enhance the admissions process to ensure residents and their families are welcome, supported and have all their needs met from the moment they enter our home. This includes creating personalized care plans that address cultural preferences and meeting specific needs. This year, we will be expanding on our care plan discussions to further support informed discussions with residents and their families on goals of care with a focus on palliative and end-of-life care.

Pleasurable Dining

We currently have an interdisciplinary team (leadership, nursing staff, personal support workers, dietary staff, and program support staff) evaluating our pleasurable dining experience program to determine areas for improvement in our meal service. Some of our early improvement efforts will be focused on creating a more welcoming dining environment (staff conversations kept to a minimum, playing dinner music) and implementing tasting events for residents to obtain feedback before new meal offerings are implemented.

Resident Experience

We have committed to various improvement initiatives to improve health care services in the home environment, improve daily quality of life, and support the various cultural needs of our residents. In 2026, we plan to engage residents in the expansion of our emotion-based care program. Through these initiatives, we aim to improve our resident satisfaction, as measured in our resident satisfaction survey.

Our focus in 2026 is to better support staff in interactions with our residents through promotion of respectful and therapeutic communication training and practice.

Provider Experience

In 2025, the County of Simcoe provided educational support, and staff were required to include a performance objective relating to Psychological Safety and Well-Being in the Workplace to their 2025 Performance Plan. Staff were encouraged to create a SMART objective specific to their role to improve the psychological safety in their workplace.

Employee feedback was obtained from the Accreditation Canada – Global Workforce Survey and a Corporate Guarding Minds Survey in 2025. Trillium Manor has reviewed the results and is currently developing an action plan to address areas of improvement identified.

Recruitment and retention have been supported through various internal and external programs.



Health Force Ontario (HFO) Incentives:

Trillium Manor has participated in the Community Commitment program for Nursing (CCPN) program whereby \$25,000 of funding is paid directly to registered nursing staff.

Personal Support Worker (PSW) Return of Service Incentives:

Trillium Manor has participated in this program which offers \$10,000 to PSWs upon completion of 12 months of full-time employment.

Home Specific Initiatives:

Trillium Manor offered walk-in interviews and job fairs throughout 2025 to support recruitment initiatives.

Leadership education and clinical training was provided for all registered staff.

Education Support:

To support recruitment, retention and improved staff experience, PSW and nursing preceptors were eligible for funding from CLRI, PREP LTC program. Through this program, 35 full time practicum students were mentored across all four County of Simcoe LTC sites.

In 2025, the Health and Emergency Services Division at the County of Simcoe piloted a Professional Development Fund, whereby 35 LTCSS staff were approved for up to \$3,500/year of tuition reimbursement for continuing education. In 2026, this initiative is offered corporately, however the four County LTC homes will be offering additional tuition reimbursement above the \$3,500 year to support existing employees in pursuit of their Registered Practical Nurse (RPN) designation.

Safety

Resident safety is a priority at Trillium Manor. Our leadership team tracks and reviews safety incidents including falls, medication administration and critical incidents in a timely manner. Risks and incidents are categorized, and high-risk incidents are supported by the County of Simcoe's Professional Practice and Client Experience department to ensure a thorough investigation and development of an action plan. These targeted action plans could result in policy updates, staff education, and/or implementation of quality improvement to reduce future risk.

Two areas of improvement focus for 2026 include falls prevention and wound care. We are currently in the process of evaluating the current practices in both these programs to identify areas for improvement.

The IPAC lead at Trillium Manor has implemented the use of in-home rapid analyzers to identify respiratory infections (COVID, RSV, & Influenza). This early identification process prevents



unnecessary transfers to hospital and expedites treatment and implementation of universal precautions to reduce the risk of outbreak within the home. Our lead is part of the North Central Regional IPAC Hub which supports building IPAC capacity and preventing the spread of communicable disease within the home.

In 2026, the Professional Practice and Client Experience department at the County of Simcoe will be developing a safety program based on the Healthcare Excellence Canada “Rethinking Patient Safety” and “Patient Safety and Incident Management Toolkit” resources to be implemented at Trillium Manor in 2027.

Palliative Care

Trillium Manor provides interdisciplinary support to staff, residents and their families that is guided by the Palliative Care Quality Standard.

In support of the Palliative Care Quality Statements #1: Identification and Assessment of Needs and #4: Goals-of-Care Discussions and Consent, we currently hold palliative care meetings when a decline in resident condition is identified to revisit goals of care. In 2026, we plan to work with our social work team to identify opportunities to enhance our conversations with residents and their families during the admission process, as it relates to goals of care and end-of-life care. We are also implementing a standardized review process to ensure that individualized person-centered care plans (including end-of-life care goals) are developed and updated regularly (Support of Palliative Care Quality Statement #5).

In 2026, Trillium Manor will be implementing the RAO BPGs for pain and palliative care which will ensure that we are adequately managing residents’ pain and other symptoms, in support Quality Statement #6: Management of Pain and Other Symptoms.

As part of Quality Statement #13: Education for Health Care Providers and Volunteers, all staff are provided education through the All-In Palliative Care: The Team Approach in LTC as well as ad hoc education sessions provided in collaboration with the North Trillium Muskoka Hospice Palliative Care Network (NSMHPCN).

When a resident passes away and is leaving the home for the final time, a “Code Butterfly” is announced overhead. All available staff, residents and visitors are encouraged to join us lining the front lobby/hallway to say goodbye to the resident as they leave and play a song of the resident’s and/or family’s choice, when requested.

To support staff through the grieving process, Lean on Me Huddles have been established to provide support through the social worker at the home. This is an informal touch base that is available to all staff to share stories about the resident and process the loss.

In support of Quality Statement #7: Psychosocial Aspects of Care, Trillium Manor utilizes End of Life Care Carts that are designed to provide comfort material to the resident and their families.



Population Health Management

Trillium Manor is committed to a proactive, data-driven population health management approach that enhances resident well-being, reduces health disparities, and prevents chronic illnesses. By leveraging partnerships and evidence-based strategies, we aim to deliver integrated, person-centered care that addresses both medical, psychological, and social determinants of health.

Integrated Chronic Disease Management:

A multidisciplinary team—including nurses, physicians, dietitians, social workers and physiotherapists—collaborates to create and adjust personalized care plans, ensuring continuous monitoring and timely interventions.

By integrating digital health tools and predictive analytics, we proactively identify residents at risk of complications, reducing hospitalizations and improving health outcomes.

Preventive and Proactive Care:

We partner with local healthcare providers and public health agencies to deliver immunization clinics and infection prevention strategies, reducing the burden of infectious diseases. Through our dedicated on-site social worker, Trillium Manor supports the maintenance of good mental health and early identification and treatment of declining mental health.

Community Collaboration:

Our resident and family councils are invited to participate in shaping wellness initiatives, ensuring that programs reflect the lived experiences and needs of our population.

Contact Information

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<https://www.simcoe.ca/dpt/ltc/trillium>

Designated Leads

LTC Home	Trillium Manor
Administrator	Jason Gay



Director, Health Quality Simcoe	Nancy Habermehl
Project Coordinator	Jacqueline Berchtold
Decision Support Coordinator	Alex MacMillan
Director of Resident Care	Sowjanya Kontham
Director of Resident Care	Sarah Maxwell

Sign-off

I have reviewed and approved our organization's Quality Improvement Plan (QIP):

Basil Clarke	Warden COS	
Jonathan Magill	County Clerk	
Jane Sinclair	General Manager Health & Emergency Services	
Nancy Habermehl	Director Health Quality Simcoe	<i>NH</i>
Jason Gay	Administrator Trillium Manor	

Access and Flow | Efficient | Optional Indicator

Indicator #7	Last Year		This Year		
	Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Trillium Manor)	18.78 Performance (2025/26)	16.90 Target (2025/26)	11.93 Performance (2026/27)	36.47% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

We will continue to track this indicator quarterly to evaluate trends

Process measure

- # of avoidable ED visits for LTC residents

Target for process measure

- We are aiming to reduce the rate of potentially avoidable ED visits by 10%, from 18.78 to 16.90, by September 2025.

Lessons Learned

Targeted education effective

Change Idea #2 Implemented Not Implemented In Progress

We will educate LTC staff about the benefits of and approaches to preventing emergency department visits

Process measure

- % of staff trained - avoidable ED visits for LTC residents

Target for process measure

- We are aiming to have 50% of staff trained by July 2025, and all staff trained by December 2025.

Lessons Learned

Target achieved for registered staff

Change Idea #3 Implemented Not Implemented In Progress

We will continue to enhance palliative care supports within the long-term care home

Process measure

- % of staff trained - palliative care

Target for process measure

- We are aiming to have 50% of staff trained by July 2025, and 80% of staff trained by December 2025 on palliative care included in annual education.

Lessons Learned

Palliative care training is included in annual education through LMS and at orientation.

Achieved approximately 99% of staff educated.

Comment

Trillium Manor is committed to ensuring that residents receive the right care in the right place at the right time. Our strong external partnerships play a vital role in supporting this commitment. In support of reducing avoidable emergency department (ED) visits, we are collaborating with the Couchiching Ontario Health Team (COHT) and Orillia Soldiers Memorial Hospital (OSMH) to provide home-based nursing services through a nurse-led outreach team (NLOT). In 2026, we have plans to further support this work through the delivery of education to all registered staff and are initiating a new partnership with the County of Simcoe Community Paramedicine program to support intravenous (IV) initiation and therapy (or treatment) in the home.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #6	CB	100	CB	--	NA
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Trillium Manor)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

We will provide EDI education for all staff

Process measure

- % of staff trained - Equity, Diversity and Inclusion

Target for process measure

- We are aiming to have 10% of staff trained by July 2025, and 15% of staff trained by December 2025.

Lessons Learned

Optional EDI training provided to all staff

Comment

Trillium Manor’s equity, diversity, and inclusivity (EDI) initiatives are supported by the County of Simcoe’s People & Inclusivity Department. The County is currently developing their corporate strategy for 2026, which will be followed by developing and implementing a personalized action plan for Trillium in support of the larger County strategy.

Equity | Equitable | **Custom Indicator**

	Last Year		This Year		
Indicator #5	100.00	100	CB	--	NA
Percentage of residents with sociodemographic data collected and documented on their resident profile (Trillium Manor)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Implement a standardized approach to ensure sociodemographic data is consistently collected at admission, annual reviews, and following significant resident status changes

Process measure

- % of residents with updated sociodemographic data recorded within 30 days of admission, annual review, or a significant resident status change

Target for process measure

- 90% of residents have updated sociodemographic data recorded within 30 days of admission, annual review, or a significant resident status change.

Lessons Learned

Target achieved.

Comment

Trillium Manor is committed to continuously improving the resident and family experience. Involving residents in their care plan development and supporting autonomy in their daily experiences enhances their sense of dignity and overall well-being. We prioritize ongoing feedback to shape and improve our care and services, ensuring residents feel heard, valued, and respected.

Experience | Patient-centred | **Custom Indicator**

	Last Year		This Year		
Indicator #3	73.00	80	75.00	--	NA
Percentage of residents responding positively to survey question "staff listen to me" (Trillium Manor)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

We will continue best practice and evaluation of annual satisfaction survey results and improve communication of survey results and comments captured to residents, family and friends.

Process measure

- % of residents responding to survey question (staff listen to me)

Target for process measure

- We are aiming to increase resident satisfaction by 10%, from 73% to 80% of residents responding positively to survey question "staff listen to me" on the 2025 annual satisfaction survey

Lessons Learned

Implemented

Change Idea #2 Implemented Not Implemented In Progress

We will continue to promote participation in the home's Residents' Council and work with the council to make improvements in the home

Process measure

- # of improvement initiatives suggested # of feasible improvements made in the home

Target for process measure

- We are aiming to have 50% of improvement initiatives suggested, implemented in the home by December 2025.

Lessons Learned

Implemented

Comment

Trillium Manor is committed to continuously improving the resident and family experience. Involving residents in their care plan development and supporting autonomy in their daily experiences enhances their sense of dignity and overall well-being. We prioritize ongoing feedback to shape and improve our care and services, ensuring residents feel heard, valued, and respected.

	Last Year		This Year		
Indicator #4	86.00	95	86.00	--	NA
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Trillium Manor)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

We will continue best practice and evaluation of annual satisfaction survey results and improve communication of survey results and comments captured to residents, family and friends.

Process measure

- % of residents responding to survey question (I can speak up without fear of consequences)

Target for process measure

- We are aiming to increase resident satisfaction by 10%, from 86% to 95% of residents responding positively to survey question "I can speak up without fear of consequences" on the 2025 annual satisfaction survey

Lessons Learned

Implemented

Change Idea #2 Implemented Not Implemented In Progress

We will continue to improve and provide information to residents and families on their rights under provincial legislation and the home's policies and procedures.

Process measure

- # of educational opportunities provided

Target for process measure

- We are aiming to have 10% of residents and 50% of families informed by December 2025.

Lessons Learned

Implemented

Comment

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Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #1	25.18	16.50	24.53	2.58%	18
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Trillium Manor)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

We will assess and manage fall risks for all residents and discuss the falls prevention strategies at High Risk Rounds on a weekly basis.

Process measure

- # of fall assessments for new residents

Target for process measure

- We are aiming to complete fall assessments for all new residents to assess and manage fall risks, and to reduce the percentage of falls to be below or meet the provincial average of 16.5% by September 2025.

Lessons Learned

Implemented

Change Idea #2 Implemented Not Implemented In Progress

We will assess and manage fall risks for all residents

Process measure

- # of fall assessments for all residents

Target for process measure

- We are aiming to complete fall assessments for all residents to assess and manage fall risks, and to reduce the percentage of falls to be below or meet the provincial average of 16.5% by September 2025.

Lessons Learned

Implemented

Change Idea #3 Implemented Not Implemented In Progress

We will assess and manage fall risks for residents post fall.

Process measure

- # of post fall assessments

Target for process measure

- We are aiming to complete fall assessments for residents post fall to assess and manage fall risks, and to reduce the percentage of falls to be below or meet the provincial average of 16.5% by September 2025.

Lessons Learned

Implemented

Comment

Resident safety is a priority at Trillium Manor. Our leadership team tracks and reviews safety incidents including falls, medication administration and critical incidents in a timely manner. Risks and incidents are categorized, and high-risk incidents are supported by the County of Simcoe's Professional Practice and Client Experience department to ensure a thorough investigation and development of an action plan. These targeted action plans could result in policy updates, staff education, and/or implementation of quality improvement to reduce future risk.

	Last Year		This Year		
Indicator #2 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Trillium Manor)	41.36	21.20	19.44	53.00%	NA
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

We will continue to track this indicator quarterly to evaluate trends and ensure best practice is followed for resident assessments to ensure antipsychotics are prescribed appropriately.

Process measure

- # of antipsychotics prescribed in the absence of the associated diagnosis

Target for process measure

- We are aiming to reduce the percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment to meet the provincial average of 21.20% by September 2025.

Lessons Learned

Home did a really good job this year by educating the proper staff with how to code the diagnosis correctly. We are now under the Provincial benchmark.

Change Idea #2 Implemented Not Implemented In Progress

We will continue to collect and monitor current resident medication use data

Process measure

- # of medication reviews

Target for process measure

- We are aiming to maintain the number of medication reviews to evaluate the percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment to meet the provincial average of 21.20% by September 2025.

Lessons Learned

Home did a really good job this year by educating the proper staff with how to code the diagnosis correctly. We are now under the Provincial benchmark.

Comment

Resident safety is a priority at Trillium Manor. Our leadership team tracks and reviews safety incidents including falls, medication administration and critical incidents in a timely manner. Risks and incidents are categorized, and high-risk incidents are supported by the County of Simcoe's Professional Practice and Client Experience department to ensure a thorough investigation and development of an action plan. These targeted action plans could result in policy updates, staff education, and/or implementation of quality improvement to reduce future risk.

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who are satisfied with the meal service and food	C	% / LTC home residents	In-house survey / 2026	78.00	85.00	The goal is to improve by 7% by June and by 10% working toward theoretical best target. The theoretical best possible performance for this indicator is 100% Pleasurable dining: Improve overall satisfaction with food services From 78% to 85% by June 3, 2026	

Change Ideas

Change Idea #1 We will continue best practice and evaluation of annual satisfaction survey results and improve communication of survey results and comments captured to residents, family and friends. Reduce background noise in the Dining Room- EX: Place spatula to help scrap dishes, Reduce Staff Chit chatting, and communicating across the room. Start Dining Room Audits and assist in room while doing. Both Management and front line. Add centre pieces to tables to help create a welcoming table - Candles etc. Explore wall Murals to make room feel warmer and more welcoming Start using tablecloths for dinner service- Products already in house and EVS has agreed to trial for Dinners. Add music to the Dining rooms for Ambience. Install speakers up high in the ceilings for a surround sound vs one speaker in corner of room.

Methods	Process measures	Target for process measure	Comments
Create Schedule for Pleasurable Dining Audits that will also include a tasting of the various foods served for Taste, Temperature and Texture. Audit to also include asking 2 residents how there meal was. Audit Show plates to ensure they represent what's being served	% of residents responding to survey question (Pleasurable Dining Experience)	We are aiming to increase resident satisfaction by 7%, from 78% to 85% of residents responding positively to survey question overall satisfaction with dining room experience.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	C	% / LTC home residents	In-house survey / 2025	75.00	83.00	<p>Percent Improvement: The goal is to improve by 10% each year, working toward the theoretical best target. The theoretical best possible performance for this indicator is 100%</p> <p>Staff listen to me: Improve RSS score from 75% to 83% by May 31, 2026</p>	

Change Ideas

Change Idea #1 Educate staff on person centred care to be attentive, have good eye contact and ask questions if they don't understand the resident's concerns. Don't respond to call bells by simply showing up then leaving the room and saying I'll be right back. When exiting the room always ask the resident "is there anything else I can do for you. Do not tell residents this is they way it needs to be.

Methods	Process measures	Target for process measure	Comments
Process and Tools: Evaluation of annual Resident and Family Satisfaction Surveys for 2025 (Resident surveys: occurred throughout June, July, August 2025/ Family surveys occurred during July and August 2025). Explore different methods to provide opportunities for completion of the satisfaction survey. Increase participation through offering different methods of collecting data – follow up on the comments submitted through surveys. Home will share Quality Improvement Plan with staff through Quality Board and at Staff Meetings.	% of residents responding to survey question (staff listen to me)	We are aiming to increase resident satisfaction by 7%, from 75% to 83% of residents responding positively to survey question "staff listen to me" on the 2026 annual satisfaction survey	

Safety

Measure - Dimension: Safe

Indicator #3	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 September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	24.53	18.00	Provincial Average: The provincial average is 18%, we are targeting to meet the provincial average Reduce Falls from 24.53% to 18% by June 30, 2026	

Change Ideas

Change Idea #1 We will assess and manage fall risks for all residents and discuss the falls prevention strategies at High Risk Rounds on a weekly basis.

Methods	Process measures	Target for process measure	Comments
Monthly Safety Tips education provided to the Staff and Resident & family Council. Adding all new Admissions to our Falls program for the first 30 days. Evaluate and trend all falls for time of day, location, Call bell, Contributing factors. Use homes newly created tracking tool. Add owned cameras to rooms who are high risk for falls. Monthly audits conducted by the Falls Committee. This includes review of High Risk Residents, Repeat Fallers, New Admissions	# residents who had falls	We are aiming to complete fall assessments for all new residents to assess and manage fall risks, and to reduce the percentage of falls to be below or meet the provincial average of 18% by June 30, 2026.	

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average	7.13	3.30	Provincial Average: The provincial average is 3.3%, we are targeting to meet the provincial average Reduce Stage 2-4 Worsening from 7.13% to 3.3% by June 30, 2026	

Change Ideas

Change Idea #1 We will assess and manage worsening wounds for all residents and discuss the wound prevention strategies at High Risk Rounds on a weekly basis.

Methods	Process measures	Target for process measure	Comments
Send out weekly education on Compression Therapy, wound stages. Improve processes for avoiding Stage 1 worsening. Ensure WCC audits applicable interventions are in place and monitored for effectiveness. Look into adapting same Program on PCC that Sunset has for wound stage 1-3+. On Orientation day provide more detailed education on Wound care to all registered staff. Full Day	# of worsening residents Stage 2-4	We are aiming to assess residents who are risk for worsening wounds and reduce the percentage of falls to be below or meet the provincial average of 3.3% by June 30, 2026.	