

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #2	65.00	68	72.00	--	NA
The measure is % of residents who Strongly Agree/ Agree to I am offered activities that meet my interest. (AgeCare Willowgrove)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Complete an Audit for residents for feedback on programs and new ideas for programs they have.

Process measure

- % of surveys that are received and reviewed at resident council. # of new programs added to the calendar based on this feedback.

Target for process measure

- 100% of surveys will be reviewed at resident council monthly and develop action plan for the feedback.

Lessons Learned

Audit in MyAudits called Recreation and Social Activities that is completed during programs to help get feedback. One specific question is "Is the Resident offered activities that meet their interests?" 27 Audits were completed in 2025.

Change Idea #2 Implemented Not Implemented In Progress

Weekly leadership will meet with a neighbourhood and ask residents what programs they would like to see.

Process measure

- % of surveys that are collected and reviewed with the Resident Council for feedback into programs offered.

Target for process measure

- 100% of surveys will be reviewed at Residents Council.

Lessons Learned

This change idea was not initiated but suggestions still obtained through the auditing processes above, feedback from Resident council, and information gathered using "All-About-me".

Comment

Goal was met and surpassed. Continue to audit programs to ensure programs are offered that meet residents interests.

Indicator #3 The measures is % of residents who Strongly Agree or Agree to "I am satisfied with the quality of the food served." (AgeCare Willowgrove)	Last Year		This Year		
	42.00 Performance (2025/26)	45 Target (2025/26)	81.00 Performance (2026/27)	-- Percentage Improvement (2026/27)	NA Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Cooks to complete dining audits in dining rooms 2x per week at lunch and dinner. Making sure to audit all dining rooms.

Process measure

- % of audits completed as per the audit schedule.

Target for process measure

- 100% of all audits completed will be reviewed at Food Committee and break down of how many audits and action plans/ changes documented on Food Committee minutes.

Lessons Learned

FNM & AFNM complete 9 per month and review results from the previous month Food Committee.

Change Idea #2 Implemented Not Implemented In Progress

Plate Warmer to be purchased and trailed in a neighbourhood for two months and reviewed at Food Committee. If positive feedback more plate warmers will be added to the serveries.

Process measure

- Feedback related to temperatures of food will be reviewed monthly at Food Committee

Target for process measure

- If positive feedback plate warmers will be implemented in more dining rooms.

Lessons Learned

Plate warmer is still on one neighbourhood and great feedback, hoping to trial more in the future, but current budget constraints don't allow more.

Comment

Goal was met and surpassed. This will not be a focus for our 2026 QIP but we will continue to work on dining using the processes and lessons learned from 2025.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #1	4.73	4.50	6.32	-33.62%	NA
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (AgeCare Willowgrove)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Review of all residents currently on antipsychotic medication and ensure they have an diagnosis of hallucinations and delusions.

Process measure

- number of residents reviewed quarterly during medication reviews and MDS.

Target for process measure

- 100% of resident will be reviewed.

Lessons Learned

Review monthly along with the monthly meeting. Consult with Psychogeriatrician, Medical Director and Nurse Practitioner to review residents without diagnosis and put the diagnosis in place.

Change Idea #2 Implemented Not Implemented In Progress

Report rates of antipsychotic usage in the home per neighbourhood.

Process measure

- Review the trends month to month of antipsychotic reports to prescribing physician

Target for process measure

- Reports developed, generated, and reviewed by prescribing physician and Nurse Leadership team monthly

Lessons Learned

We receive reports from our partner pharmacy which provide antipsychotic usage for the Community and not each individual neighbourhood. Our team tracks and trends the data using alternative methods.

Comment

Our home is performing well on this indicator despite our rate change. This will not be a focus for our 2026 QIP but we will still work on this through our established internal processes.

