

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #2	24.07	21.50	36.51	-51.68%	NA
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (AgeCare Woodhaven)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Enhancement of clinical knowledge and skills to support residents in the home.

Process measure

- # of educational opportunities offered to staff and staff attendance.

Target for process measure

- All staff will attend at least one education session that enhances their clinical knowledge and skills.

Lessons Learned

The home continues to strengthen clinical competence through ongoing education initiatives. In 2025, registered staff completed targeted education to further enhance their clinical judgment and knowledge. Additionally, learning plans provided by the CNO were completed with staff who needed further development. Woodhaven remains committed to supporting continuous learning and professional growth to advance clinical expertise across the team. Challenges noted were outbreaks throughout the year which led to delay in education and staff overall availability.

Change Idea #2 Implemented Not Implemented In Progress

Increase the ability to treat residents in-house with IV therapy

Process measure

- % of registered staff trained.

Target for process measure

- 90% of registered staff will have training on the maintenance of IV therapy and a few staff will have training on initiating IV therapy.

Lessons Learned

IV therapy education was successfully completed and implemented within the home. In 2025, Woodhaven effectively integrated this practice change and provided residents with IV therapy as needed, demonstrating improved capacity to deliver enhanced clinical interventions.

Comment

Although the target was not met, the home will continue to implement strategies and improvement initiatives aimed at reducing avoidable emergency department transfers. The home has hired an Educator to provide direct, in-house education and real-time clinical support, enhancing staff competence and strengthening ongoing professional development. This will not be a focus for the HQO QIP, however the home will continue to work towards reducing ED visits.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #3	34.00	42.50	60.00	--	NA
Resident Satisfaction with Dining Services (AgeCare Woodhaven)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Increase satisfaction with food temperatures.

Process measure

- # of focus groups held. % of food temperatures completed in logs.

Target for process measure

- All 7 neighbourhoods will have a focus group in the 1st quarter. 100% of food temperatures will be completed.

Lessons Learned

The home demonstrated significant improvement in overall satisfaction with dining services, particularly regarding food temperatures. In 2024, 22% of residents reported satisfaction with food temperatures; in 2025, survey results showed this increased to 44%. Several practice changes contributed to this improvement, including ensuring that food transported to the serveries is immediately transferred from the Cambro carts into the steamers to maintain temperature. Dietary Aides also now preheat the steamers prior to meal service, ensuring they are warm when food is placed inside. These adjustments have further supported the consistent maintenance of safe and satisfactory food temperatures.

Change Idea #2 Implemented Not Implemented In Progress

Dining Service audits through enhanced Leadership presence.

Process measure

- # of audits that are collected and feedback collected from residents for trending and analysis in order to develop focused improvement initiatives.

Target for process measure

- All audits will be completed as per schedule. Leadership team member will engage with at least one resident during meal service to gain feedback.

Lessons Learned

A leadership walkabout schedule has been established to ensure dining room audits are completed weekly across all meal periods. The leadership team has also increased supervision and provided enhanced support within the dining rooms to promote consistency and quality in meal service.

Comment

A menu change was implemented to reduce food waste and enhance overall meal quality. Woodhaven continues to meet monthly with the Food Committee to review feedback and guide ongoing improvements. Resident personalized recipes have been incorporated into the menu to further enrich the dining experience. The home also successfully trialed a revised meal choice process, offering one protein option at lunch and two protein options at dinner, helping to reduce waste while maintaining quality. In addition, an à la carte menu has been introduced to provide residents with alternative choices when they prefer items outside of the standard menu offerings.

Safety | Safe | Optional Indicator

Indicator #1 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (AgeCare Woodhaven)	Last Year		This Year		
	15.29	13.75	11.66	23.74%	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

Enhanced Post Fall Huddles.

Process measure

- % of residents that will have a post fall huddle.

Target for process measure

- 100% of residents will have a post fall huddle.

Lessons Learned

Post-fall interdisciplinary huddles were implemented to collaboratively review each fall event, identify contributing factors, assess resident risks, and determine opportunities for improvement.

Change Idea #2 Implemented Not Implemented In Progress

Enhance strength and endurance of residents.

Process measure

- # of referrals to PT. Gym to be set up to better support residents at risk.

Target for process measure

- All residents who fall will be considered for PT referral. Gym to be up and running by Q2 2025.

Lessons Learned

restorative program and gym implemented in the home to support residents overall strength and endurance.

Comment

continue with current interventions and strategies that worked well for the home.