

Access and Flow | Efficient | Custom Indicator

| Indicator #1 | Last Year | | This Year | | |
|---|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| | CB | CB | 89.00 | -- | NA |
| Number of staff recruited and retained to appropriately meet the resident care needs level. (Chester Village) | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |

Change Idea #1 Implemented Not Implemented

Provide new hires with routine check-in, support and mentorship

Process measure

- Number of staff that PSW lead met with after orientation for a check-in. Number of quarterly peer check in meeting conducted for support.

Target for process measure

- 100% of new hires will be supported and mentored with PSW lead check in after orientation and four new hire support meetings will be conducted in one year.

Lessons Learned

Providing new hires with regular check-ins and dedicated mentorship, has given staff an opportunity to feel heard and supported. Regular checks ins were made by the HR Assistant, Department Managers and PSW Team Lead for all new hires. This change idea increased satisfaction and resulted in a retention rate to 89% of all nursing staff hired in 2024.

Change Idea #2 Implemented Not Implemented

Explore and Implement government initiatives that supports recruitment and retention of staff

Process measure

- Number of new initiative implemented

Target for process measure

- Implement 2 government initiatives within one year to support recruitment and retention

Lessons Learned

The LTC Prep Program was fully implemented and supported retention by offering Education and certification to all Preceptors. The education allowed for staff to be equipped with the skills and credentials needed for professional growth and to help train students. This led to a more committed and skilled workforce. The LTC Prep program and Ontario Health PSW Stipend and Recruitment Incentive implemented this year will be ongoing in 2025.

Change Idea #3 Implemented Not Implemented

Improve the new hire orientation experience of all new hires resulting in positive onboarding process and higher retention rate

Process measure

- Number of Staff positively evaluating orientation and onboarding process

Target for process measure

- 90% of staff will complete the orientation evaluation with a positive response and experience. Feedback to be received during general orientation.

Lessons Learned

We were able to hire an HR Assistant who was dedicated to helping with the onboarding process of new employees. The HR Assistant plays a pivotal role in streamlining and enhancing the onboarding process, ensuring staff feel supported and have a seamless transition into work life. Staff orientation held on site offered attendees to provide feedback. The feedback allowed the home to identify possible gaps and learn what new staff were interested in learning. With all new hires being provided the opportunity to evaluate the orientation this has enhanced the orientation process.

Comment

We were collecting baseline data from our previous QIP, and were able to still implement three new change ideas to support the number of staff recruited and retained to appropriately meet resident care need levels. By having the PSW Team lead conduct monthly huddles, fully implementing the LTC Prep program and Ontario Health Initiatives and revamping the onboarding and orientation experience it contributed to a higher retention rate than we have seen in previous years.

Equity | Equitable | Optional Indicator

| | Last Year | | This Year | | |
|---|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| Indicator #5 | 0.00 | 100 | 95.00 | -- | 100 |
| Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Chester Village) | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |

Change Idea #1 Implemented Not Implemented

Provide educational opportunities for all senior management and nursing administrative staff on Equity, Diversity, Inclusion (EDI) and Anti-Racism

Process measure

- Percentage of senior management and nursing administration staff who attended training

Target for process measure

- 100 % of all senior management and nursing administrative staff will attend and complete EDI and Anti Racism education

Lessons Learned

19 out of 20 of senior management and nursing administration staff participated in training focused on Equity, Diversity, Inclusion (EDI), and Anti-Racism. One challenge encountered was identifying educational resources specifically tailored to Management and Leadership. Leadership will continue to receive EDI and Anti racism training going forward.

Comment

Continue to develop a mandatory education plan to include EDI and anti racism training for all staff.

Experience | Patient-centred | Custom Indicator

| Indicator #3 | Last Year | | This Year | | |
|--|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |
| Percentage of residents that respond positively to the maintenance, cleanliness, tidiness of the building. (Chester Village) | 70.00 | 80 | 98.00 | -- | NA |

Change Idea #1 Implemented Not Implemented

Increase awareness of resident's expectation on the Home's maintenance, cleanliness and tidiness.

Process measure

- Number of Resident Council meetings attended by ESM

Target for process measure

- ESM to attend a minimum of 2 Residents' Council meetings in one year.

Lessons Learned

ESM attended two Residents' Council meetings. During meetings ESM discussed planned improvements and answered questions about maintenance, laundry and housekeeping. Resident expressed satisfaction with ESM attending the meetings and will continue to attend meetings when invited by Residents' Council.

Change Idea #2 Implemented Not Implemented

Review and improve staff awareness on resident's expected results

Process measure

- Number of staff that review and sign off on routine list

Target for process measure

- 100 percent of housekeeping staff

Lessons Learned

100% of new hires housekeeping staff reviewed and signed off on the routine list to be aware of residents expectations. All staff to continue to receive requests from residents and input as needed into maintenance care.

Change Idea #3 Implemented Not Implemented

Increase staff awareness of the Home maintenance computerized requisition System requests.

Process measure

- Percentage of staff completing review.

Target for process measure

- 100 percent of staff will complete review.

Lessons Learned

Housekeeping and environmental staff have been trained and their awareness has increased. Goal for 2025 will be to continue to have front line staff, in all departments receive education.

Comment

Previous satisfaction QIP number of 70% was incorrect due to incorrect data entry, the actual QIP performance rating for 2023 was 90%. Working off of the correct data of a 90% rating in 2023, the home had a positive increase of 8% in 2024 with 98% of residents responding positively to the maintenance, cleanliness, tidiness of the building.

| | Last Year | | This Year | | |
|--|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| Indicator #4 | 63.00 | 75 | 83.00 | -- | NA |
| Percentage of residents that respond positively to, "Staff are available to me within a reasonable time when I need them." (Chester Village) | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |

Change Idea #1 Implemented Not Implemented

Gather information on resident expectations related to staff availability and reasonable time

Process measure

- Number of resident focus group meetings held

Target for process measure

- Hold 1 meeting for each 6 focus groups, one per home areas on 2nd to 4th floors

Lessons Learned

6 resident focus group meetings were held as planned and the staff spent time listening to the resident's expectations and documenting so this can be shared to others.

The meeting itself gave the residents the assurance that staff are working towards attending to their needs at a reasonable time.

Overall, when asked, residents stated that the staff responds to their needs in a reasonable time.

Change Idea #2 Implemented Not Implemented

Improve Call Bell Response time average for the home to be at 3 minutes or less

Process measure

- Number of reviewed call bell report with planned maintenance or improvement activities

Target for process measure

- Target 3 minutes or less average call bell response time for the home.

Lessons Learned

There have been 3 quarters of report and in one report, 5 of the 7 home areas are at 3 minutes or less average call bell response time.

The two home areas are between 4-5 minutes average and continue to work on improving response time.

Some home areas have residents that call very often in short periods of time causing their average to go higher.

Unfortunately, with recent two homewide outbreaks and several residents on isolation, in December and January, the average response to call bell has increased with 6 out of 7 homes above 3 minutes, with the highest averaging 5 minutes 41 seconds response time. Although, this change idea's goal was not reached for the whole home, it was a good indicator for staff to review and continue to work on a regular basis.

Change Idea #3 Implemented Not Implemented

Staff education on communication and customer service.

Process measure

- PSW Lead and BSO Lead with the staff educator will create role playing and practice scenarios and educate all front line staff

Target for process measure

- At least 80% of staff will be educated on communication and customer service

Lessons Learned

Both the PSW lead, BSO lead and the staff educator were able to use role playing and practice scenarios as an educational tool on customer service. Small group huddles was used to facilitate staff participation and open communication. This change idea was very successful reaching our minimum of 80% of staff.

Change Idea #4 Implemented Not Implemented

Increase check in of staff to residents throughout the shift

Process measure

- Number of complaints related to unavailability of staff and unreasonable response time to needs

Target for process measure

- Less than 15% of complaints will be related to unavailability of staff and unreasonable response time to needs

Lessons Learned

Proactive rounding with assigned schedule for students and/or staff have been implemented where the student/staff goes around every two hours or according to the posted schedule to check on resident's needs before they even call.

At the beginning, it was just tried with the students but the routine becomes visibly absent when the students are not around, so the staff were added later which made this initiative more effective. There were 7 complaints related to care not provided on time with 4 of them unfounded. This is relatively low but similar to last year's data.

Comment

All change ideas were implemented despite some challenges and resulted with success at 83% responding positively to "Staff are available to me within a reasonable time when I need them." compared to 63% last year. We aimed for 75% satisfaction rate but achieved 8% higher than our target, which is very successful

| Indicator #2 | Last Year | | This Year | | |
|--|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |
| Percentage of residents responding, "never/sometimes" to overall quality of food and drinks is good. (Chester Village) | 44.00 | 30 | 19.00 | -- | NA |

Change Idea #1 Implemented Not Implemented

Put together a resident focus group and collect a survey on quality of food and drinks as a baseline data to identify resident preferences and dissatisfactions.

Process measure

- Number of identified resident recommendations based on their preferences and identified concerns requiring resolution

Target for process measure

- 75% of appropriate recommendations are implemented and 100% of concerns requiring resolutions are addressed.

Lessons Learned

The Food Committee made the topic of Quality of Food and Drink a monthly agenda item. This enabled residents to discuss their perspective on quality of food and drinks. Small group discussions were held throughout the year throughout different home areas and as questions arose they were discussed and managed accordingly. Each food committee meeting residents identified their preferences and dissatisfactions with regards to quality of food and drinks. At these meetings any concerns were answered and a solution would be planned and initiated.

Change Idea #2 **Implemented** **Not Implemented**

Provide residents with taste testing opportunities as meal presentation are conducted

Process measure

- Number of new food products and drinks presented and taste tested by residents

Target for process measure

- 4 times this fiscal year

Lessons Learned

Four different taste tests were held throughout the year, at Food Committee meetings. Residents expressed appreciation and enjoyed tasting the new food products. After taste test reviews from the residents, new items would be added to upcoming menus. This change idea will be continued in the following year due to increased resident satisfaction with this process.

Change Idea #3 **Implemented** **Not Implemented**

Increase resident awareness of meals served and information on food selection and purchases as per their interest.

Process measure

- Number of information sharing and/or education related to food and drinks' selection and purchasing provided to residents.

Target for process measure

- 3 education sessions will be provided in the fiscal year.

Lessons Learned

The home saw an increase in awareness a variety of interventions. Discussions were held at food committee meetings, tours of the kitchen for residents and answering questions when doing daily walk arounds within each home area, offered residents the opportunity to receive information in the moment of query. Residents discussions and questions centered around how and where food is purchased and cost.

Comment

Resident response to quality of food and drinks had a better performance by 25% when responding never/sometimes. With these change ideas, we saw a great response which could be attributed to the initiated change ideas and other interventions.