Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #6 Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Burton Manor)	**17.26** Performance (2025/26)	**16** Target (2025/26)	**21.25** Performance (2026/27)	**-23.12%** Percentage Improvement (2026/27)	**6** Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

Develop on-site capabilities to manage common conditions that often lead to transfers, Equip staff with the necessary tools and resources to provide timely interventions, reducing the need for hospital-based care.

Process measure

- Number of staff trained on new equipment such as IV Pump, CADD pump, PICO therapy, bladder scanner.

Target for process measure

- 100% of registered staff trained on new equipment.

Lessons Learned

All registered nurses and full-time registered practical nurses received education on IV therapy for symptomatic antibiotic treatment at home.
- Peripheral IV therapy education on Jan 24/2026
- PICC line Education on May 20/2025
- IV infusion pump on Mar 12/2025

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Continue to utilize attending physician, NP, NPNLOT team, on call physician on regular basisto receive education training and guidance on early recognition of and treatment.

Process measure

- Number of lacerations treated in-house by NP / NPNLOT or physician.

Target for process measure

- 100% of lacerations resulting from falls are treated in-house.

Lessons Learned

The NPNLOT team provided education on the early signs of infection. (UTI, and URI)
- Palliative and End of Life Care pathway
- Subcutaneous fluids
- Challenges have been. identified for the early detection of infection/ missing the track of infection

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

Involve families and caregivers in care planning and decision-making processes to ensure that care aligns with the resident's preferences and values. Provide education and support to families to help them understand the care options available within the facility, reducing anxiety and the perceived need for hospital transfers.

Process measure

- Physicians to discuss the in-house facilities in an effort to minimize the emergency department visits in all the care conferences.

Target for process measure

- 100% of the care conferences discuss the in-house facilities in an effort to minimize the emergency department visits.

Lessons Learned

Invite families and caregivers to participate in initial and ongoing care conferences, where the physician explains the individualized PoET form. 129 care conferences were held last year.
Implement the shared decision-making practices that incorporate resident and substitute decision-maker input.
Document the resident's values and goals of care and advance directives clearly in careplan.
- Challenges have been identified, including a lack of understanding among families and caregivers regarding palliative care and advanced care planning.

Change Idea #4 ☐ Implemented ☐ Not Implemented ☑ In Progress

Improve the resident's family/caregivers' knowledge related to palliative care.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

A palliative care consultant was invited to the family council meeting to provide education regarding palliative care and advanced care planning.
-Palliative Consultant will provide the bilingual pamphlet during the initial care conference.

Comment

Continue to educate and increase the competencies to manage the avoidable ED visits

Equity | Equitable | Optional Indicator

Indicator #5

Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Burton Manor)

Last Year		This Year		
100.00	**100**	**CB**	**--**	**173**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Provide orientation for all the staff members on cultural sensitivity, equity, diversity and inclusion and annually there after

Process measure

- Percentage of new hires completing the course during orientation and percentage of staff completing the course annually

Target for process measure

- 100% Percentage of new hires completing the course during orientation and percentage of staff completing the course annually

Lessons Learned

A revised learning module introduced emphasizing on the EDI for 2026. Was unavailable in 2025.

Comment

A revised learning module introduced emphasizing on the EDI

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #2	**94.64**	**95**	**88.71**	**-6.27%**	**95**
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Burton 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

Provide education to all staff regarding customer service and resident's bill of rights - - Zero Tolerance of Abuse and Neglect

Process measure

- Percentage of staff completing customer service and resident's bill of rights. Percentage of reduction in complaints / CIs related to Abuse and neglect.

Target for process measure

- 100% of the staff completing customer service and resident's bill of rights. 0% of complaints / CIs related to Abuse and neglect.

Lessons Learned

Followed up via emails and in person to complete their online modules in Relias.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Provide PANDA education for 100% front line staff and leadership.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Challenges - covering the night staff and part timers
Success - Front line staff provided feedback that education gave them better understanding on abuse and neglect

Comment

Ongoing education related to abuse and neglect.

	Last Year		This Year		
Indicator #3	**94.64**	**95**	**95.16**	**0.55%**	**96**
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Burton 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

Provide education on customer orientation and resident's bill of rights

Process measure

- Percentage of staff who complete education on customer orientation and resident's bill of rights

Target for process measure

- 100 Percentage of staff who complete education on customer orientation and resident's bill of rights

Lessons Learned

Followed up with staff to ensure 100% completion in relias.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Resident/Family Council meetings, morning huddles, PANDA education review bill of rights

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Challenges - Meeting with night staff and part-timers
Success - Feedback from staff mention the education was informative

Comment

Followed up with staff to ensure 100% completion in relias.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Burton Manor)	**16.31** Performance (2025/26)	**16** Target (2025/26)	**15.43** Performance (2026/27)	**5.40%** Percentage Improvement (2026/27)	**15** Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Ensure resident diagnosis are recorded appropriately upon admission and quarterly

Process measure

- Report quarterly on the number of residents on antipsychotics without a diagnosis of pyschosis.

Target for process measure

- All new move in residents will have their diagnosis recorded appropriately and existing residents medications and diagnosis will be reviewed /updated quarterly .

Lessons Learned

Challenges -Families are not always aware of the reason for medication prescription.
15 resident admitted to the home from April 2025-2026 without diagnosis

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Continue to utilizes Community resources such as PRC , TRC , NBNP team to identify schizoaffective disorder symptoms and manage responsive behaviors.

Process measure

- Percentage of residents referred to community resources to manage responsive behaviors. Percentage of staff trained on identifying the symptoms of schizoaffective disorder.

Target for process measure

- All new move in residents with antipsychotic use without the diagnosis of psychosis will be referred to community resources for further interventions to manage responsive behaviors

Lessons Learned

Success - PRC and TRC will provide education for staff monthly. Topics are according to the challenges staff are facing in the daily routines. 12 educations session held - by PRC and TRC. We educated 92 staff

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

Care community to utilize music therapist and complimentary therapist to manage residents' responsive behaviors

Process measure

- Percentage of residents referred to music therapy nad complimentary therapy to manage responsive behaviors

Target for process measure

- 100% of residents with the antipsychotics without the diagnosis of psychosis will be referred to music therapy and complimentary therapy .

Lessons Learned

Music therapist provide services to resident with antipsychotics routinely. Non Pharmacological interventions play an important role in managing some behaviors
One resident had positive effect with Music therapy, and did not require the use of antipsychotic.

Change Idea #4 ☐ Implemented ☐ Not Implemented ☑ In Progress

BSO mobile team - working with residents with antipsychotic use

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Provide education to staff and use non-pharmacological approaches for residents. The team spend time with the resident to identify triggers and set interventions accordingly; therefore, the need for an antipsychotic is not required. Initiated in Dec 2025-

Safety | Safe | Custom Indicator

Indicator #4

Percentage of residents with worsened stage 2- 4 Pressure Injuries (Burton Manor)

Last Year		This Year		
3.80	**3.50**	**2.78**	**--**	**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

Improve Registered staff and PSW's knowledge on identification and staging of Pressure Injuries

Process measure

- Wound nurse to provide quarterly education sessions for Registered staff and PSW's on Prevention , early detection , staging and management of pressure injuries

Target for process measure

- 100% of Registered sand PSW's will be educated on Prevention , early detection , staging and management of Pressure Injuries by December 31st 2025

Lessons Learned

Education was provided by wound care consultant for PSW and registered staff in April 2025 (4 registered staff) and June 2025 (28 PSW and 7 registered staff).
During monthly program meetings, education was provided related to early identification and staging of pressure injuries.
Challenges: Newly hired staff

Change Idea #2 ☐ Implemented ☐ Not Implemented ☑ In Progress

Care community will have wound care champions on each home areas responsible to monitor , assess and mange skin related concerns on their respective home areas

Process measure

- Number of registered staff trained on wound care Champions program and Number of PSW's trained on skin health program

Target for process measure

- Each home area will have a wound care champion by December 31st 2025

Lessons Learned

4 registered staff completed Wound care champion program and 4 PSW staff completed Skin health program. They are champions for their home areas.
Essity provided SPA days in November 2025 for residents, families and staff and provided education regarding various Essity skin care products.
Skin and wound RN educated all registered staff regarding new Chartpic app in 2025.
Challenges: Recruiting new champions.

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

A new skin and wound RN lead position was created to strengthen the skin and wound program.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

New Skin and wound RN position was started from August 2025. Weekly rounds are completed by Skin and wound RN. Trackers are maintained by lead RN. Weekly audits were completed related to wounds dressing and status.