

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

Indicator #10	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of residents who would positively respond to the statement "I would recommend this home" on the Annual Resident Satisfaction Survey. (Reachview Village)	57.10	75	66.70	--	NA

Change Idea #1 Implemented Not Implemented

Ensure that residents are given the opportunity to become involved in the running of Reachview Village through participation in Resident Council

Process measure

- 1.Ensure all residents receive a calendar supplied to them monthly. 2.Reminder will be announced day of Resident's council meeting

Target for process measure

- Increase positive response by 25% on 2024 Satisfaction Survey to the statement "I would recommend this home"

Lessons Learned

Resident council meetings have maintained good attendance and the residents are engaged in making decisions

Comment

Resident engagement in decision making has increased i.e. when we decided to paint throughout, we took paint samples to the council and had them assist with making colour choices for the home which was very positive. We continue to engage resident feedback as part of our day to day practices.

	Last Year		This Year		
Indicator #1	88.50	85	85.00	--	NA
Percentage of families who would positively respond to the statement "I would recommend this home" on the Annual Family Satisfaction Survey.	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

(Reachview Village)

Change Idea #1 Implemented Not Implemented

Ensure all families receive invitations to attend monthly Family Council meetings

Process measure

- Complete tracking to ensure all families receive invitations to Family Council

Target for process measure

- 100% of our families will receive notification or an invitation to monthly Family Council meetings

Lessons Learned

The invitation goes out to all families monthly.

Change Idea #2 Implemented Not Implemented

Ensure that families are given the opportunity to become involved in the running of Reachview Village through participation in Quality Council

Process measure

- Family members will be called to determine if they would be interested and available to attend a Quality Council meeting. If response is positive, an invite will be sent by email.

Target for process measure

- Remain above 85% Satisfaction on 2024 Survey to the statement "I would recommend this home"

Lessons Learned

This has occurred but individuals are not always available to participate or lose interest.

Comment

Feedback has been linked to the appearance of the home due to its age. A number of projects have been initiated and completed since the surveys which should have a positive impact on the next survey results.

Indicator #9 Percentage of residents who would positively respond to the statement "I am satisfied with the quality of spiritual care" (Reachview Village)	Last Year		This Year		
	<p>26.30</p> <p>Performance (2024/25)</p>	<p>73.70</p> <p>Target (2024/25)</p>	<p>85.70</p> <p>Performance (2025/26)</p>	<p>--</p> <p>Percentage Improvement (2025/26)</p>	<p>NA</p> <p>Target (2025/26)</p>

Change Idea #1 **Implemented** **Not Implemented**

Provide Residents education of “What is spirituality?”

Process measure

- Complete tracking tool to ensure all residents receive spirituality education

Target for process measure

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the variety of Spiritual care services"

Lessons Learned

Residents were very open to the information shared, there were also posters and other methods of info sharing that were effective. we improved significantly in our results .

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

Recreation Manger to educate residents on Spiritual Services available

Process measure

- 1. Rec manger will create a ballot to have by the suggestion box that is about recreation and spiritual programming specifically for residents to provide input by March 25, 2024.

Target for process measure

- Increase positive response by 10% on 2024 Satisfaction Survey to the statement "I am satisfied with the variety of Spiritual care services"

Lessons Learned

The ballot / suggestion box did not have a high response rate. Residents respond more positively to face to face communication or education materials given to them to read.

Comment

The initiatives around education were well received and we saw a 59% increase for satisfaction on this years survey.

Indicator #8	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of residents who would positively respond to the statement "Dietician-I am satisfied with the quality" (Reachview Village)	33.30	69.20	76.90	--	NA

Change Idea #1 Implemented Not Implemented

Ensure residents are educated regarding the role of Dietician

Process measure

- Dietary manager to utilize suggestion box for feedback -Dietary manager to speak with residents regarding Dietician concerns at Food Committee meeting.

Target for process measure

- Increase positive by 15% on 2024 Satisfaction Survey to the statement "Dietician-I am satisfied with the quality"

Lessons Learned

The initiatives implemented were successful, the suggestion box is not well utilized but the face-to-face interactions have been beneficial

Comment

The initiatives from last year were successful, there was more interaction between the residents and dietician. Having more access to the dietitian and educating residents and families on the role has increased the satisfaction by more than 43% from 2024's survey.

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of family members who would positively respond to the statement "I am satisfied with the variety of Spiritual care services" (Reachview Village)	55.60	59.40	60.00	--	NA

Change Idea #1 Implemented Not Implemented

Provide family Education of "What is spirituality?"

Process measure

- Complete tracking tool to ensure all families receive spirituality education and the online survey.

Target for process measure

- Increase positive response to 75% Satisfaction on 2024 Survey to the statement "I am satisfied with the variety of Spiritual care services"

Lessons Learned

Success with face to face interactions with families. Had a display in the rec area that addressed spirituality- education on meaning and differences between religion and spirituality. Post in the newsletter that went to all families with similar education information. One challenge was openness from some families to discuss religion and/spirituality for those individuals it was left up to them whether they wanted to discuss or not.

Change Idea #2 Implemented Not Implemented

Recreation Manger to educate families and residents on Spiritual Services available

Process measure

- 1. Rec manger will create a ballot to have by the suggestion box that is about recreation and spiritual programming specifically for families to provide input by March 25, 2024. 2.- Rec manager to attend family council to discuss input on recreation programs available as well as the variety of spiritual programming available once invited (will aim to attend next family council meeting before end of March 2024)

Target for process measure

- Increase positive response by 10% on Satisfaction 2024 Survey to the statement "I am satisfied with the variety of Spiritual care services"

Lessons Learned

Ballot was initiated and is still in use and available for families and residents to complete if they wish too. Rec manager did attend the family forum mtg to discuss the topic and is available to attend if families request.

Comment

Satisfaction increased from 55.6% to 60% from 2023 to 2024

	Last Year		This Year		
Indicator #2	57.70	71.20	52.90	--	NA
Percentage of family members who would positively respond to the statement "I am satisfied with the quality of maintenance of the physical building and outdoor spaces" (Reachview Village)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Improve landscaping around facility

Process measure

- 1. Reach out to families at Family Council for feedback on changes made. 2. Created a suggestion box for families to anonymously provide feedback.

Target for process measure

- Remain above 71.2% Satisfaction on 2024 Survey to the statement "I am satisfied with the quality of maintenance of the physical building and outdoor spaces"

Lessons Learned

Suggestion box has not been used often.

Change Idea #2 Implemented Not Implemented

Improve quality of maintenance and physical building

Process measure

- 1. Reach out to families at Family Council for feedback on changes made. 2. Created a suggestion box for families to anonymously provide feedback.

Target for process measure

- Remain above 71.2% Satisfaction on 2024 Survey to the statement "I am satisfied with the quality of maintenance of the physical building and outdoor spaces"

Lessons Learned

Very little feedback from families re this item when asked.

Comment

The residence has recently had quite a few maintenance items completed such as paint, lighting, refurb of common bathrooms. We hope to see an improved % next survey due to the work that has been done.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #4	0.00	4	0.00	#Error	NA
Percentage of long-term care home residents in daily physical restraints over the last 7 days (Reachview Village)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

1) Review current restraints and determine plan for trialing alternatives to restraints

Process measure

- # residents reviewed monthly # of meetings held with families/residents to discuss alternatives monthly # of action plans in place for reduction of restraints in collaboration with family/resident monthly

Target for process measure

- 100% of restraints will be reviewed and plans implemented for trialing alternatives by

Lessons Learned

This was a successful strategy and helped to decrease our restraints in our home.

Change Idea #2 Implemented Not Implemented

Re-educate staff on restraint policy and use of alternatives to restraints

Process measure

- # of education sessions held monthly

Target for process measure

- 100% of staff will be re-educated on restraint policy and alternatives to restraints by

Lessons Learned

this was helpful for staff and a good review of policy and use of alternatives.

Comment

Reachview was able to maintain 0% use of restraints in 2024

Indicator #6 Percentage of LTC residents with worsened ulcers stages 2-4 (Reachview Village)	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
	1.60	2	2.40	--	NA

Change Idea #1 Implemented Not Implemented

1) Increase care staff knowledge as it relates to preventative and management of skin integrity.

Process measure

- # of newly acquired pressure injuries will be monitored monthly. % of residents with worsening pressure injuries will be monitored monthly.

Target for process measure

- % of worsened pressure injuries will meet corporate target.

Lessons Learned

The monitoring has been happening, NP and wound care specialists are engaged. this will continue to be a focus in 2025.

Comment

The results are increased from last year due to the admission of a couple of residents that have severe long-term wounds that are being treated but not able to heal, these wounds were advanced prior to residency. We continue to focus on this indicator for improvement.

Indicator #5	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	13.80	13	17.70	--	NA
(Reachview Village)					

Change Idea #1 Implemented Not Implemented

1) Implement specific locations in the home for staff to chart/monitor residents who are high risk for falls

Process measure

- Those residents identified as high risk falls have decreased in severity and number of falls

Target for process measure

- Decrease in #falls

Lessons Learned

This became challenging throughout the year as residents status changed and there were a higher number of residents with fall risks, not always possible for every risk resident to have a staff monitoring all of the time.

Change Idea #2 Implemented Not Implemented

Increase attention to front line staff regarding increased falls rate

Process measure

- Staff meeting minutes and updated posters/campaign will be evidence of methods in place

Target for process measure

- To meet corporate target

Lessons Learned

Review of frequent falls at staff meetings and quality/PAC meetings was positive and increased awareness of falls.

Comment

The increased percentage of falls is primarily due to frequent falling issues with a small number of residents. We are revisiting having staff charting near those residents rooms more frequently in 2025.

	Last Year		This Year		
Indicator #7	7.70	18	6.30	--	NA
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
(Reachview Village)					

Change Idea #1 Implemented Not Implemented

1) Medication reviews completed for all residents currently prescribed antipsychotics

Process measure

- # of residents reviewed monthly # of plans of care reviewed that have supporting diagnosis # of reduction strategies implemented monthly

Target for process measure

- All residents currently prescribed antipsychotics will have a medication review completed by July 2024

Lessons Learned

This was effective and is still a continuing practice.

Change Idea #2 Implemented Not Implemented

2) Provide educational material to families and/or residents on antipsychotics and the importance of minimizing use

Process measure

- # of families provided with best practice information on reducing antipsychotics monthly # of tour and admission packages provided with antipsychotic reduction

Target for process measure

- Educational material will be provided to families and/or residents on antipsychotics and importance of minimizing use by Sept 2024

Lessons Learned

This was initiated and well received and will continue.

Comment

We remain below the maximum target set. There has been an increase as we receive new residents who often come from hospital setting with prescribed antipsychotics, we continue to educate families/residents and work with our physicians to lower where appropriate.

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I have input into the recreation programs available	C	% / Residents	In-house survey / Sept-Oct 2024	55.60	80.00	Extending target is 80%	

Change Ideas

Change Idea #1 Use real-time feedback tools such as evaluations of programs, seeking resident feedback on enjoyment and satisfaction of program in real time

Methods	Process measures	Target for process measure	Comments
1) Select up to 2 programs per month to audit. 2) Use evaluation templates, activity pro, or other documentation to complete the audits 3) Review and action after each evaluation	# of audits completed throughout the year 2) Rate of satisfaction of program 3) # of Change actions	2 audits will be completed monthly directly after programs to evaluate level of enjoyment/satisfaction 2) There will be a 10 % improvement with satisfaction of program by August 15, 2025.	Will reassess initiatives in August

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I enjoy eating meals in the dining room	C	% / Residents	In-house survey / dec 2024	50.00	76.00	Extencicare target is 75.3%	

Change Ideas

Change Idea #1 Enhance dining environment at mealtime

Methods	Process measures	Target for process measure	Comments
1. Assess current state of dining room to determine external noises and other environmental factors that can impact satisfaction 2. Speak to residents on change ideas to enhance space including use of music, flower arranging, different programs for table settings, etc. 3. Determine which change item(s) to focus on, implement and evaluate after 3 months	1. Reduction of noise 2. Increase of resident intake 3. # of events (i.e. soft music) used to enhance	1. By the end of Q1, 3 change ideas will be implemented to increase atmosphere 2. Complete survey with resident counsel on changes and document by April 15th, 2025. 3. Enhance enjoyment by 15% by next review October 2025	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of maintenance of physical building and outdoors	C	% / Family	In-house survey / December 2024	66.70	75.00	Extendicare target	

Change Ideas

Change Idea #1 Provide capital updates to keep residents and families informed of physical building updates. Such as Refreshing of indoor and outdoor spaces
Painting projects in resident and staff areas Lighting updates throughout the residence Roofing replacement project Cleanup of outdoor courtyard area

Methods	Process measures	Target for process measure	Comments
1) ED will attend resident counsel and family forum meeting by April 30th, 2025 2) Communication updates on capital projects will be provided via newsletter to families and residents by April 30th, 2025	1) # of resident and family forum meetings where ED attended and discussed capital plans. 2) # of updates provided via newsletter or townhall	Increase satisfaction by 25% by November 2025. ED will attend resident council meeting and family forum by April 30, 2025. Newsletter update will be send to families and resident starting April 30, 2025 and will continue on monthly basis.	Current 66.7% is below extendicare average of 74.2%

Safety

Measure - Dimension: Safe

Indicator #4	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 Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	16.14	15.00	Improvement toward Extencicare target	Achieva

Change Ideas

Change Idea #1 Ongoing surveillance of environment in resident areas for fall risk

Methods	Process measures	Target for process measure	Comments
1) Educate staff on how to do environmental risk assessment 2) Staff to complete an environmental risk assessment monthly in each resident's room deemed at risk for a fall 3) Any identified deficiencies are to be corrected	1) # of staff education sessions completed on environmental risk assessment 2) # of environmental risk assessments completed monthly 3) # of identified deficiencies corrected monthly	1) Staff education on completing an environmental risk assessment will be completed for 100% of staff by June 30, 2025 2) Process for Environmental risk assessments being conducted on a monthly basis for each high -risk resident will be in place by May 1st, 2025	Adding Environmental assessments is a logical step as a high number of falls that have occurred have been unwitnessed in resident's spaces, a preventative approach may decrease the risk

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	4.90	4.00	Extencicare target is 17.3%, Reachview is trending below that number so has adjusted the target to reflect our current trending while still striving for improvement.	Medisystem

Change Ideas**Change Idea #1 Education for Registered Staff on antipsychotics**

Methods	Process measures	Target for process measure	Comments
Nurse Practitioner or Pharmacy consultant to provide education session for registered staff on antipsychotic medications including usage, side effects, alternatives etc.	# of registered staff who attended training session on antipsychotic medications.	75% of registered staff will have attended training on antipsychotic medications by Aug 1st, 2025	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Pressure ulcers: Percentage of residents who had a pressure ulcer that recently got worse	C	% / Residents	Other / October - December 2024	2.40	2.00	Extendicare target is 2%	Solventum/3M, Wounds Canada

Change Ideas

Change Idea #1 Turning and repositioning re-education

Methods	Process measures	Target for process measure	Comments
1) Educate staff on the importance of turning and repositioning to off load pressure 2) Night staff to audit those residents that require turning and repositioning 3) Review this during the Skin and Wound committee meetings for trends	# of staff that have been educated # of audits completed # of reviews completed by Skin and Wound committee	1) 100% of PSW will have attended education sessions on turning and repositioning by June 30, 2025. 2) Check in with staff and will be correctly completed on a monthly basis by June 30, 2025 3) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by June 30th, 2025	The supportive approach of additional education and/or refreshing of education for turning and positioning residents who need it to prevent skin break down is a key action is reducing our pressure ulcers and in supporting healing of existing.