

Experience | Patient-centred | Custom Indicator

Indicator #8	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of positive Resident Satisfaction Survey scores specific to question "Resident satisfaction with overall quality of care and service". (St. Joseph's Villa, Dundas)	79.00	80	80.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Provide a forum (survey) for residents to express satisfaction with quality of care.

Process measure

- Number of resident satisfaction surveys conducted annually.

Target for process measure

- To complete one resident satisfaction survey before Dec 30, 2025.

Lessons Learned

During the summer months, the Resident Satisfaction Survey was completed with students supporting implementation by conducting one-to-one interviews and private meetings with residents. Students received training to ensure interviews were conducted in a welcoming, safe, and non-biased manner to support open and comfortable communication. Residents were offered multiple options to complete the survey, including one-to-one interviews or paper surveys, with up to three attempts made to encourage participation. Individual responses remained confidential and were not disclosed to staff. Survey data were collected, analyzed, and shared with staff, management, the Resident and Family Council, and the Board, and a collaborative action plan was developed based on the findings. Residents provided positive feedback regarding the students' involvement and reported feeling comfortable during the interviews, while staff also acknowledged the students' professionalism. The same survey tool was used with two additional long-term care homes to allow for comparison of results and identification of shared learnings and best practices.

Indicator #3	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Number of education sessions provided to the Resident and Family Councils. (St. Joseph's Villa, Dundas)	CB	2	3.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Survey residents and families on education topics that will help them gain skill, knowledge and confidence in participating in initiatives and projects.

Process measure

- Number of surveys conducted to identify topics of education/interest to develop resident/family engagement.

Target for process measure

- To complete 2 surveys to identify education topics by October 30, 2025.

Lessons Learned

Surveys/request for suggestions were offered to both residents and families to identify educational topics that would increase their confidence and participation in committees and working groups, with separate requests used to ensure both perspectives were captured. The results highlighted the importance of offering education in flexible and accessible formats, including in-person sessions, online learning opportunities, and individual meetings. Residents and families also emphasized that education should be concise, practical, and focused on providing clear tools and information to support meaningful participation in discussions, decision-making, and collaborative initiatives within the home. These findings reinforced the importance of seeking resident and family input when planning educational initiatives to ensure engagement opportunities are accessible, practical, and responsive to their needs.

Change Idea #2 Implemented Not Implemented In Progress

Provide education sessions and mentorship program for residents and families to enhance competency.

Process measure

- Number of education sessions provided to residents/families.

Target for process measure

- To provide 2 education sessions to residents/families by Dec 31, 2025.

Lessons Learned

Three education sessions were provided throughout the year for residents and families, offered separately and delivered in both in-person or online formats. Educational modules were developed collaboratively with St. Joseph’s Health System, as well as internally within the home and through external councils. Feedback from residents and families was positive, particularly regarding the flexibility of learning formats and the ability to select topics relevant to their needs. Education focused on building confidence in speaking during meetings, supporting active participation in committees, preparing for meetings, and increasing awareness of community resources. Participants expressed satisfaction with being able to complete modules at their own pace and appreciated that staff were available to provide additional support when needed, reinforcing the importance of accessible education to strengthen resident and family engagement.

	Last Year		This Year		
Indicator #1	74.00	100	119.00	--	NA
Number of active volunteers providing recreational and social opportunities. (St. Joseph's Villa, Dundas)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Promote volunteer services through internal and external communication.

Process measure

- Number of postings per year promoting volunteer services.

Target for process measure

- To post 5 notices per year.

Lessons Learned

Several key periods throughout the year, particularly during school months, proved most effective for advertising volunteer opportunities. End of Q3, approximately 12 recruitment postings were completed and shared through internal communications, including memos and posters throughout the buildings. External outreach was also conducted through high schools, universities, community fairs, community service networks, and social media. A key challenge was the high volume of responses during peak periods, which occasionally impacted training timelines and response rates. Overall, feedback from new volunteers was positive, particularly regarding the recruitment advertisements and the training process, highlighting the value of aligning outreach efforts with academic calendars.

	Last Year		This Year		
Indicator #7	3.00	15	23.00	--	NA
Number of volunteers providing 1:1 recreational and social opportunities, for high risk isolation residents. (St. Joseph's Villa, Dundas)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 **Implemented** **Not Implemented** **In Progress**

Identify residents that are at high risk for social isolation and identify volunteers interested in volunteering one on one with residents in isolation.

Process measure

- Number of interested volunteers identified to visit high risk isolation residents.

Target for process measure

- To recruit 15 volunteers to visit high risk isolation residents.

Lessons Learned

Residents at high risk for social isolation were identified, including those with limited or no family supports. Volunteers interested in providing one-to-one engagement were also identified and matched with these residents where appropriate (as of March, there were 23 volunteers providing one-to-one) . This approach helped connect volunteers with individuals who would benefit most from additional social interaction and companionship. As a result, residents experiencing isolation demonstrated increased engagement and provided positive feedback about the interactions with volunteers, highlighting the value of targeted volunteer involvement in supporting resident well-being.

Indicator #4	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Number of new recreational activities led by volunteers. (St. Joseph's Villa, Dundas)	1.00	8	10.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Survey residents and volunteers for preferred, new recreational activities.

Process measure

- Two surveys conducted annually to then match volunteers leading activities and residents interested in activities.

Target for process measure

- To complete 2 surveys to identify preferred activities and volunteers by February 2026.

Lessons Learned

Resident and volunteer feedback was actively gathered to identify opportunities for new recreational activities. Residents were asked which programs they would like to see offered, while volunteers were surveyed to determine their interests and skills in leading activities. By Q3, three surveys were conducted to help align resident interests with volunteers willing to facilitate programs. In addition, Therapeutic Recreation staff hold monthly meetings with residents to discuss new program ideas, with meeting minutes submitted to management. This process supported the development of volunteer-led activities that better reflect resident interests and strengths within the volunteer group.

Indicator #2	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Number of education sessions provided to staff regarding a healthy reporting structure (Just Culture) and the importance of reporting racial and ethnic slurs. (St. Joseph's Villa, Dundas)	CB	4	23.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Provide education and build staff confidence on the importance of reporting workplace violence specifically racial and ethnic slurs.

Process measure

- Number of education sessions to staff on the importance of reporting ethnic and racial slurs.

Target for process measure

- To provide 4 education sessions to staff on the importance of reporting racial and ethnic slurs.

Lessons Learned

Recognizing the importance of a safe and psychologically supportive workplace, education sessions were developed to emphasize the importance of reporting incidents involving racial and ethnic slurs. An education script on the importance of reporting workplace violence and promoting psychological safety was implemented, and staff were encouraged to build confidence in identifying and reporting these incidents. By March, 23 education sessions had been completed. A feedback survey was also developed to evaluate the sessions, with staff reporting increased clarity on what should be reported and expressing no concerns about reporting incidents. This initiative reinforced the importance of education in promoting awareness, accountability, and a culture of safety in the workplace.

Indicator #6	Last Year		This Year		
	CB	CB	2.00	--	NA
Number of staff incident reports reporting Health and Safety/Violence in the workplace specifically to racial and ethnic slurs. (St. Joseph's Villa, Dundas)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Collect data on types of staff incidents that are related to racial and ethnic slurs.

Process measure

- Percentage of documented resident behaviours related to ethnic and racial slurs are reported on staff incident reports.

Target for process measure

- Achieve 25% of documented resident behaviours related to ethnic and racial slurs are reported on staff incident reports.

Lessons Learned

Data collection related to workplace violence was enhanced to include incidents affecting psychological safety, specifically those involving racial and ethnic slurs. Staff incident reporting processes and the internal database were updated to capture these types of incidents, and investigations were completed when reports were received. Data was reviewed regularly through Health and Safety Committee, management, and leadership meetings to support monitoring and accountability. In March, two incidents had been reported through staff incident reports. A key challenge identified was inconsistent documentation in resident records as well as staff reporting, which may impact the accuracy of data and limit the ability to fully identify trends or gaps. This highlighted the importance of consistent documentation and reporting practices to ensure reliable data and effective response strategies and providing ongoing reminders and education.

Indicator #10	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of staff (senior leadership, management, staff) who have completed relevant equity, diversity and inclusion and antiracism education. (St. Joseph's Villa, Dundas)	CB	20	49.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Identify appropriate EDI and antiracism education for different roles.

Process measure

- Percentage of staff attending additional EDI and antiracism training

Target for process measure

- 20% of staff will complete additional EDI and antiracism training.

Lessons Learned

To further support an inclusive workplace, efforts were made to expand Equity, Diversity, and Inclusion (EDI) learning opportunities beyond the mandatory education available on the Learning Management System. Appropriate EDI training and education sessions were researched and identified for different roles, including both staff and management. A variety of learning formats were offered, including in-person sessions, online training, micro-modules, and participation in events recognizing important cultural and awareness days. By March, approximately 49% participation had been achieved. This initiative reinforced the importance of providing diverse and accessible learning opportunities to strengthen awareness, promote inclusion, and support ongoing staff development in EDI principles.

Indicator #5	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Number of pain assessment audits developed to measure compliance with reassessment process. (St. Joseph's Villa, Dundas)	CB	1	1.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Enhance resident pain comfort by completing audits to ensure compliance with process.

Process measure

- Number of pain audits created

Target for process measure

- One pain audit created

Lessons Learned

Recognizing the importance of timely pain reassessment to address residents' ongoing concerns and meet regulatory requirements, audits were initiated to support compliance and identify areas for improvement. A focus group with pain leads and clinical team members helped develop the audit framework and questions. The audit process was trialed on one unit before expanding to additional units. Interim education was provided to nursing staff, emphasizing timely documentation and reassessment as a best practice, with one-on-one learning sessions conducted on key units. Pain concerns were also incorporated into High Risk Rounds for residents with worsening symptoms to support earlier identification and intervention. Ongoing data collection and gap analysis will guide further education and process improvements. Challenges with staff receptiveness to feedback were noted, highlighting the need for continued leadership support to reinforce consistent practices and strengthen compliance.

Indicator #9	Last Year		This Year		
	Percentage of residents overall health comfort improving for those experiencing “worsening pain” by trialing different non-pharmacological or pharmacological interventions in identified time frame. (St. Joseph's Villa, Dundas)	CB Performance (2025/26)	85 Target (2025/26)	87.00 Performance (2026/27)	-- Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Develop a pain assessment process to capture assessment and reassessment timeframes.

Process measure

- Percentage of assessment/reassessment timeframes being met.

Target for process measure

- Achieve 85% compliance with reassessment process in Q2-Q4.

Lessons Learned

Recognizing the importance of timely pain reassessment to address residents’ ongoing concerns and maintain regulatory compliance, a focus group with the clinical team was conducted to establish reassessment timeframes aligned with best practices. Education was provided to the clinical team responsible for assessing, reassessing, and managing pain, including guidance on appropriate referrals and interventions. The importance of clear and timely documentation was also emphasized, with improved documentation demonstrating increased use and recording of non-pharmacological interventions. Pain concerns for residents with worsening symptoms were added and reviewed during High Risk Rounds to support timely follow-up. By Q4, audit results showed an 87% compliance rate, reinforcing the value of defined timelines, accurate documentation, and ongoing education to support consistent pain management practices.