

Access and Flow | Efficient | Optional Indicator

Indicator #4	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Woodingford Lodge - Woodstock)	17.67	10	10.91	38.26%	5.91

Change Idea #1 Implemented Not Implemented

Woodingford Lodge Woodstock is aiming to improve this performance by communicating with practitioners prior to sending a resident to the ED

Process measure

- 1) The number of resident's sent to the ED 2) The number of resident's sent to the ED that could have been prevented/managed within the facility.

Target for process measure

- 1) The number of residents sent to ED each quarter will remain consistently low as we have seen in previous years. 2) The number seen here will be low or as close to "0" as possible

Lessons Learned

Prior to a resident being transferred to the emergency department, the registered team member must call the on-call practitioner. At this time a discussion is occurring on whether the resident can be managed at Woodingford Lodge or must go to the emergency room.

Change Idea #2 Implemented Not Implemented

All Registered Nurses who currently work for Woodingford Lodge (20 RN's) will be trained in IV therapy and phlebotomy to help reduce the number of residents requiring to go the ED for these services.

Process measure

- 1) The number of trained RN's 2) The number residents who avoided being sent to the ED due to these services being provided within Woodingford Lodge.

Target for process measure

- 1) The number of residents sent to ED each quarter will remain consistently low as we have seen in previous years. 2) The number seen here will be low or as close to "0" as possible 3) 100% of RN's currently working at Woodingford Lodge will receive this training.

Lessons Learned

All RN's that were working for Woodingford Lodge in the spring of 2024 have been trained in IV therapy and phlebotomy. Supplies have been purchased so team members have access to to initiate IV's, run fluids through them and complete phlebotomy requests in a timely manner without requiring them to be sent to hospital.

Comment

Woodingford Lodge continues to maintain a low number of residents who are sent to the ED as our medical team tries to offer as much onsite support as able to prevent the need for the transfer.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #3	CB	50	94.23	--	95
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Woodingford Lodge - Woodstock)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Knowledge cafe's are to be arranged for all levels of staff at Woodingford Lodge to attend during work hours, allowing them to gain more information on Diversity, Equity and Inclusion.

Process measure

- Number of staff who attend each session offered.

Target for process measure

- 50% of the staff to attend different sessions that will be made available throughout the year.

Lessons Learned

Team members at Woodingford Lodge were offered DEI training during annual education during the fall of 2024. 100% of team members were to take annual education, however there were staff that were off work on short and long term leaves, that were not able to be included in the training.

Change Idea #2 Implemented Not Implemented

Staff and residents to have access to translation services in the home to help promote better conversations for individuals with English as a second language.

Process measure

- Number of residents who have a difficult time understanding English will have more fruitful and fulfilling conversations if they can see it translated into their native tongue.

Target for process measure

- Increase the access to the translator application, increasing resident satisfaction.

Lessons Learned

All iPAD's at Woodingford Lodge that the team members use to chart on, have had translator services on added to them. These can be used to communicate with residents who have difficulties understanding English to provide a better opportunity for them to make their needs known and to participate in care.

Comment

DEI training will continue into 2025, as will include Indigenous training opportunities for all team members, as 100% of the executive leadership team has taken this training.

Experience | Patient-centred | Custom Indicator

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 indicating they feel food choices are excellent (Woodingford Lodge - Woodstock)	25.00	35	14.50	--	NA

Change Idea #1 Implemented Not Implemented

To increase meal choices for residents

Process measure

- Once program has been installed, review and utilize new menu ideas to create options for residents.

Target for process measure

- Mealsuite to be operational with new menu created by Q3 2024

Lessons Learned

Mealsuites software has been implemented at Woodingford Lodge and this came with a new menu. The new menu options have been received positively by our residents, as there have been a number of new items added based on resident feedback.

Change Idea #2 Implemented Not Implemented

To increase meal choices for residents

Process measure

- Supervisor to bring menus to food committee monthly and review upcoming month making alterations based on resident suggestions. Residents to make monthly Meal Choices.

Target for process measure

- Meetings to occur monthly. Creation of Resident choice meals monthly. Target will see 10% improvement on RSS.

Lessons Learned

Residents have been able to participate in the food committee meetings to provide their likes and dislikes with the current menu options. Dietary Supervisor reviews the concerns and takes these into consideration when making changes. Residents have been able to participate in monthly resident choice meals:

- Sausage Rolls with Scalloped Potatoes for “National Pigs in a Blanket Day”
- Lasagna with Caesar Salad for “National Lasagna Day”

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

To increase meal choices for residents

Process measure

- A la cart options will be created, available and advertised allowing a third option during meals.

Target for process measure

- A la cart options to be determined and advertised by Q3 2024 to assist in achieving a 10% increase on RSS for 2024 on food choice.

Lessons Learned

À la carte menus were created and posted in the dining rooms on all neighbourhoods for residents to see. Residents are able to pick an à la carte option if they decide they do not want option 1 or option 2 from the current menu items. Options available include:

- Soup: cream of mushroom, tomato, vegetable and chicken noodle
- Peanut butter and/or Jam Sandwich
- Cheese Sandwich

Comment

The number of residents who stated that the food choices offered at meals were excellent was lower than the target as Woodingford Lodge would like to look specifically at the residents who had excellent ratings, instead of combining the excellent and the good rating together. This will allow Woodingford Lodge to focus on meeting our vision, "Woodingford Lodge is an exceptional place to live and work".

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1	22.56	17.56	22.43	0.58%	12.43
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Woodingford Lodge - Woodstock)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

An increase in the number of residents who are encouraged to attend recreation programming or to set up meaningful activities to help occupy residents in order to prevent falls.

Process measure

- 1) The number of residents who have fallen in the past 30 days leading up to their assessment 2) The number of residents who are using the activity bins within the home

Target for process measure

- The number of residents who use the activity bins will continue to increase and the number of falls in the home will decrease.

Lessons Learned

Dementiability bins have been set up in all neighbourhoods for residents to use independently or with the help of team and/or family members. A number of residents have been utilizing these kits, however the numbers were not tracked over the past 12 months. This goal will be moved forward to 2025 and a tracking sheet will be implemented to see who is using them for comparison to falls and how often they are being utilized. 95 team members were trained on Dementiability in 2024 with the goal of the remaining team members being trained in 2025.

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

All falls that occur in the home will have a falls review note completed following the fall.

Process measure

- 1) Fall review notes will be audited for completion when the Manager signs off the risk management for the fall

Target for process measure

- 100% of falls will have a post fall review note completed following a fall in the facility.

Lessons Learned

All falls that occur at Woodingford Lodge are reviewed by the team and a falls review note is completed within the same shift or the next shift. These notes include information on: falls history, what caused the fall, current interventions and whether they are effective or anything needs to be changed or new interventions need to be implemented.

Comment

Lessons Learned: tracking forms need to be created and utilized in order for proper analysis on the coloration between meaningful activities and the decrease of falls.