

Access and Flow | Efficient | Optional Indicator

Indicator #5	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Woodingford Lodge - Woodstock)	10.91	5.91	19.16	-75.62%	15

Change Idea #1 Implemented Not Implemented In Progress

Ensure those residents sent to the ED are sent for appropriate reasons.

Process measure

- Number of residents sent to the ED for inappropriate reasons.

Target for process measure

- Quarterly review of ED visits will occur at CQI meetings to ensure that the number of those being sent to the ED will remain low.

Lessons Learned

Successes:

- Use of structured assessment tools and standardized transfer checklists has improved decision-making and documentation.
- Stronger collaboration with the medical team and targeted staff education has reduced non-urgent transfers.

Challenges:

- Variability in staff clinical judgment, especially after hours, leads to inconsistent decisions.
- Family pressure sometimes result in transfers that may have been manageable in the home.

Change Idea #2 Implemented Not Implemented In Progress

Continued training for Registered Team Members and Nurse Practitioners on skills that will help reduce residents from being sent to ED.

Process measure

- Number of residents who are sent to the ED for a reason that could have been addressed at Woodingford Lodge.

Target for process measure

- Decrease the number of residents being transferred to the ED.

Lessons Learned

Successes:

- Ongoing training has increased staff confidence in managing acute changes in condition within the home.
- Enhanced assessment and communication skills (e.g., SBAR, early warning signs) have supported more appropriate clinical decision-making.
- Stronger alignment between RNs/RPNs and NPs has led to earlier intervention and fewer avoidable transfers.

Challenges:

- Staffing pressures and turnover make consistent participation in training difficult (ie. IV therapy training)
- Skill levels remain variable across shifts, especially after hours.
- Limited on-site resources and competing priorities can reduce the impact of training on real-time decision-making.

Comment

We are expanding clinical capacity within the home by partnering with the local Nurse-Led Outreach Team (NLOT) to provide ongoing education and coaching for Registered Team Members and Nurse Practitioners.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #4	94.23	95	100.00	6.12%	NA
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Woodingford Lodge - Woodstock)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Team members to receive relevant DEI, Anti-Racism and Indigenous Cultural Safety Training through mandatory annual education sessions.

Process measure

- Number of team members who participate in the required training.

Target for process measure

- 95% - All team members are mandated to attend annual education sessions in the fall of 2025 and will be required to complete this training.

Lessons Learned

Successes:

- 100% of active team members received Indigenous/DEI training as part of their annual education offered through Woodingford Lodge

Challenges:

- Time constraints to have different topics covered with a chance for conversations to occur amongst team members

Change Idea #2 Implemented Not Implemented In Progress

Woodingford Lodge to create its own internal DEI committee as an extension of the Oxford County DEI committee, to address Woodingford Lodge specific needs.

Process measure

- Review of committee membership to ensure that there is representation from each department.

Target for process measure

- Increase participation in internal committees to have interdisciplinary participation.

Lessons Learned

Successes:

- Woodingford Lodge was able to create an internal DEI committee that was originally meeting on a monthly basis
- Enabled DEI efforts tailored to Woodingford Lodge's specific needs
- Increased staff engagement
- Strengthened alignment with the county-wide DEI committee.

Challenges:

- Maintaining consistent participation
- Difficulty measuring the impact of DEI activities

Change Idea #3 **Implemented** **Not Implemented** **In Progress**

Improve tracking and analysis of reasons why residents are sent to the hospital and their subsequent diagnoses, leading to better care and fewer avoidable hospitalizations.

Process measure

- Number of residents whose diagnoses align (pre/post hospitalization).

Target for process measure

- Improve communication with the receiving hospital.

Lessons Learned

This was to be under the reduction of ED visits workplan section. This indicator was implemented and there has been better follow up with the transfer envelopes being reviewed by the DOC/ADOC in the home.

However, the rate of hospital transfers did increase in 2025 vs 2024.

Comment

Increase regular DEI touchpoints through brief team-based learning moments, enhance visibility of ongoing initiatives, and embed DEI considerations into daily practice. Include resident and family perspectives to ensure initiatives reflect diverse needs. This year, DEI representatives from the county will also provide in-person DEI training sessions to all active employees, strengthening shared understanding and consistency across the organization.

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

Indicator #3	Last Year		This Year		
	Percentage of residents who responded positively to the statement: "My concerns are addressed in a timely manner." (Woodingford Lodge - Woodstock)	31.00 Performance (2025/26)	46 Target (2025/26)	44.00 Performance (2026/27)	-- Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Improve the excellent results that Woodingford Lodge receives on this Resident Satisfaction survey.

Process measure

- Education to be provided at time of hire and annually. Residents are also provided a copy of the Bill of Rights at time of admission and discussed at Resident Council.

Target for process measure

- 100% of active staff members will receive training.

Lessons Learned

Successes:

- Increase of 13% of "excellent" responses to this question in 2025 vs 2024
- Faster responses to resident concerns, clearer communication, and stronger trust that supported high satisfaction survey results.

Challenges:

- Competing workloads
- Gaps in tracking follow up times with residents when call bells are not used

Change Idea #2 Implemented Not Implemented In Progress

Increase the number of residents who participate in the satisfaction survey.

Process measure

- There was a total of 69 surveys completed in 2024, therefore the goal for 2025 is 100.

Target for process measure

- The number of residents who completed the satisfaction survey.

Lessons Learned

Successes:

- Woodingford Lodge Woodstock had a total of 93 surveys completed in 2025 vs 69 completed in 2024
- Increased resident outreach through team members and volunteers

Challenges:

- Cognitive or communication barriers
- Limited staff time to assist
- Occasional survey fatigue reduced uptake among some residents

Change Idea #3 Implemented Not Implemented In Progress

Audits will be conducted to determine the length of time that it takes team members to respond to a residents call bells.

Process measure

- Decrease the number of call bells that are ringing for longer than 5 minutes.

Target for process measure

- Review the length of time a call bell is ringing.

Lessons Learned

Woodingford Lodge implemented call bell response times being reviewed every 2 weeks.

Successes:

- Provided clear data on call bell response times, helping identify strengths and delays.
- Increased staff awareness of response expectations, leading to improved responsiveness.
- Supported more consistent monitoring of resident safety and care quality.

Challenges:

- Variability in documentation made it difficult, as there are times team members didn't turn off the bells while in the rooms assisting residents
- Software availability did not always allow routine access to run the required audit reports

Comment

We can further improve timeliness by strengthening communication loops with residents, ensuring concerns are logged and tracked consistently, and assigning clear ownership for follow up. Increasing staff awareness and reviewing trends in concerns can also support faster and more proactive responses.

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Improve the Palliative Care Experience for Residents and Family Members (Woodingford Lodge - Woodstock)	CB	CB	NA	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Provide palliative care education to our team members at Woodingford Lodge

Process measure

- Registered team members, admission coordinator and PSW team members will be offered palliative education.

Target for process measure

- 100% of the staff assigned the education course will receive it.

Lessons Learned

Successes:

- Annual education was completed with all active team members in all departments on a Palliative Approach in Long-Term Care

Challenges:

- Registered team members have identified pain management at end-of-life as a key learning gap and expressed a need for greater confidence in managing these situations. Current training platforms do not offer specialty content on this topic, requiring the development of new education materials to meet staff needs.

Change Idea #2 Implemented Not Implemented In Progress

Creation of an interdisciplinary Palliative Care Resource Team with increased knowledge on palliative care to help answer resident, family and staff questions on their home area.

Process measure

- All residents and family members will have access to resource team member to speak with when questions arise.

Target for process measure

- The resource team will have at least one representative from each home area.

Lessons Learned

Successes:

- A dedicated Palliative Care Resource Team has been established, including front-line team members who bring diverse perspectives from day-to-day resident care.
- The committee is chaired by the Grief Support Counsellor, whose strong passion and expertise in palliative care helps guide the team's direction and education efforts.

Challenges:

- Building an interdisciplinary team that includes members from multiple departments, as well as resident representation, has required additional coordination and planning.
- Scheduling conflicts and workload demands make it challenging for all Resource Team members to consistently attend training sessions and actively participate in discussions.

Comment

Palliative care continues to be a key priority at Woodingford Lodge, with a commitment to ensuring every resident receives a palliative approach from admission through to end of life. New identification tools and assessment processes are being developed to better recognize early signs of health decline, enabling quicker clinical intervention and more proactive support for residents and families.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #2	22.43	12.43	21.83	2.67%	16.83
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Woodingford Lodge - Woodstock)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Creation of interdisciplinary weekly rounds on each neighbourhood to discuss those residents who have fallen in the past 7 days.

Process measure

- Number of residents who were discussed at weekly rounds and those interventions removed, kept or implemented.

Target for process measure

- The number of falls that are occurring by the same resident will decrease and/or prevented.

Lessons Learned

Successes: Improved communication across disciplines, quicker identification of fall risks, more coordinated interventions, and increased awareness of fall patterns.

Challenges: discussions can remove team members from the floor for longer periods of time depending on the number of falls in the past 7 days, monitoring and implementation of action items identified in the rounds

Change Idea #2 Implemented Not Implemented In Progress

Increase restorative programming for residents to help decrease falls by improving mobility with the goal of 9 or 4 residents per quarter.

Process measure

- Number of residents on restorative programming each quarter and the number of staff who have received education on restorative programming.

Target for process measure

- The home will optimize the number of residents on restorative programming and 75% of staff will receive the applicable education.

Lessons Learned

Successes: Improved resident mobility, increased engagement in restorative activities, and earlier identification of residents who benefit from programming. The goal was met with the number of residents participating.

Challenges: Limited staffing and time, inconsistent resident participation, and education required for front line team members on documentation of minutes

Comment

To further reduce resident falls, we will strengthen interdisciplinary collaboration, enhance restorative mobility programming, and use timely, standardized data to guide proactive, individualized fall prevention strategies that are consistently applied across all neighbourhoods.