

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 - Tillsonburg)	X	0	36.73	--	15

Change Idea #1 Implemented Not Implemented

Woodingford Lodge Tillsonburg is aiming to maintain 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') 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 Tillsonburg has significantly decreased the number of residents who were sent to the ED and the goal will be to continue to keep the number of residents lower that 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	90.63	--	95
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Woodingford Lodge - Tillsonburg)	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 quality is excellent (Woodingford Lodge - Tillsonburg)	20.00	30	35.00	--	NA

Change Idea #1 Implemented Not Implemented

To increase quality of food through increasing feedback opportunities

Process measure

- Food committee meetings and meal audits to occur monthly to collect data. Data discussed at food meetings and corrective actions determined. Supervisor to meet monthly with contracted services to review concerns and corrective action suggestions determined from food committee meetings.

Target for process measure

- Monthly discussions to occur Q1 2024 with target of increasing response on food quality by 10%

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:

- Chicken a la King served over Egg Noodles
- BBQ Dinner – BBQ Chicken Skewer with Tzatziki Sauce and Roasted Vegetables

Change Idea #2 Implemented Not Implemented

To ensure Resident expectations on meal offerings is accurate

Process measure

- Meal audit tool to include comparing meal selection pictures with plated meals as well as identifying meal substitutions. Any meal substitutions are communicated by cooks via writing and posters prior to resident meal selection.

Target for process measure

- Audits and communication to providers to occur Q2 with target to increase food quality by 10%

Lessons Learned

Audits have been created to monitor the food temperatures and the quantity of food delivered from the kitchen to ensure all residents have access to their first choice. Substitutions are announced prior to meal choices being offered. Woodingford Lodge Ingersoll has implemented the use of show plates when orders are being collected, to help residents understand what the food will look like when it is ordered. This has helped residents expectations become more accurate when their meals arrive.

Change Idea #3 Implemented Not Implemented

An à la carte menu to be created to offer residents another choice if they do not want or like the other two options offered by the home.

Process measure

- No process measure entered

Target for process measure

- No target entered

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 slightly higher than the target set. There was less than 59% of residents participating in the survey, goal for next year is to increase resident feedback.

Safety | Safe | Optional Indicator

Indicator #1	Last Year		This Year		
	Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Woodingford Lodge - Tillsonburg)	18.80 Performance (2024/25)	16 Target (2024/25)	20.00 Performance (2025/26)	-6.38% Percentage Improvement (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.

Change Idea #3 Implemented Not Implemented

Review all residents who are on Trazodone and an antipsychotic medication to determine if the trazodone can be reduction or discontinued, as this increases residents risk for falling.

Process measure

- 1) Percentage of residents who receive trazodone and antipsychotic medications 2) Number of residents who have fallen when prescribed these medications

Target for process measure

- Decrease the number of residents who are on both of these medications, which could put them at risk for falling.

Lessons Learned

This change idea was not completed during the 2024/2025 QIP year. Medications are reviewed every 3 months by the practitioner and the pharmacist and medications would be adjusted based on suggestions. This change idea will move forward to the 2025/2026 QIP year.

Comment

The number of residents who fell in the home has increased, despite the change ideas that have been put in place. Lessons learned from the dementiability bins - tracking forms need to be created and utilized in order for proper analysis on the coloration between meaningful activities and the decrease of falls.