Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #4	20.94	19	24.68	-17.86%	21.70
Rate of ED visits for modified list of ambulatory care—sensitive conditions* per 100 long-term care residents. (Peoplecare Hilltop Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Review ED visits indicator with multidisciplinary team at registered staff meetings and PAC meetings to debrief and discuss all transfers for area of improvement to reduce ED visits.

Process measure

• Track all ED visits and review registered staff meeting minutes, huddle form, PAC meeting minutes.

Target for process measure

• 100% of all residents with significant/complex change in health status will be thoroughly assessed for appropriate treatment to prevent ED transfer.

Lessons Learned

PAC Meeting and Quality meetings reviews of ED transfers and validity ongoing. Challenges: reviewing ED transfers with registered staff did not change the outcome. Resident or families requesting hospital transfer.

Change Idea #2 ☑ Implemented ☐ Not Implemented

To analyze every ED transfer

Process measure

• Analysis of monthly data, identifying trends and areas for improvement to minimize future ED transfers.

Target for process measure

• 100 % of residents transferred to hospital will be reviewed quarterly at Professional advisory committee meeting.

Lessons Learned

Audit completed by People Care MD on all ED Transfers from the past year in 2024. MD determined there were no transfers that should not have occured. Challenges: time consuming for physician to audit. Increase in resident acuity and care. New admissions with higher frailty.

Comment

A new change idea will be initiated for QIP 2025 as this remains a priority focus for Hilltop Manor

Equity | Equitable | Custom Indicator

Indicator #5

We commit as an organization to complete the EDI in LTC assessment and planning tool developed by CLRI as an interdisciplinary team with the input and collaboration of our residents, families, staff and partners in 2024. (Peoplecare Hilltop Manor)

Last Year This Year CB CB CB NA Percentage Performance Target Performance Improvement **Target** (2024/25)(2024/25)(2025/26)(2025/26)(2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Completing this assessment will help us in identifying what our organization and homes are doing well and how we can improve our equity, diversity and inclusion practices. in the following 7 areas: 1. Planning and policy 2. Organizational Culture 3. Education and Training 4. Human Resources 5. Community Capacity Building 6. Resident and Family Engagement 7. Service Provision

Process measure

Assessment completed

Target for process measure

• Calendar year 2024

Lessons Learned

DEI team has been formed, Equity, Diversity and Inclusion in LTC assessment and planning tool has been completed. This completed tool will guide us to identify areas we are performing well, areas for improvement and action plan aim to support culturally appropriate care while helping to foster an inclusive workplace.

Comment

Equity, Diversity and Inclusion in LTC assessment and planning tool has been completed as planned.

Experience | Patient-centred | Custom Indicator

Indicator #1 I would recommend this site/organization to others (Peoplecare Hilltop Manor)	80.00	90	83.25		NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Last Year

, This Year

Change Idea #1 ☑ Implemented ☐ Not Implemented

Evaluate the current process for sharing of survey tool and develop plan to increase family participation

Process measure

Survey's requested

Target for process measure

• Number of surveys requested, and Number of surveys returned

Lessons Learned

Over the past year we initiated Quarterly Family reminders by providing them with the survey link for e-mail completion, or hard copy to complete the Family survey. Reminders of opportunity for participation in Family Survey conveyed at family council, during quality committee, and in the monthly news letter. Plan moving forward is that Resident and Family Coordinator will educate Family regarding the Survey and their opportunity for home involvement during the admission process and with family council meetings. Improvement expected to rise with these established initiatives.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Engage family, and resident council to develop plan to support new residents and new families to the home when admitted

Process measure

Increased return of surveys and feedback

Target for process measure

Increased return of surveys

Lessons Learned

A welcoming committee was initiated to help with transition to Hilltop. Relational Approach initiated Organizational wide and at each home. Educational sessions from Deborah Backti held for all staff to understand the philosophy of residents transition to long-term care. Staff read the book "Recipe for Empathy" and "What Now" read by residents families. Challenges: finding the right representatives of the welcoming committee. Preconceived notions of what Long Term Care is like is very hard to break.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Evaluate and review family caregiver program within the home with resident, family council

Process measure

• minutes and feedback from resident family council

Target for process measure

• meeting minutes

Lessons Learned

Family participation and support in intergenerational programs at events and outings in the recreation department. Increased family and resident participation in Quality meetings. Challenge: Any outbreaks remain a challenge for families to maintain routine visiting and participation. Residents without a supportive system that could participate has increased over the last year.

Change Idea #4 ☑ Implemented ☐ Not Implemented

Work with quality committee to review the family survey results and develop quality improvement plan to address 3 areas of improvement

Process measure

quality committee meeting

Target for process measure

• 90% of families would recommend this home/organization to others

Lessons Learned

CQI meeting twice a year, staff, resident and family participation has greatly improved. Maintained good attendance and participation

- 1. Increase in Communication: monthly newsletters, increased phone calls and emails, admission package updated and resident handbook
- 2. Diverse activities: Review of RFCC assessment to determine opportunity for diverse programing.
- 3. Increase in staff and support services: increased staffing levels significantly.

Comment

Hilltop Manor is a recipient of a Cambridge times readers choice award for 2024, under the heading of "Adult lifestyle community". I would recommend this site/organization to others is validated by Google reviews 4.7 stars. We received 10 reviews of 5/5. There has been an improvement of 4.06% in Family survey that would recommend this site/organization to others



Change Idea #1 ☑ Implemented ☐ Not Implemented

Improving process of getting to know the resident's preferences, spiritual/cultural beliefs, values, perceptions, goals and priorities of care right from the admission to create resident and family centered focused care plan in transitioning to their new home.

Process measure

• Number of RFCC assessments completed, Number of residents/families participated and satisfied with the care plan.

Target for process measure

• Goal is to achieve target of 85% positively response to the above question in process measures.

Lessons Learned

Achieved using the RFCC and revamped admission process.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Enhanced education sessions for team members on N Adv RNAO Resident and Family-Centered care clinical pathways.

Process measure

• Education sign up form, huddles, etc..,

Target for process measure

• Goal is by September 2024, all responsible staff completing the assessments and assisting in building care plans are trained.

Lessons Learned

Achieved. Completed by recreation and social worker.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Organize education sessions for team members by Deborah Bakti on "Now what? managing the emotions of long term care" and share available resources for new residents/families in their journey to new home.

Process measure

• Education sign up form, number of assignments completed after the workshop.

Target for process measure

• Goal is improve on valuable relation with residents/families for overall satisfaction to meet and exceed their expectations.

Lessons Learned

Achieved. "Now what" books distributed. QR codes posted of access to Deborah Bakti resources.

Change Idea #4 ☑ Implemented ☐ Not Implemented

Improve process and education on completion on resident satisfaction survey.

Process measure

• No process measure entered

Target for process measure

No target entered

Lessons Learned

Enhance interview framework. Assign a point of contact for all survey collection.

Comment

Improvement noted over the past year however this still remains a priority Quality improvement goal for Hilltop.

Safety | Safe | Optional Indicator

Indicator #2

Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Peoplecare Hilltop Manor)

Last Year

21.04

Performance (2024/25) 18

Target (2024/25) This Year

19.82

5.80%

15.40

Performance (2025/26) Percentage Improvement (2025/26)

Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Evaluate circumstances that proceed falls

Process measure

• Falls Committee meeting minutes

Target for process measure

• All falls will be assessed for contributing factors that could be avoidable.

Lessons Learned

Success- Reduction in falls by 5.8 %

Successful education initiatives--A questionnaire compiled with 5 questions to assess staff member's current understanding on fall prevention. With 75 questionnaires completed, analysis helped to determine learning needs. Additionally, it was a chance for staff to provide feedback on how they would like Falls education to be disseminated throughout the home. Over 80 staff members participated in interactive training sessions focusing on fall prevention and safe transfers with ARJO. This hands-on training is expected to enhance staff awareness and reduce risk of resident falls moving forward. Home area education on how to program the wireless bed and chair alarms to ensure safety for all residents. -Audit of all residents in 2024 who suffered a fracture with hospitalization. Reviewed the importance of hip protectors and seniors helmets as injury prevention strategies.

Challenges- Maintaing supply of resouces that have technical life expectancy and can be damaged with routine use. Additionally, there have been 67 admissions to Hilltop Manor in the past 2024, Calendar Year. Admissions face high risk for falls as they adapt to their new home environment and many have clinical challenges that have lead to admission that equally increase risk for falls.

Change Idea #2 ☐ Implemented ☑ Not Implemented

Educate and Implement N Adv Can RNAO Falls risk screening assessment and management clinical pathway.

Process measure

• Education sign up form.

Target for process measure

• Goal is to education and implement this clinical pathway by December 2024.

Lessons Learned

At a leadership level decision to continue current Falls Risk Screening tool which is very effective at review of Risk, Contributing factors to each fall, prevention, and care planning built into the assessment.

Change Idea #3 ☑ Implemented ☐ Not Implemented

See 2025 QIP

Process measure

• No process measure entered

Target for process measure

No target entered

Lessons Learned

N/A

Comment

Successful QIP Indicator, and change ideas with reduction in falls by 5.8% Hilltop will continue to keep Falls a focus of Quality improvement into the 2025 Quality Improvement plan.