

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #5	24.68	21.70	19.17	22.33%	18
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Peoplecare Hilltop Manor)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Initiation of quarterly ED visit analysis.

Process measure

- Monthly audits of ED visits entry of QIa into PCC. Quarterly PAC Meeting review of trends and Quality meetings semi annually

Target for process measure

- Avoidable ED visits to meet provincial average (Current provincial average 21.7) by Sept 2025

Lessons Learned

Quarterly analysis of each transfer to the ER is completed by Medical Director along with DRC in order to review appropriateness of the transfer and look for opportunities for follow up 1:1 as well a group education.

Change Idea #2 Implemented Not Implemented In Progress

Education of Newly initiated medical directives to prevent unnecessary ED transfer

Process measure

- Education to be tracked and data presented at quarterly PAC meeting. Review of LTC QIP indicator report quarterly.

Target for process measure

- Target to meet provincial average of 21.7%

Lessons Learned

Medical directives were successfully implemented over the past year.

Comment

This QI will continue to be a priority QIP Initiative for Hilltop, as we continue to strive to provide as in home care for our Residents as possible. Reduction in ER transfers improves our Resident's quality of life, and reduces burden on the ER and Hospital system's.

Equity | Equitable | Optional Indicator

Indicator #4	Last Year		This Year		
	100.00	100	18.52	-81.48%	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Peoplecare Hilltop Manor)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

To gain deeper understanding, DEI Leads will complete education program "Creating a Culture of Belonging: From Awareness to Action" which will provide tools and knowledge needed to foster a more inclusive and affirming environment for residents, care partners/care givers, and fellow team members.

Process measure

- The number of DEI Leads completed training on Creating Culture of Belonging: From Awareness to Action training.

Target for process measure

- 100% of DEI leads will complete the training by the end of 2025, with ultimate goal to create and share the education with staff.

Lessons Learned

Hilltop's DEI Leads all participated and completed the "Creating a Culture of Belonging: From Awareness to Action" program over the past 3-6 months. A committee has been created and routine meetings scheduled to support development of DEI mandates and goals within the home. A very inclusive home environment is evident with a multicultural resident and staff compliment.

Change Idea #2 Implemented Not Implemented In Progress

Share information on equity, diversity, inclusion and anti-racism topics with residents by scheduling information sessions.

Process measure

- The number of information sessions offered/completed at the resident and family council meetings. Number of time the information was shared via monthly newsletters.

Target for process measure

- All members of resident and family council will at least attend one session in 2025. Quarterly newsletters will contain information about equity, diversity, inclusion and anti-racism topics.

Lessons Learned

DEI and antiracism culture has been demonstrated through life within Hilltop Manor LTC Home. Activities strategically planned including diverse Communities, cultures, and religions throughout the year. Information sharing regarding the development of Policy and terms of reference for the DEI committee was not achieved and will be deferred until the development of these formal structures have been accomplished.

Comment

Progressive QIP with plan to continue with this Priority improvement plan into 2026/27
 Education of an expanded population of desired attendee's to be educated on DEI using the " Creating a Culture of Belonging: from awareness to action workshop.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #2	62.29	80	84.44	--	NA
Percentage of Residents who responded positively to the following statement	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
" This place feels like home" (Peoplecare Hilltop Manor)					

Change Idea #1 Implemented Not Implemented In Progress

Enhanced Artwork throughout the home.

Process measure

- Review quarterly Depression Rating Scores that may indicate res. mood and satisfaction in their home. Review of Quality Indicators with Professional Advisory Committee for identification of Risk Quality Indicators. Quality Meeting every 6 months to review opportunities and success'. Family and Resident Council meet monthly to identify home opportunities and success'

Target for process measure

- By November 2025 80% of Residents will respond positively to " This place feels like home"

Lessons Learned

An artist created beautiful inviting wall art in the basement of the home which has spaces that can feel industrial. This has helped to improve the welcoming feel when Residents and their families use our Family dining space. Recreation staff supported extensive decorations in the front living room, and on each unit to match each season. This has been highly praised by both Residents, and their Families.

Change Idea #2 Implemented Not Implemented In Progress

Increased Dietary Satisfaction**Process measure**

- Review quarterly Depression Rating Scores that may indicate resident's mood and satisfaction in their home. Review of Quality Indicators with Professional Advisory Committee for identification of Risk Quality Indicators quarterly. Quality Meeting every 6 months to review opportunities and success'. Family and Resident Council meet monthly to identify home opportunities and success'.

Target for process measure

- By November 2025 80% of Residents will respond positively to " This place feels like home"

Lessons Learned

Implementing pleasurable dining experiences with comfortable dining room decor, seasonal decorations, and menu adjustments in collaboration with Resident council members has supported resident satisfaction in the dining room.. This includes monthly special menu enhancements that have been identified by the Residents themselves. The initiation of Meal Suite, a web based food application that supports safe and resident centered delivery of food in the dining room, helps to prevent errors in delivery of incorrect food textures, allergen exposure as well as ensuring residents receive their preferred food choices. A food Committee has been developed and routine meetings monthly initiated to enhance resident participation and provide input into current menus likes and dislikes. This helps to develop ongoing menu planning for future with res. choices at the forefront.

Implementation of a new role RFC (Resident/Family Coordinator) has been very successful as being a voice to support Resident's quality of life within the social work dept.

Implementation of Diners club-Residents supported with satisfaction by ordering their meal of choice on their Birthday.

Recreation department is often planning dining experiences out of the home which allows resident choice and socialization.

- Through the horticulture program residents participated in home to table vegetables that gave then the memories of home gardening as well as enjoying fresh off the vine produce.

Comment

Implementation of a new role RFC (Resident/Family Coordinator) has been very successful as being a voice to support Resident quality of life within the social work department.

Significant improvement of this quality indicator surpassing the goal of 80% of Hilltops residents reporting " This place feels like home." This quality improvement plan will not be brought forward with noted significant success, and improvement of 35.56 %. Monitoring with ongoing Resident Satisfaction surveys to ensure stability of this quality measure quarterly/annually.

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #3	CB	95	83.17	--	95
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Peoplecare Hilltop Manor)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Development process to early identify Residents that are High risk of being reluctant to express their opinions due to fear of consequences

Process measure

- Review of Resident Quality of Life Survey Results as they are completed quarterly Shared with PAC and Quality Committee Review quarterly DRS Scores for identification of mood/fear concerns that may impact resident expressing themselves quarterly

Target for process measure

- By Sept 2025, Quality of life survey results will be reviewed, analyzed and at least 95% of Residents will reply positively to " I can express my opinion without fear of consequences"

Lessons Learned

RFC Role implemented to support admission process. This has helped new Residents elevate initial fears and anxiety surrounding move into LTC. Social work provides ongoing identified high risk residents for 1:1 support. PSW's are encouraged to develop rapport with their residents. Ongoing training for all staff with the Relational Approach philosophy taught out by Deborah Bakti, will reinforce healthy relationships in the home between Residents, their families and staff. Challenges include large turnover of residents, and additional staffing resulted in new faces for residents to learn to trust. Instability of relationships as new people come and go. Hilltop has increase in Mental Health/Addiction admission's that may have proclivity to be mistrusting, fearful and paranoid as a part of their condition.

Comment

Over the past year 83 % of Hilltops Residents reported they are comfortable expressing themselves without fear of consequences. This has shown to be a successful change idea outcome, with evidence that initiation of the new RFC position has made a very big impact on building trust in the home community. Hilltops goal was 95 % therefore this Opportunity will be deferred to the next QIP 2026/27 year as we move closer to this expressed goal, and as identified by the MOH as a priority QIP.

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 (Peoplecare Hilltop Manor)	19.82 Performance (2025/26)	15.40 Target (2025/26)	11.58 Performance (2026/27)	41.57% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Education of Registered staff on Falls Risk Prevention strategies, and tools that would most benefit a Resident based on the outcome of the Post Fall Assessment

Process measure

- Monthly audits of Falls QI in the home and entry into PCC PAC Meeting review of Falls trends Quality meetings with review of Falls programs and 6 month QI presentation

Target for process measure

- By Sept 2025 Percentage of Residents who Fell in the last 30 days will meet Provincial Average of 15.40%

Lessons Learned

DRC Falls lead has implemented improved Auditing process of falls occurrence. This has lead to more thorough follow up education to general staff and 1:1 for specific education regarding most appropriate falls prevention/injury reduction strategies. Staff have shown retention of knowledge shared through seeking out resources for prevention/injury reduction on their own more often. Challenge- resource availability . High rate of use for falls alarms and falls mats that is costly and high rate of use leads to ill repair, and need for replacement. Second Challenge is high rate of turnover through the past year with new Residents that have clinical instability and most often have experienced high risk for falls prior to admission.

Comment

Successful implementation of routine auditing process, followed by General and individual education, which significantly supported in Falls reduction over the past year.

