RESIDENTS' COUNCIL MEETING MINUTES

Chester Village Long Term Care

Date: Thursday, April 24th, 2025

Time: 2:00PM EST

Residents in Attendance:

The attendees were, Betty T., Charles F., Darlene M., Jane B., James A., Joanne C., John L., Khadija H., Man-Yee K., Thomas G., Heather M., Alice C., Heather B., Michael B., and Paul B.,

Approved Guests:

Morgan G. (Administrator), Bethesda G. (Activation Manager), and Claudia L. (Food Services Manager).

Residents' Council Assistant: Bethesda Galindez

CALL TO ORDER: WELCOME, ADOPTION OF AGENDA

Call to Order: 2:00PM **By:** Bethesda G. **Opening Guidelines Read by:** Morgan G.

Review of Previously Approved Minutes and Business Arising from Previous Minutes

The Residents' Council met on March 20, 2025, with key updates including the approval of Bethesda Galindez as the new Residents' Council Assistant starting in April. Residents requested that snacks be provided during meetings, and future meetings will be held in the chapel for added privacy. Concerns were raised about the need for more hand sanitizers in dining areas and excessive noise during evening staff shift changes, particularly from wheelchair cleaning. Resident rights regarding privacy, relationships, and room-sharing were reviewed. The Food Committee reported positive feedback on the new mashed potatoes, approved the Easter menu, and reviewed snack and mealtime schedules, which residents found satisfactory. Department updates included improved floor and window cleaning by Environmental Services and upcoming entertainment and mall outings organized by the Activation team. The April meeting will include refreshments and will be held in the chapel in a more private and quiet setting (has been updated to Village Hall for a special guest).

REGULAR BUSINESS

Resident Council Concern(s)

Issue/Concern
Staff Breaks and Noises: Residents observed staff taking breaks in hallways and unit rooms, often speaking loudly near resting residents. They would like to know where designated break areas are and how staff can be encouraged to use them. They also request quieter communication during meals, as current noise levels are disruptive.

Responses attached in the minutes.

Residents' Bill of Rights Review

9. Right to be properly sheltered, fed, clothed, groomed and cared for
Residents have the right to have all their basic needs met. This includes having a safe place to live, nutritious meals, appropriate clothing, personal hygiene support, and quality care.

10. Right to live in a safe and clean environment
Residents have the right to live in a clean and safe home that protects their well-being and supports their quality of life.

11. Right to exercise the rights of a citizen
Residents maintain all the rights of citizenship. They can vote, express their opinions, practice their faith, and take part in the community.

Committee Reports

Food Committee

Spokesperson: Claudia L.

Approval of Minutes: The minutes from the March Food Committee meeting were read and approved.

Concern Updates and Arising Business

Request: For fish that is not breaded for dinner.
Response: Claudia advised that during Week 1, Basa will not be breaded. Cod nuggets are breaded, gluten-free and served at lunch.

Question: "Is everything (food) frozen when ordered?"
Response: Meats are frozen. Bread, milk, eggs, and fruit are not.

Concern:
Residents found the lamb dry, even with gravy or sauce. Beef and chicken were also sometimes dry. In the Moroccan stew, tofu was too soft.
Response:
Claudia explained that silken tofu (used in the Jade unit) differs from medium firm tofu and will ensure medium firm is used for other units. She will speak with cooks about improving meat preparation, noting that variations can occur depending on who is cooking.

Next Food Committee Meeting: Thursday, May 1st, 2025

Home Areas Updates and Discussion

Program Area: Resident Care by Morgan G.
Quality Improvement Plan (QIP): In partnership with Ontario Health, we're inviting residents to share their thoughts on health care in long-term care through a short 5–10-minute survey. Flyers will be posted in the elevator, and you're welcome to share this opportunity with your family members as well.

Program Area: Activation Department by Bethesda G.
Key Highlights: Some familiar and new entertainers will be joining us in May 2024, bringing their performance back to brighten the residents' days. All entertainment for May 2025 has already been booked, ensuring a month full of engaging activities. Additionally, we are planning two bus outings to the mall and to Rosetta Park, providing residents with opportunities to shop and explore. There will be the annual Gardening Day at the end of

May to kick off the BBQ season. The Dinner Club continues, and residents requested for Greek Food in May 2025. Residents replied that sometimes there are too many programs to keep up with.

ANNUAL RESIDENTS' COUNCIL AGENDA ITEMS DISCUSSION

- **Individually reviewed QIP with Resident Council Attendees.**

NEXT MEETING

- **Date:** Friday, May 23rd, 2025
- **Time:** 2:15PM EST in the Chapel

ADJOURNMENT

- **Time:** 3:30 PM EST
- **Adjourned by:** Bethesda G.
- **Seconded by:** John L.

Minutes approved by:

Date: May 1 2025
Resident Name: Heather M. and Darlene M.
Resident Signature:

Date: May 2nd 2025
Administrator's Name: Morgan Geast
Administrator's Signature: M Geast

FOR: RESIDENTS & FAMILIES

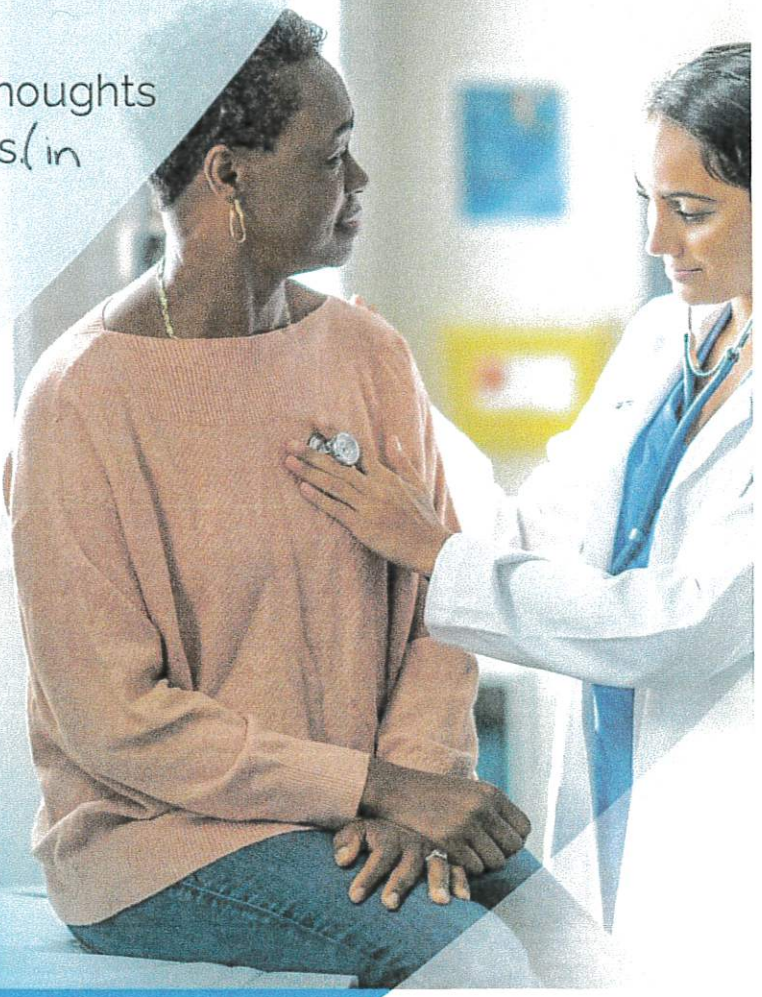
Connected Care

Your Voice Matters

We want to hear from you!

Take 5-10 minutes to share your thoughts about your healthcare experiences (in long-term care)

Your answers will be kept private and confidential.



Scan to fill out your survey

For more information on the survey, please email prm@ontariohealth.ca

Need this information in an accessible format?
1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca
Document disponible en français en contactant info@ontariohealth.ca PCC-230550

Ontario Health

CHESTER VILLAGE

RESIDENTS' COUNCIL ACTION FORM

Date of Concern: April 24, 2025 **Department of Concern:** Nursing

Concern Taken By: Bethesda Galindez

Resident Review and Approval:

Signature: BGalindez

Date: May 1 2025

Explanation of Concern:

Staff Breaks and Noises: Residents observed staff taking breaks in hallways and unit rooms, often speaking loudly near resting residents. They would like to know where designated break areas are and how staff can be encouraged to use them. They also request quieter communication during meals, as current noise levels are disruptive.

Response from Department Head (must be completed within 7 days):

- Remind all staff that the staff lounge in the basement is the designated break area, and breaks should not be taken in resident hallways or unit rooms.
- Share concerns with staff and reinforce the importance of mindful noise levels, especially during mealtimes, to support a pleasant dining experience.
- Encourage staff to keep conversation at a respectful volume near resting or dining residents.
- Concerns will address in the upcoming PSW and Nurse meeting.

Department Head Signature: [signature] Date: April 28, 2025.

Forward to Administrator by:

Administrator's Comments:

In addition, pleasurable dining is one of the focuses of this year's Quality Improvement Plan. Over the coming months Chester Village will be investing time and training into enhancing the dining experience, which will address noise levels.

Concern Resolved: ☐ Yes ☐ No

Administrator's Signature: M Geast. Date: April 29th 2025

Copies to: ☐ Administrator ☐ Resident's Council Executive Member Date:

Chester Village
CARE WITH DIGNITY
... where life has meaning.

3555 Danforth Avenue, Toronto, Ontario M1L 1E3 Tel: 416-466-2173 Fax: 416-466-6781 www.chestervillage.ca

April 3, 2025

RE: Results of the annual Resident/Family Experience Survey

Dear Residents & Family Members~

Chester Village would like to thank our residents and families for responding to our annual survey. The survey is designed to provide us with information on what our residents and families think is working well at Chester Village and what we need to improve life at our home and is just one way that we invite input from our community.

The final results of the survey are compared to a number of other not-for-profit long term care homes in the GTA so we are able to share best practices.

With 98% of residents and 91% of family respondents indicating that they would positively recommend Chester Village to a family member or friend needing long-term care, this feedback reinforces our ongoing commitment to meeting and exceeding expectations in areas such as quality of care, respect for residents, cleanliness of the facility, and the variety of activities offered.

You have also told us that we could improve in some areas. Therefore, based on your feedback, we will focus on the following quality initiatives over the next year:

- Improving pleasurable dining experience
- Improving staff awareness and knowledge of cultural and spiritual values and lifestyles
- Improving awareness of the services offered by other health professionals and how to access them

Please find attached our 2025/26 Quality Improvement Plan (QIP) that was developed to begin improving the areas that were identified in the Survey. You will also find some other improvements listed that were not identified as a result of the survey but from our own internal discussions. I have also included our Progress Report for the quality initiatives from the previous year so you can see how we did.

If you have any questions or suggestions, please do not hesitate to contact any of the managers directly as we would love to hear from you.

Respectfully,

CMarinelli

Cynthia Marinelli, CEO
Chester Village Long-Term Care

cc. Resident and Family Councils

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of staff recruited and retained to appropriately meet resident care need levels	C	% / Staff	Local data collection / April 2025 to March 2026	89.00	90.00	Baseline retention rate is at 89%, which is already very high, but will aim for an improvement of (+) 1% or 90% retention rate for this year.	

Change Ideas

Change Idea #1 Ensure employee recognition events continue to occur throughout the year

Methods	Process measures	Target for process measure	Comments
Will hold at least two Employee Recognition within the year, one in the summer and another during the winter, celebrating staff and successful initiatives for the home.	Number of employee recognition events held.	Two employee recognition events will be successfully held.	

Change Idea #2 Complete Performance Appraisals for 100% of all employees actively employed in the home.

Methods	Process measures	Target for process measure	Comments
Performance Appraisal Tracker kept by HR Assistant	Number of Performance Appraisals completed	100% of performance appraisals completed including probationary performance appraisals completed within 3 months of employment.	

Change Idea #3 Conduct quarterly open line audits for department managers, to be able to execute sufficient onboarding to fill line vacancies

Methods	Process measures	Target for process measure	Comments
HR Assistant will pull out quarterly reports from Staff Schedule Care on all open lines or line vacancies and reports will be shared with the departments heads for follow up (i.e. job posting, hiring)	Number of open lines or line vacancies identified and replaced within three months.	100% of all open lines will be identified quarterly and replaced within 3 months.	

Change Idea #4 Continue with Ontario Health recruitment initiative

Methods	Process measures	Target for process measure	Comments
Continue with the implementation of the LTC Prep, Ontario Health PSW Stipend and recruitment incentive.	Number of current recruitment initiatives that will continue to be implemented.	All 3 recruitment initiatives including LTC Prep, Ontario Health PSW Stipend and recruitment incentive will continue.	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	95.00	100.00	The target is that 100 percent of frontline staff and supervisors complete relevant equity, diversity, inclusion, and anti-racism education from April 1, 2025 to March 31, 2026.	

Change Ideas

Change Idea #1 Provide educational opportunities for all frontline staff and supervisors on Equity, Diversity, Inclusion (EDI) and Anti-Racism

Methods	Process measures	Target for process measure	Comments
Surge Learning and In-Person training will be used to provide training for identified staff. Attendance records will be collected to monitor compliance rate.	Percentage of frontline staff and supervisors who attended training.	100% of frontline staff and supervisors will have completed relevant equity, diversity, inclusion, and anti-racism education.	Total LTCH Beds: 203

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding "never/sometimes" to staff support me to access other health professional if needed.	C	% / LTC home residents	In house data, NHCAHPS survey / 2024	24.00	12.00	Chester Village aims to achieve the target of (-) 12% in one year based on previously attaining even better outcome in the past.	

Change Ideas

Change Idea #1 Improve the system to gather information on resident preferences and needs related to health professional services to be used for personalized care planning.

Methods	Process measures	Target for process measure	Comments
Recently implemented admission assessment and resident and family centred care appropriately, accurately and in a timely manner for all new admissions. Use the information on completed assessments for personalized care planning reflecting their health professional services needs.	Number of newly admitted residents with appropriately, accurately and timely completed admission assessment and resident and family centred care assessment with personalized care plan reflecting their health professional needs.	100 % of all new admissions.	

Change Idea #2 Identify all resources available for different health professional services, both internally and externally that residents can access.

Methods	Process measures	Target for process measure	Comments
Inform the residents and families about all the health professional services that are offered both internally and externally and how to access them by creating an information poster that will be added to the new admission package, posted at the nursing station, and shared during the care conference, resident and family councils.	There will be a new information poster about all the internally and externally offered professional services and how to access them.	This information poster will be completed and ready for dissemination by Q2 2025.	

Change Idea #3 Increase staff awareness on how to identify the residents health professional needs and how to provide the support to access them.

Methods	Process measures	Target for process measure	Comments
Registered staff to complete assessments with other disciplines, review care plan for new admission and residents with significant change in condition and proactively discuss with residents or family any need for new or additional health professional services via phone calls, routine visits, and care conferences. Staff to review the health professional information poster with residents and family and assist with all appropriate referrals. In addition, staff will attend to all health professional services inquiry from residents and family.	Conduct registered staff education on all available health professional services offered both internally and externally and how to access the services.	100% of registered staff will be educated on all available health professional services offered both internally and externally and how to access the services by Q2 2025.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Residents responding "never/sometimes" to staff respect my cultural and spiritual values and lifestyles.	C	% / LTC home residents	In house data, NHCAHPS survey / 12 month	17.00	10.00	Chester Village aims to achieve the target of (-) 7% in one year based on previously attaining even better outcome in the past.	

Change Ideas

Change Idea #1 Hold resident focus groups to gather perspectives and input on spiritual and cultural needs.

Methods	Process measures	Target for process measure	Comments
Meet with resident focus groups to gather preferences and perspectives to identify areas of improvement	Number of focus groups held	2 focus groups to be held this fiscal year	

Change Idea #2 Provide education to staff to increase awareness of cultural and spiritual values and lifestyles

Methods	Process measures	Target for process measure	Comments
Cultural and spiritual learning modules to be accessed through Surge learning	Number of staff that receive training on spiritual and cultural awareness	100% of staff will receive training on cultural and spiritual values and lifestyles	

Change Idea #3 Provide workshops on cultural and spiritual values and lifestyles of residents for all staff

Methods	Process measures	Target for process measure	Comments
Comprehensive workshops will be created and will include the following; the information gathered from resident focus groups; recordings of residents giving their perspectives; and case specific scenarios to have staff role play.	Number of scenario education sessions offered	2 scenario education sessions offered in calendar year	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded "never/sometimes" to meal time is pleasurable.	C	% / LTC home residents	In house data, NHCAHPS survey / 12 month	26.00	20.00	The target is to get 15% of residents responding "never/sometimes" to "the meal time is pleasurable." This is a very high target but the team believes that with all these change ideas, it would be doable.	

Change Ideas

Change Idea #1 Provide education to staff on positive interaction with residents and encouragement during mealtimes.

Methods	Process measures	Target for process measure	Comments
Role-Playing education with scenarios using cue cards, providing interaction between staff and residents during mealtimes.	Number of staff attending the education.	80% of PSW and Activation staff and 100% of Dietary staff will receive training on positive interaction and encouragement with residents during mealtimes.	

Change Idea #2 Review the current system of information sharing on menu choices and the ordering process and develop a more efficient system.

Methods	Process measures	Target for process measure	Comments
The Food Services Manager and Food Services Supervisor will review the current system of information sharing on menu choices and the ordering process and develop a new and more efficient system to implement. The new system will be shared with all Cooks, Dietary Aides, PSWs and Nurses before implementation.	A new and more efficient menu sharing and ordering system will be developed by end of April 2025. Education of staff about the new system will start by May 2025 and the full implementation by June 1, 2025.	New system completely implemented by June 1, 2025.	

Change Idea #3 Audit the new system of sharing menu choices and ordering process and the positive interactions with the residents by staff during mealtimes.

Methods	Process measures	Target for process measure	Comments
Food Services Manager and Food Services Supervisor will revise the meal time audits to include the new system of sharing menu choices and ordering process and the positive interactions with the residents by staff during mealtimes. Schedule audits throughout the month for each home area at different mealtimes.	Audit tool is revised by by end of April 2025. Audits will be conducted 14 times per month in different home areas and different mealtimes.	140 total audits completed from June 1, 2025 to March 31, 2026.	

Safety

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	21.53	20.30	The home is aiming for a performance target that is within or slightly better than the current provincial average.	

Change Ideas

Change Idea #1 Develop individualized non-pharmacological care plans to support residents with prescribed antipsychotic medications without a relevant diagnosis or symptoms justifying their use.

Methods	Process measures	Target for process measure	Comments
Conduct a comprehensive review of all residents with prescribed antipsychotic medications who lack a relevant diagnosis, or symptoms justifying their use. Monitor and evaluate the effectiveness of non-pharmacological interventions on a quarterly basis and track the number of residents successfully weaning off or completely discontinuing the use of antipsychotic medications.	10 residents currently with prescribed antipsychotic medications who lack a relevant diagnosis, or symptoms justifying their use will be identified and trialed with non-pharmacologic care plans and weaning off or discontinuing the use of antipsychotic medications.	50% of the identified 10 residents will have an effective non-pharmacologic care plan and weaned off antipsychotic medication use.	

Change Idea #2 Regularly review all residents with prescribed antipsychotic medications without a relevant diagnosis or symptoms justifying their use.

Methods	Process measures	Target for process measure	Comments
Establish a standardized process for quarterly reviews, including documentation and reporting of the results to attending physicians for confirmation of proper diagnosis to support appropriate usage of antipsychotic medication.	Number of residents who has no proper diagnosis to support their need for antipsychotic medication management based on the quarterly reviews.	100% of residents prescribed antipsychotic medications without a relevant diagnosis or symptoms justifying their use are reviewed quarterly for qualified diagnoses or symptoms.	

Change Idea #3 Improve Usage of the Recently Implemented Registered Nurses association of Ontario (RNAO) Delirium Screening Tool.

Methods	Process measures	Target for process measure	Comments
Collect baseline comparable data on the number of assessments completed using the delirium screening tool in 2024 and provide re-training to registered staff on the proper use of the RNAO delirium screening tool.	Number of registered staff who received re-training on the proper use of the RNAO delirium screening tool and the number of assessments completed using the delirium screening tool on a quarterly basis in 2025.	100% of registered staff are re-trained on the proper use of the RNAO delirium screening tool, and the utilization of the delirium screening tool is increased by 25% in 2025.	

Access and Flow | Efficient | Custom Indicator

Indicator #1	Last Year		This Year		
Number of staff recruited and retained to appropriately meet the resident care needs level. (Chester Village)	**CB** Performance (2024/25)	**CB** Target (2024/25)	**89.00** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Provide new hires with routine check-in, support and mentorship

Process measure

- Number of staff that PSW lead met with after orientation for a check-in. Number of quarterly peer check in meeting conducted for support.

Target for process measure

- 100% of new hires will be supported and mentored with PSW lead check in after orientation and four new hire support meetings will be conducted in one year.

Lessons Learned

Providing new hires with regular check-ins and dedicated mentorship, has given staff an opportunity to feel heard and supported. Regular checks ins were made by the HR Assistant, Department Managers and PSW Team Lead for all new hires. This change idea increased satisfaction and resulted in a retention rate to 89% of all nursing staff hired in 2024.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Explore and Implement government initiatives that supports recruitment and retention of staff

Process measure

- Number of new initiative implemented

Target for process measure

- Implement 2 government initiatives within one year to support recruitment and retention

Lessons Learned

The LTC Prep Program was fully implemented and supported retention by offering Education and certification to all Preceptors. The education allowed for staff to be equipped with the skills and credentials needed for professional growth and to help train students. This lead to a more committed and skilled workforce. The LTC Prep program and Ontario Health PSW Stipend and Recruitment Incentive implemented this year will be ongoing in 2025.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Improve the new hire orientation experience of all new hires resulting in positive onboarding process and higher retention rate

Process measure

- Number of Staff positively evaluating orientation and onboarding process

Target for process measure

- 90% of staff will complete the orientation evaluation with a positive response and experience. Feedback to be received during general orientation.

Lessons Learned

We were able to hire an HR Assistant who was dedicated to helping with the onboarding process of new employees. The HR Assistant plays a pivotal role in streamlining and enhancing the onboarding process, ensuring staff feel supported and have a seamless transition into work life. Staff orientation held on site offered attendees to provide feedback. The feedback allowed the home to identify possible gaps and learn what new staff were interested in learning. With all new hires being provided the opportunity to evaluate the orientation this has enhanced the orientation process.

Comment

We were collecting baseline data from our previous QIP, and were able to still implement three new change ideas to support the number of staff recruited and retained to appropriately meet resident care need levels. By having the PSW Team lead conduct monthly huddles, fully implementing the LTC Prep program and Ontario Health Initiatives and revamping the onboarding and orientation experience it contributed to a higher retention rate than we have seen in previous years.

Equity | Equitable | Optional Indicator

Indicator #5	Last Year		This Year		
	0.00	100	95.00	--	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Chester Village)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Provide educational opportunities for all senior management and nursing administrative staff on Equity, Diversity, Inclusion (EDI) and Anti-Racism

Process measure

- Percentage of senior management and nursing administration staff who attended training

Target for process measure

- 100 % of all senior management and nursing administrative staff will attend and complete EDI and Anti Racism education

Lessons Learned

19 out of 20 of senior management and nursing administration staff participated in training focused on Equity, Diversity, Inclusion (EDI), and Anti-Racism. One challenge encountered was identifying educational resources specifically tailored to Management and Leadership. Leadership will continue to receive EDI and Anti racism training going forward.

Comment

Continue to develop a mandatory education plan to include EDI and anti racism training for all staff.

Experience | Patient-centred | Custom Indicator

Indicator #3

Percentage of residents that respond positively to the maintenance, cleanliness, tidiness of the building. (Chester Village)

Last Year		This Year		
70.00	**80**	**98.00**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Increase awareness of resident's expectation on the Home's maintenance, cleanliness and tidiness.

Process measure

- Number of Resident Council meetings attended by ESM

Target for process measure

- ESM to attend a minimum of 2 Residents' Council meetings in one year.

Lessons Learned

ESM attended two Residents' Council meetings. During meetings ESM discussed planned improvements and answered questions about maintenance, laundry and housekeeping. Resident expressed satisfaction with ESM attending the meetings and will continue to attend meetings when invited by Residents' Council.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Review and improve staff awareness on resident's expected results

Process measure

- Number of staff that review and sign off on routine list

Target for process measure

- 100 percent of housekeeping staff

Lessons Learned

100% of new hires housekeeping staff reviewed and signed off on the routine list to be aware of residents expectations. All staff to continue to receive requests from residents and input as needed into maintenance care.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Increase staff awareness of the Home maintenance computerized requisition System requests.

Process measure

- Percentage of staff completing review.

Target for process measure

- 100 percent of staff will complete review.

Lessons Learned

Housekeeping and environmental staff have been trained and their awareness has increased. Goal for 2025 will be to continue to have front line staff, in all departments receive education.

Comment

Previous satisfaction QIP number of 70% was incorrect due to incorrect data entry, the actual QIP performance rating for 2023 was 90%. Working off of the correct data of a 90% rating in 2023, the home had a positive increase of 8% in 2024 with 98% of residents responding positively to the maintenance, cleanliness, tidiness of the building.

	Last Year		This Year		
Indicator #4 Percentage of residents that respond positively to, "Staff are available to me within a reasonable time when I need them." (Chester Village)	**63.00** Performance (2024/25)	**75** Target (2024/25)	**83.00** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Gather information on resident expectations related to staff availability and reasonable time

Process measure

- Number of resident focus group meetings held

Target for process measure

- Hold 1 meeting for each 6 focus groups, one per home areas on 2nd to 4th floors

Lessons Learned

6 resident focus group meetings were held as planned and the staff spent time listening to the resident's expectations and documenting so this can be shared to others.
The meeting itself gave the residents the assurance that staff are working towards attending to their needs at a reasonable time.
Overall, when asked, residents stated that the staff responds to their needs in a reasonable time.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Improve Call Bell Response time average for the home to be at 3 minutes or less

Process measure

- Number of reviewed call bell report with planned maintenance or improvement activities

Target for process measure

- Target 3 minutes or less average call bell response time for the home.

Lessons Learned

There have been 3 quarters of report and in one report, 5 of the 7 home areas are at 3 minutes or less average call bell response time.
The two home areas are between 4-5 minutes average and continue to work on improving response time.
Some home areas have residents that call very often in short periods of time causing their average to go higher.
Unfortunately, with recent two homewide outbreaks and several residents on isolation, in December and January, the average response to call bell has increased with 6 out of 7 homes above 3 minutes, with the highest averaging 5 minutes 41 seconds response time. Although, this change idea's goal was not reached for the whole home, it was a good indicator for staff to review and continue to work on a regular basis.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Staff education on communication and customer service.

Process measure

- PSW Lead and BSO Lead with the staff educator will create role playing and practice scenarios and educate all front line staff

Target for process measure

- At least 80% of staff will be educated on communication and customer service

Lessons Learned

Both the PSW lead, BSO lead and the staff educator were able to use role playing and practice scenarios as an educational tool on customer service. Small group huddles was used to facilitate staff participation and open communication. This change idea was very successful reaching our minimum of 80% of staff.

Change Idea #4 ☑ Implemented ☐ Not Implemented

Increase check in of staff to residents throughout the shift

Process measure

- Number of complaints related to unavailability of staff and unreasonable response time to needs

Target for process measure

- Less than 15% of complaints will be related to unavailability of staff and unreasonable response time to needs

Lessons Learned

Proactive rounding with assigned schedule for students and/or staff have been implemented where the student/staff goes around every two hours or according to the posted schedule to check on resident's needs before they even call.
At the beginning, it was just tried with the students but the routine becomes visibly absent when the students are not around, so the staff were added later which made this initiative more effective. There were 7 complaints related to care not provided on time with 4 of them unfounded. This is relatively low but similar to last year's data.

Comment

All change ideas were implemented despite some challenges and resulted with success at 83% responding positively to "Staff are available to me within a reasonable time when I need them." compared to 63% last year. We aimed for 75% satisfaction rate but achieved 8% higher than our target, which is very successful

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Indicator #2

Percentage of residents responding, "never/sometimes" to overall quality of food and drinks is good. (Chester Village)

Last Year		This Year		
44.00	**30**	**19.00**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Put together a resident focus group and collect a survey on quality of food and drinks as a baseline data to identify resident preferences and dissatisfactions.

Process measure

- Number of identified resident recommendations based on their preferences and identified concerns requiring resolution

Target for process measure

- 75% of appropriate recommendations are implemented and 100% of concerns requiring resolutions are addressed.

Lessons Learned

The Food Committee made the topic of Quality of Food and Drink a monthly agenda item. This enabled residents to discuss their perspective on quality of food and drinks. Small group discussions were held throughout the year throughout different home areas and as questions arose they were discussed and managed accordingly. Each food committee meeting residents identified their preferences and dissatisfactions with regards to quality of food and drinks. At these meetings any concerns were answered and a solution would be planned and initiated.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Provide residents with taste testing opportunities as meal presentation are conducted

Process measure

- Number of new food products and drinks presented and taste tested by residents

Target for process measure

- 4 times this fiscal year

Lessons Learned

Four different taste tests were held throughout the year, at Food Committee meetings. Residents expressed appreciation and enjoyed tasting the new food products. After taste test reviews from the residents, new items would be added to upcoming menus. This change idea will be continued in the following year due to increased resident satisfaction with this process.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Increase resident awareness of meals served and information on food selection and purchases as per their interest.

Process measure

- Number of information sharing and/or education related to food and drinks' selection and purchasing provided to residents.

Target for process measure

- 3 education sessions will be provided in the fiscal year.

Lessons Learned

The home saw an increase in awareness a variety of interventions. Discussions where held at food committee meetings, tours of the kitchen for residents and answering questions when doing daily walk arounds within each home area, offered residents the opportunity to receive information in the moment of query. Residents discussions and questions centered around how and where food is purchased and cost.

Comment

Resident response to quality of food and drinks had a better performance by 25% when responding never/sometimes. With these change ideas, we saw a great response which could be attributed to the initiated change ideas and other interventions.