

Experience | Patient-centred | Custom Indicator

Indicator #2	Last Year		This Year		
	Percentage of Resident who responded positively to the statement "I can offer suggestion to improve care and services" (Yee Hong Centre - Mississauga)	89.00 Performance (2025/26)	90 Target (2025/26)	96.00 Performance (2026/27)	-- Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

To encourage residents to freely express and share their feedback and opinions with staff on their care and service by increasing the communication methods.

Process measure

- a. Completed pulse check questionnaire template. b. Percentage of capable resident who were requested to complete the pulse check. c. Number of meetings held to share results and discuss action plan. d. Completed action plan.

Target for process measure

- a. Complete pulse check questionnaire template by February 2025. b. 100% of capable residents were asked to complete pulse check by the end of August 2025. c. Conduct at least 2 meetings to share the results with residents and staff by August 2025. d. Complete action plan by September 2025.

Lessons Learned

Met target. Resident experience: I can express my opinion(s) to staff, percentage of strongly agree and agree is 96% via annual Resident Satisfaction survey 2025.

- The pulse check questionnaire was successfully developed and finalized within the targeted timeline.
- 3 pulse check questionnaires were conducted by the end of August 2025.
- 100% of capable residents have completed a pulse check questionnaire by the end of August 2025.
- Three team meetings were held to share Pulse check questionnaire results with the staff, and a clear action plan has been developed, communicated, and implemented to address the individual residents’ feedback by the end of September 2025.
- A significant number of new residents were admitted who may not be fully familiar with our services, resulting in varied levels of participation.

Change Idea #2 Implemented Not Implemented In Progress

Enhance communications to promote suggestions on improving care and service through frequent communications.

Process measure

- a. Created advertised poster. b. Number of resident council meetings that were held to share suggestion received. c. Complete action plan.

Target for process measure

- a. Posted finalized poster on each floor by April 30, 2025. b. Conduct at least 2 meetings to share the suggestion with residents by September 30, 2025. c. Completed action plan by October 31, 2025.

Lessons Learned

- Informational posters promoting resident suggestions and feedback were created and posted on each floor within the targeted timeline.
- The Pulse check questionnaire results and action plan have been shared with residents at Resident Council meeting on August 5, 2025, and Oct 2, 2025
- Attendance at Residents’ council meetings varied, which limited the participation of capable residents.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #1	13.14	13	12.28	6.54%	NA
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Yee Hong Centre - Mississauga)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Conduct a comprehensive review of all residents currently prescribed antipsychotic medications without a diagnosis of psychosis to assess whether there is a valid indication for the use of psychotropic medications, ensuring appropriate clinical justification for continued treatment.

Process measure

- a. Percentage of residents identified with antipsychotic medications, without a diagnosis of psychosis. b. Percentage of residents on antipsychotic medications reviewed for appropriateness and effectiveness in the monthly meeting. c. Percentage of residents on antipsychotic medications reviewed have updated care plans.

Target for process measure

- a. Identify 100% of residents with antipsychotic medications, without a diagnosis of psychosis December 31, 2025. b. 100% of residents on antipsychotic medications without psychosis are reviewed to confirm the appropriateness and effectiveness of their treatment by December 31, 2025. c. 100% residents on antipsychotic medications without psychosis reviewed have updated care plans by December 31, 2025.

Lessons Learned

Met target: Percentage of residents who had taken antipsychotics without a diagnosis of psychosis is 12.28 from HQO.

- 100% of residents with antipsychotic medications, without a diagnosis of psychosis, were identified, reviewed for appropriateness of their treatment by December 31, 2025.
- Monthly interdisciplinary meetings supported 100% of residents on antipsychotic medication without psychosis were reviewed to confirm the appropriateness and effectiveness of the treatment by December 31, 2025.
- 100% of care plans have been reviewed and updated by residents on antipsychotic medication without psychosis by December 31, 2025.
- Some residents were presented with complex clinical needs or responsive behaviors, making tapering dosage or discontinuation challenging.
- Ongoing monitoring was necessary to balance gradual dose reduction efforts to ensure residents' comfort, safety, and quality of life.

Change Idea #2 Implemented Not Implemented In Progress

Enhance non-pharmacological intervention in managing resident behavior.

Process measure

- a. Number of rounds conducted with external community partners. b. Number of education sessions provided to family at family councils.

Target for process measure

- a. Conduct at least 5 rounds with external community partners by December 31, 2025 b. Conduct at least 1 education session to families through family council meeting by December 31, 2025.

Lessons Learned

- 5 Monthly rounds were conducted with external community partners by December 31, 2025.
- 1 education session was provided to families in Oct 2025, increasing awareness of non-pharmacological interventions and strengthening family engagement in care planning.