

Experience | Patient-centred | Custom Indicator

Indicator #9	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Resident Satisfaction - Would recommend. (Humber Valley Terrace)	63.90	75	65.40	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

Encourage resident participation in resident council.

Process measure

- Increased resident participation in council meetings.

Target for process measure

- Target for process measure June 2024.

Lessons Learned

Resident Council meets monthly and has become very active with discussions and suggestions.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Get ideas from resident what they would like to see changed and determine if those ideas are feasible.

Process measure

- Increased participation of residents during care conferences.

Target for process measure

- Target for process measure June 2024.

Lessons Learned

Residents are invited and encouraged to attend the care conferences which has been positive.

Comment

Residents have expressed satisfaction with changes within the home throughout the past year. Strategies will continue as they have been shown to be effective.

Indicator #11	Last Year		This Year		
	50.00	75	NA	--	NA
Resident Satisfaction: I am updated regularly about any changes in my home. (Humber Valley Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Increase information available to residents and families.

Process measure

- Newsletter distributed on a monthly basis. Monthly discussion of newsletter items part of monthly programs for residents.

Target for process measure

- Process measure will be implemented by April 2024.

Lessons Learned

Newsletter completed and distributed monthly. Items discussed with residents as required.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Increase communication through posted information.

Process measure

- Information boards are updated and current information is posted.

Target for process measure

- Target for process measure is April 2024.

Lessons Learned

Information boards are kept updated with current information including new boards in elevators.

Change Idea #3 ☒ Implemented ☐ Not Implemented

Update residents and families with any changes occurring within the home.

Process measure

- Increased resident and family participation in quality meetings

Target for process measure

- Target for process measure Dec 2024.

Lessons Learned

Residents invited to and several attend the quality meetings. All families are sent a link to the meetings to attend virtually if able.

Comment

Residents and families are invited to attend quarterly quality meetings (open meeting). Survey was revised as per feedback and question was not included for 2024 survey.

Indicator #12	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Resident Satisfaction: My care conference is a meaningful discussion that focusses on what's working well, what can be improved and potential solutions. (Humber Valley Terrace)	51.50	75	58.10	--	NA

Change Idea #1 ☒ Implemented ☐ Not Implemented

Increase resident and family participation in care conferences.

Process measure

- Increased participation of residents and families.

Target for process measure

- Target for process measure: June 2024

Lessons Learned

Residents and families are invited and encouraged to attend care conferences.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Increase ability to participate in care conferences.

Process measure

- Increased participation from residents and families in care conferences.

Target for process measure

- Target for process measure June 2024

Lessons Learned

Care conference times were increased to allow more interaction and questions with residents and families which has resulted in increased participation.

Comment

Residents and families are always invited and encouraged to attend care conferences, with families invited to attend virtually if unable to attend in person. This has been successful and will continue.

Indicator #10	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Resident Satisfaction: Communication from home leadership is clear and timely. (Humber Valley Terrace)	52.80	75	62.20	--	NA

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

Ensure all information sent to residents and families is clear and sent in a timely manner.

Process measure

- Ensure posted information is up to date and clear during manager walk-about.

Target for process measure

- Target for process measure June 2024.

Lessons Learned

Information boards reviewed and updated regularly. Information boards replaced within elevators.

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

Increase information to residents and families through activity boards.

Process measure

- Activity boards will be full of information and up to date during manager walkabouts.

Target for process measure

- Target for process measure May 2024.

Lessons Learned

Activity boards updated daily. Information about monthly and daily activities are posted.

Comment

Information boards are updated regularly and older information promptly removed. Monthly newsletter sent out to all families and available in written format. These have been very positive processes and will continue.

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Family Satisfaction - Would Recommend (Humber Valley Terrace)	69.60	85	66.00	--	NA

Change Idea #1 ☐ Implemented ☒ Not Implemented

Encourage family participation to develop a Family Council.

Process measure

- Family Council is created and becomes an active council.

Target for process measure

- Target for process measure Oct 2024.

Lessons Learned

Although families have been frequently encouraged to create a family council, HVT does not yet have a formal Family Council. We are continuing to work with families to try to implement.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Get ideas from families what they would like to see changed and determine if those ideas are feasible.

Process measure

- Increased participation and comments from families re: change ideas.

Target for process measure

- Target for process measure Dec. 2024.

Lessons Learned

More families are coming forward with ideas and suggestions through the Suggestion box and general discussion.

Comment

Continue to encourage families to create a Family Council and become involved within the home.

Indicator #4	Last Year		This Year		
	52.70	85	NA	--	NA
Family Satisfaction: Overall, I am satisfied with the meal, beverages and dining service. (Humber Valley Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

FSM is aware of food change requests of residents at all times.

Process measure

- Fewer meal related concerns from residents and families documented during Residents Food Council.

Target for process measure

- Target for process measure Oct 2024.

Lessons Learned

Residents are happy with the menu and meals and less concerns have been voiced re: meals.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Receive feedback from residents regarding new menu items to determine if they are in agreement with adding them to the main menu rotation.

Process measure

- Feedback obtained from residents 2x/year and menu items adopted or removed from main menu.

Target for process measure

- Target for process measure June 2024.

Lessons Learned

Food Council is run by Food Service Manager and residents are active with menu choices.

Change Idea #3 ☒ **Implemented** ☐ **Not Implemented**

Get feedback regularly from residents and families.

Process measure

- Feedback obtained from residents and families with documented dietary interventions as per resident preferences.

Target for process measure

- Target for process measure Dec. 2024

Lessons Learned

Residents and families are asked for feedback during care conferences, Resident and Food Councils, suggestion box, monthly newsletter.

Change Idea #4 ☒ **Implemented** ☐ **Not Implemented**

Improve physical dining layout for second and third floors.

Process measure

- Dining room seating is completed for all residents, and no dining room tables remain in second and third floor lounges.

Target for process measure

- Target for process measure May 2024.

Lessons Learned

Second and third sunrooms have been renovated and seating plans have been adjusted for improved seating layout on all floors.

Comment

Seating plans on all floors have been reviewed and adjusted for a much better meal experience on all floors. Survey was revised as per feedback and question was not included for 2024 survey.

Indicator #5	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Family Satisfaction: The resident enjoys eating meals in the dining room. (Humber Valley Terrace)	56.40	85	62.70	--	NA

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

Improve dining room aesthetics.

Process measure

- Resident verbally express satisfaction re: changes during Resident Council and individually.

Target for process measure

- Target for process measure March 2024

Lessons Learned

Residents have expressed satisfaction over the improvements within the dining room.

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

Bring 2nd and 3rd floor residents down to main dining room.

Process measure

- Half of residents on second and third floors come down for meals to main dining room.

Target for process measure

- Target for process measure May 2024.

Lessons Learned

Resident seating plans have been adjusted with staff duties, with residents from 2 and 3 coming down to the main dining room for meals.

Comment

Residents have expressed their satisfaction with the changes in all dining rooms.

Indicator #6	Last Year		This Year		
	56.60	85	64.40	--	NA
Family Satisfaction: The resident has input into the recreation programs available. (Humber Valley Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Increase resident participation in recreation calendar development.

Process measure

- Increased "resident choice" programs on the calendar.

Target for process measure

- Target for process measure May 2024

Lessons Learned

Residents are asked during resident council and individually what kinds of programs they would like to participate in.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Give feedback to resident's council re: program changes.

Process measure

- Residents actively give feedback and those are documented in the Resident Council minutes.

Target for process measure

- Target for Process measure June 2024

Lessons Learned

Residents are asked during Resident Council re: programs which was successful.

Change Idea #3 ☒ **Implemented** ☐ **Not Implemented**

Discuss recreation and activities individually with resident and families for regular feedback.

Process measure

- Increased resident participation in activities/month.

Target for process measure

- Target for process measure Dec. 2024

Lessons Learned

Evening activation aide line added to increase activities in the evening which has been beneficial.

Comment

Residents actively involved in program planning. Evening activation aide line added. Strategies were shown to be effective and will continue.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #1	0.00	2.50	0.00	#Error	NA
% of LTC residents with restraints (Humber Valley Terrace)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

Re-educated staff on restraint policy and use of alternatives to restraints.

Process measure

- # of education sessions held monthly.

Target for process measure

- 100% of staff will be re-educated on restraint policy and alternatives to restraints by Sept 2024

Lessons Learned

Staff are educated annually on alternatives to restraint use resulting in the successful maintenance of a restraint free home.

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

Maintain a restraint free home.

Process measure

- Home will remain restraint free.

Target for process measure

- Target for process measure Dec. 2024

Lessons Learned

Home continues to remain restraint free.

Comment

We continue to monitor and review our successful processes to ensure we remain restraint free.

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
% of LTC residents with worsened ulcers stages 2-4 (Humber Valley Terrace)	0.90	2	1.91	--	NA

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

Review current bed systems/surfaces for residents with PURS score 3 or greater.

Process measure

- # of residents with PURS score of 3 or greater. # of reviews completed of bed surfaces/Mattresses monthly # of bed surfaces/mattresses replaced monthly.

Target for process measure

- A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by August 2024.

Lessons Learned

This was a successful strategy for the home. All bed systems were reviewed. High risk resident mattresses were replaced with Promats. We have a plan in place to replace all mattresses with Promats by 2025.

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

Improve Registered staff knowledge on identification and staging of pressure injuries.

Process measure

- # of education sessions provided monthly for Registered staff on correct staging of pressure injuries.

Target for process measure

- 100% of registered staff will have received education on identification and staging of pressure injuries by Sept. 2024

Lessons Learned

Registered staff received education on staging and treatment of pressure injuries. Ongoing education scheduled on an annual basis for all active registered staff.

Comment

Ongoing education for staff, review of non-essential emergency transfers, and review of sitting surface for all new admissions will continue to improve this indicator and will continue to be a focus for 2025.

Safety | Safe | **Optional Indicator**

Indicator #7	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Humber Valley Terrace)	11.37	15	15.16	-33.33%	15

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

Implement specific activity program at afternoon change of shift for residents who are high risk for falls.

Process measure

- # of residents reviewed for activity needs/preferences weekly. # of activity programs that occur during change of shift in afternoon weekly

Target for process measure

- Target for process measure for programs at afternoon shift June 2024

Lessons Learned

Activation aide hired for evening shift and they provide afternoon programs.

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

Conduct environmental assessments of resident spaces to identify potential fall risk areas and address areas for improvement.

Process measure

- # of environmental assessments completed monthly. # of identified deficiencies from assessments that were corrected monthly.

Target for process measure

- Target for environmental risk assessments to be completed by June 2024.

Lessons Learned

Environment reviewed and tripping hazards removed as identified. Ongoing assessments being conducted.

Comment

Falls continue to occur. Each fall results in a fall huddle and review to identify root cause and what actions can be taken to prevent additional falls. this continues to be a priority focus for 2025.

Indicator #8	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Humber Valley Terrace)	11.03	17.30	6.23	43.52%	5

Change Idea #1 ☒ Implemented ☐ Not Implemented

Medication reviews completed for all residents currently prescribed antipsychotics.

Process measure

- # of residents reviewed monthly #of plans of care reviewed that have supporting diagnosis # of reduction strategies implemented monthly.

Target for process measure

- All residents currently prescribed antipsychotics will have a medication review completed by July 2024.

Lessons Learned

All residents on antipsychotics reviewed and reduction strategies in place.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Provide educational material to families and/or residents on antipsychotics and the importance of minimizing use.

Process measure

- # of families provided with best practice information on reducing antipsychotics monthly. # of tour and admission packages provided with antipsychotic reduction information included monthly.

Target for process measure

- Educational material will be provided to families and/or residents on antipsychotics and importance of minimizing use by Sept 2024

Lessons Learned

Information given to families during care conferences and are part of the tour package.

Comment

Indicator continues to improve with better understanding of antipsychotic medications and family understanding. Strategies were successful and will continue.

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Care Conferences: discuss what's going well, what could be better and how we can improve things.	C	% / LTC home residents	In-house survey / 2024	58.10	75.00	Extendicare benchmark.	

Change Ideas

Change Idea #1 Encourage residents to attend their annual care conference.

Methods	Process measures	Target for process measure	Comments
1. Communicate to residents when their annual care conference is scheduled in advance of the meeting. 2. Remind resident morning of meeting and assist as needed to meeting. 3. Allow time for discussion and obtain feedback on what can be improved.	1. # of annual care conferences where residents attend. 2. # of care conferences where plan of care was discussed with resident.	1. Residents will be encouraged to attend their annual care conferences beginning Jan. 2, 2025. 2. There will be a 10% improvement in this indicator by December 2025.	

Change Idea #2 Obtain feedback on annual care conference process from residents and families.

Methods	Process measures	Target for process measure	Comments
1. Ask what is going well and what can be better and how we can improve things during care conference. 2. Review responses and determine action for improvement.	1. # of feedback responses received. 2. # of improvement actions implemented.	1. Process for conference feedback will be in place by March 1, 2025. 2. Feedback will be shared with resident council members quarterly as required.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
If I need help right away, I can get it.	C	% / LTC home residents	In-house survey / 2024	54.70	75.00	Extendicare benchmark.	

Change Ideas

Change Idea #1 Increase staff awareness of call bell response times.

Methods	Process measures	Target for process measure	Comments
1. DOC to review call bell response times on a weekly basis. 2. Communicate results to staff and leadership team on a weekly basis. 3. Follow up with staff for any areas of improvement for response times.	1. # of call bell response time reviews completed. 2. # of time results communicated to staff and to leadership team. 3. # of staff follow ups required.	1. Call bell response review process will be in place by March 1, 2025. 2. Communication of call bell responses to staff and to leadership will be in place by March 1, 2025.	

Change Idea #2 Review staffing and routines of all shifts.

Methods	Process measures	Target for process measure	Comments
1. Meet with all shifts to discuss results of survey related to response times. 2. Determine root cause of any potential delay in responses for resident assistance. 3. Discuss and implement action plan based on root causes. 4. Follow up meeting with all shifts to review progress for improvement.	1. # of meetings held with each shift. 2. # of staff in attendance at each meeting. 3. # of root causes identified and action plan implemented. 4. 3 of follow up meetings held with each shift.	1. Meetings with all shifts will be held by March 31, 2025. 2. Root causes for response delays will be determined and action plans created by Apr 30, 2025. 3. Action plans will be implemented by April 30, 2025. 4. Follow up meeting with shift to review progress will be held by June 30, 2025.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication from home leadership (Executive Director and Managers) is clear and timely.	C	% / LTC home residents	In-house survey / 2024	62.20	75.00	Extendicare benchmark.	

Change Ideas

Change Idea #1 Implement HVT newsletter to inform and engage residents and family members on a monthly basis and send it out to all families/friends electronically.

Methods	Process measures	Target for process measure	Comments
1. Send out newsletter on a regular basis to inform residents and families about important information. 2. Ask resident council what information they would like to see included in the newsletter. 3. Post the newsletter on bulletin board in home and make available copies.	1. # of times newsletter was sent to residents and families. 2. # of resident council meetings information discussed. 3. # of months newsletter was posted on bulletin board.	1. Newsletter will be sent out to all residents and families as on March 1, 2025. 2. Discussion with resident council about newsletter will occur by Feb. 28, 2025. 3. Newsletter will be posted on bulletin board by March 1, 2025.	

Change Idea #2 Implement communication board in main lobby for residents and families.

Methods	Process measures	Target for process measure	Comments
1. Discuss board, location and content to be posted with Resident Council. 2. Post announcements as required.	1. # of times communication board was updated. 2. Resources and information provided to residents and families.	1. Communication board will be reviewed and refresh completed by Apr. 1, 2025. 2. Communication board will be updated at least monthly.	

Change Idea #3 Have a "Tea and Chat with " or social sit down programs with residents, families and leadership teams to inform and engage on a regular basis.

Methods	Process measures	Target for process measure	Comments
1. Add program monthly to programs calendar. 2. Add reminders to monthly newsletters. 3. Advertise via poster throughout the home.	1. # of times program was implemented. 2. # of people participating in program.	1. Program will be introduced and implemented as of May 1, 2025.	

Safety

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	15.16	15.00	Extending benchmark.	

Change Ideas

Change Idea #1 Implement 4 P's rounding.

Methods	Process measures	Target for process measure	Comments
1. Educate staff on 4P's process. 2. Provide 4P's cards to staff as reminder. 3. Inform resident council what 4P process is.	1. # of staff educated on the 4P's process. 2. # of 4P cards provided 3. Resident council informed of process	1. 100% of active front line staff will be educated on 4P process by June 30, 2025. 2. 4P cards will be distributed to staff by June 30, 2025. 3. Resident council will be informed of process by May 2025.	

Change Idea #2 Re-implement post fall huddles.

Methods	Process measures	Target for process measure	Comments
1. Review policy on post fall huddles with staff. 2. Falls lead in home to attend and /or review post fall huddles documentation and provide further education as needed.	1. # of staff who reviewed policy for post fall huddles. 2. # of post fall huddles that were completed as per policy on a monthly basis.	1. Staff education on post fall huddles will be completed with 90% education of active staff by April 30, 2025. 2. By April 30, 2025, 100% of post fall huddle documentation will be completed as per policy.	

Change Idea #3 Review Activity programming during times when most falls occur.

Methods	Process measures	Target for process measure	Comments
1. Review times when most falls are occurring 2. Review Program preferences for residents who are at risk of falls 3. Implement program at time of day when falls are occurring 4. Monitor results	1. # of residents reviewed who are high risk for falls. 2. % of program review completed. 3. # of new programs implemented during peak times for falls. 4. # of high risk residents who did not fall during month when activity was occurring.	1. Review of falls and times when occurring will be completed by March 31, 2025. 2) Review of high risk residents program preferences will be completed by April 30, 2025. 3) Program will be implemented at identified high risk time by May 31, 2025.	

Measure - Dimension: Safe

Indicator #5	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	6.23	5.00	Continued improvement to theoretical best.	

Change Ideas

Change Idea #1 GPA education for training for responsive behaviours related to dementia.

Methods	Process measures	Target for process measure	Comments
1. Engage with Certified GPA Coaches to roll-out home-level education. 2. Register participants for education sessions.	1. # of GPA sessions provided 2. # of staff participating in education 3. Feedback from participants in the usefulness of action items developed to support resident care.	1. GPA sessions will be provided for 80% of active staff by July 31, 2025. 2. Feedback from participants in the session will be reviewed and actioned on by August 2025.	

Change Idea #2 Family education resources provided for appropriate use of Antipsychotics

Methods	Process measures	Target for process measure	Comments
1. Provide 'Centre for Effective Practice (CEP)' resource for appropriate use of anti-psychotics when families have questions about appropriate antipsychotic prescribing 2. Make resource available at nurses station if family have questions.	1. # of CEP resources provided to families monthly 2. # of antipsychotics d/c as a result of increased family awareness.	1. CEP resources will be printed and available at nurses station by March 31, 2025.	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who had a pressure ulcer that recently got worse - Q2FY 2025/26, CCRS eReports - unadjusted.	C	% / LTC home residents	CIHI CCRS / Q2FY 2025/26	1.91	1.50	Continued improvement to theoretical best.	

Change Ideas

Change Idea #1 Mandatory education for all Registered staff on correct staging of Pressure ulcers

Methods	Process measures	Target for process measure	Comments
1. Communicate to Registered staff requirement to complete education. 2. Registered staff to complete online modules on wound staging by end of third quarter of year. 3. DOC/designate to monitor completion rates.	1. # of communications to Registered staff mandatory requirement to complete education. 2. # of Registered staff who have completed online modules on wound staging on a monthly basis. 3. # of audits of completion rates completed by DOC/designate and follow up as required. "	1. Communication on mandatory requirement will be completed by March 31, 2025. 2. 100% of active Registered staff will have completed education on correct wound staging by May 31, 2025. 3. Audits of completion rates will be completed monthly with required follow up will occur by 1st week of each month and process is to be in place by June 2025.	

Change Idea #2 Ensure appropriate surfaces and seating for residents at risk of skin issues by improving communication with OT/PT.

Methods	Process measures	Target for process measure	Comments
1. Meet to discuss process to improve communication between the OT/PT and the skin and wound lead. 2. Educate Registered staff on importance of sending referrals to OT. 3. Wound Care lead to provide an updated list of skin and seating issues to the OT/PT internally. 4. Review surfaces and seating during Skin and Wound committee meetings for any follow up. 5. Tracking of speciality services and preventative maintenance program for equipment 6. DOC to audit this process and part of the evaluation process of the skin and wound care annual program.	1. # education sessions provided for Registered staff 2. # of residents requiring OT referrals 3. # of referrals received by OT 4. # of seating assessments completed 5. # of surfaces reviewed 6. # of speciality surfaces and pumps 7. # of audits that showed areas for improvement	1. Wound care lead to provide refresh education for Registered staff on improving communication by April 30, 2025. 2. Standardized communication process will be in place by May 31, 2025. 3. Seating assessments will be completed for all at risk residents by April 30, 2025. 4. All surfaces for at risk residents will have been reviewed by April 30, 2025.	