

2025/2026 Northland Pointe Continuous Quality Improvement Initiative Report

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Overview

Northland Pointe is one of seven long-term care homes owned and operated by the Regional Municipality of Niagara. Located in the Port Colborne community, it has 151 beds. Northland Pointe is recognized as a best practice spotlight long-term care home and has received exemplary standing accreditation from Accreditation Canada.

We collaborate with various stakeholders, including team members, volunteers, students, physicians, and the Public Health and Social Services Committee, to ensure that resident care and services are consistently monitored, analyzed, and evaluated. Our approach aligns with resident preferences, best practices, leading standards, and the requirements of the Fixing Long-Term Care Act 2021 (FLTCA), Ontario Regulation 246/22, and Accreditation Canada standards. When opportunities for improvement arise, we collaborate to develop, implement, and evaluate initiatives that enhance care.

Our Mission

Working together, we provide the highest quality of life for Seniors living in long-term care and in the community.

Our Vision: Exemplary care, a Compassionate team, and a Community Leader.

Our Values: Respect, Serve, Choice, Honesty, Partnership



Our Approach to Continuous Quality Improvement

Niagara Region long-term care homes have a comprehensive quality program that guides our long-term care homes through continuous quality improvement activities.

The Seniors Services Operational plan includes improvement efforts and initiatives across the homes to optimize standardization and decrease variability. We identify the priority areas through in-home committees, audits, reports, resident and family feedback, legislative requirements, and guiding principles.

Our home will monitor progress on strategic priorities to align it with our home needs by focusing on providing the best quality to our residents and embracing our continuous quality improvement philosophy. Prioritizing improvement opportunities is a critical step in translating data into action.

How We Identify priority Areas

Northland Pointe is committed to fostering a collaborative and inclusive environment where the voices of our residents and their families are integral in shaping the care we provide. Northland Pointe actively engages members of the Resident Councils and Family Representatives in quarterly Professional Advisory and Continuous Quality Improvement (PAC-CQI) Committee meetings. The insights and experiences of the Resident Councils and Family Representatives and the Quality Committee are invaluable in identifying areas for growth and implementing meaningful, actionable plans that are included for the next fiscal year based on the recommendations of the homes and their quality committees.

During these meetings, the management team updates our quality and safety programs, sharing any activities that need discussion and input. We review various topics, including program performance, feedback from residents and families, essential incidents, complaints, infection control, and other key focus areas. This collaborative approach ensures that we consistently work towards enhancing the quality of care we provide.

Policies, Procedures and Protocols

Each year, Northland Pointe creates Quality Improvement Plans corresponding to provincial system priorities. The plan for 2025-2026 emphasizes Health Quality Ontario's systemic challenges: Access and Flow, Equity, Safety, and Experience. These priorities align with our organization's goal of enhancing care and improving service quality. The objectives and suggested changes from this plan will often continue as multi-year initiatives, while Northland Pointe works to sustain advancements in effective care, service delivery, and resident experience.

Our team will follow the PDSA cycle (Plan, Do, Study, Act). It's a simple tool for testing and enhancing ideas or processes. Start by planning a small change, then implement it on a limited scale. Analyze the results to see what happened and act on what you learned—either by adopting the change, adjusting it, or trying something new. It's a continuous cycle for improvement.



Identify/Diagnose the Problem

All identified problems that need attention are analyzed using the root cause framework.

- Northland Pointe will document the problem and identify opportunities for improvement.
- Northland Pointe will gather data to understand the problem better.
- Northland Pointe will review the problem statement and team composition needs.
- Northland Pointe will analyze the problem and data available using QI methodologies to identify opportunities for improvement.

Create a Plan

- Once teams understand the underlying causes and align any resident's needs, they would define an action plan in collaboration with residents and families
- The team will be exploring and evaluating those opportunities.
- Northland Pointe will identify how they plan to achieve desired results and document them under the PCC insights, Resident and Family Survey Action Plan, and other Project planning tools available.
- The plan should include (1) where we are, (2) where we want to be, (3) how we will do it and identify the team that will support the improvement activity.
- The team will determine if training is needed and include it as a task.

Set Improvement Aims

The aims set in our plan are developed using an interdisciplinary approach and feedback from family and residents. Data supporting the objective will be collected and used for analysis and benchmarking. Examples of data include scorecards, dashboards, and other facility reports such as employee and resident satisfaction results. Reports available from outside resources, including but not limited to Health Quality Ontario, CIHI, Nquire, and RNAO, are used to set clear paths for improvement. We use the SMART framework (Specific, Measurable, Attainable, Relevant and Time-Bound) to set goals that will align with the desired improvement target and will help to focus on continuous improvement.

Set and Test Improvement Ideas

Our quality improvement plan relies on teamwork among all staff to analyze problems and propose and implement resolutions. Ideas or interventions are established and monitored for the duration of the plan. The analysis identifies the effectiveness of the improvement activity and if any other approach should be considered.

The improvement indicator or activity progress is documented in the Point Click Care (PCC) Insights, Project planner, and Resident and Family Survey Action Plan, and meeting minutes are recorded immediately after each quality meeting.

Implement, Spread and Sustain

Implementation plans are reviewed and evaluated routinely and as often as needed. The interventions are tested and assessed to ensure that any practice changes are appropriately embedded into our workflow and that staff are aware of the changes. At the end of the testing period, the team will evaluate whether the interventions or changes resulted in improvement.



The team will present any opportunities that could result in standardized practices across our long-term care homes to the quality steering committee. The Quality Steering Committee will discuss sustainability and consistency approaches and support the long-term care homes with the resources needed to implement any adaptations.

How We Monitor Improvement and Identify Outcomes

Northland Pointe champions quality initiatives by leveraging our Continuous Quality Improvement Advisors' support that guides project planning, measurement strategies and accountability. Our quality and risk management program processes include monitoring and evaluating.

- Performance indicators at the home and program level
- Priority indicators outlined in the annual quality improvement plans.
- Professional and CQI committee
- Core programs meetings.
- Municipal benchmarking and Resident and Family Experience survey results
- System-wide indicators

An Interdisciplinary team reviews metrics on PCC and other sources, and monitors progress in line with the core programs by proactively reviewing real-time data and progress across indicators. This enables the team to communicate effectively and adjust strategies to address any issues that arise.

Outcomes

Outcomes are conveyed through a range of resident council committees, family representatives, PAC, and quality committees within the divisional frameworks. The primary outcomes can be divided into the following categories:

- Resident Well-being Outcomes: includes metrics such as decreased hospitalizations and reduced medication errors.
- Resident and Family Engagement Outcomes: align with the goals specified in the Resident and Family Action Plan and involve improvements in care, services and programs.
- Core and Risk Management Outcomes: emphasizes the management and oversight of our clinical indicators, particularly targeting a reduction among different indicators such as falls, injuries, and pressure injuries.
- System and Organizational Outcomes: outcomes in accreditation and compliance, along with the encouragement of innovation in technologies and processes.

Communication

Strategies are developed following the senior's communication plan, but are not limited to home-specific needs and preferences.

Updates in the quality improvement plan are shared through several means, including:

- Postings on the quality board
- Computerized information blast emails using the Cliniconex app.
- Direct e-mails to staff and families



- Newsletters
- Website
- Informal presentations/huddles
- Presentations at staff meetings
- Presentation at Professional Advisory and Quality Committees
- Presentations at Residents' Council meetings
- Presentations at Home Committee meetings with family representatives (on request)
- Presentations at the Public Health and Social Services Committee
- Quarterly reports to the Quality Steering Committee

2024/25 Quality Improvement Accomplishments (reflections since last report)

1. Falls Prevention and Management

Northland Pointe continues to focus on preventing falls and managing risks through comprehensive assessment processes. From January 1 to December 31, 2024, 432 comprehensive assessments were completed, with 90 residents identified for frequent falls. A multidisciplinary falls team conducts regular review meetings, ensuring resident-centred care and personalized interventions.

Recreational programming has seen a notable increase, with 5 full-time recreationists and 12 additional hours allocated, allowing a dedicated Recreationist in each unit and the provision of additional programming in other home areas to cover days off. This initiative has contributed to the goal of increasing physical activity, with three activities per week of all recreation activities being physical in nature. Welbi was used to monitor trends and adjust programming with low participation. Additionally, nursing restorative programs for residents with multiple falls are being carefully reviewed and incorporated into individualized care plans.

Northland Pointe have successfully on-boarded a Responsive Behaviour Therapeutic Advisor (RBTA) in the last quarter of the year. The RBTA, in collaboration with Behavioural Supports Ontario and Seniors Mental Health Outreach, continues to work with residents to identify and address triggers of responsive behaviour that may contribute to falls, thereby improving overall risk mitigation.

2. Antipsychotic Medication Reduction

Northland Pointe's Antipsychotic medication use remains below the provincial average but efforts to reduce the use of antipsychotic medication for residents without psychosis are ongoing and intensified. Due to the vacancy of a Nurse Practitioner role for 2024, the RBTA has taken on a significant role in reducing medication reliance by providing non-pharmacological interventions. The interdisciplinary team reviews antipsychotic use monthly, focusing on appropriate diagnoses and ensuring that medications are only used as indicated and when necessary. Non-pharmacological strategies continue to be prioritized, with the



RBTA providing regular education and mentoring to staff on managing responsive behaviours.

The Institute for Safe Medication Practice Canada identified Northland Pointe as an Innovator Home in advancing the Strengthening Medication Safety in Long-Term Care initiative, part of which is promoting appropriate use of antipsychotics. With this initiative, ISMP Canada provided support in education and training in Quality Improvement Techniques and coaching and facilitation of Quality Improvement Teams to sustain the improvements made in medication safety.

3. Resident Satisfaction and Engagement

Northland Pointe has made significant strides in improving the dining experience based on feedback from residents. The “just in time audits” at meal was implemented to obtain real-time feedback and address residents’ concerns in a timely manner. Results of these audits are reviewed and presented at committee meetings. As part of a pilot project, menu items were updated to remove disliked foods and introduce new options, with positive feedback from the resident council. Enhancements to the dining experience, such as aprons and cloth napkins, were also implemented.

The Dementia Friendly Home project is progressing ahead of schedule, with positive feedback from residents and families regarding the improvements. Furthermore, the “Partners in Care” training, aimed at improving communication and collaboration between residents, families, and staff, was successfully introduced in the third quarter and is ongoing.

4. Diversity, Equity, and Inclusion (DEI)

Northland Pointe continues to support and promote inclusivity within the home. With timely follow-up by managers to ensure that staff have completed mandatory training, 100% of Northland Pointe staff in all levels have completed relevant equity, diversity, inclusion, and antiracism education. The DEI committee has grown, with monthly meetings discussing upcoming events and activities, and many DEI activities are embedded in the WELBI program for residents. The recreation department fosters cultural diversity through initiatives such as monthly "order-in" meals and resident-driven cultural cooking sessions. A wellness space was created for staff to support their religious and wellness needs.

5. Hospital Transfer Reduction and Recreation Engagement

The home aims to reduce avoidable hospital transfers through better resident engagement and staff education. Although the placement of Nurse Practitioner role is on-going, the RNO Clinical Pathways education was available to registered staff through the Learning Management System (LMS). The clinical pathways helped to improve staff efficiency and reduce risk of errors. The Prevention of Error-based Transfers (PoET) project, an ethics quality improvement project that assists Ontario long-term care homes to align their practices and policies with Ontario’s Health Care Consent Act remains in place as part of the admission process and is reviewed at least quarterly. Increased physical recreation activities, support residents' physical health and help prevent falls. In addition, the Infection Prevention and Control (IPAC) Manager assists the team in early identification of infection which leads to prompt medical intervention and decreases the need for hospital transfers. Two attending physicians were added to the team in July and August of 2024 improving the response time to medical concerns raised by residents.



6. Palliative Care

Northland Pointe maintains a resident-centered approach to palliative care, with an interdisciplinary team supporting residents and their families in planning end-of-life care that respects their wishes. The integration of the Resident Family Social Worker (RFSW) and physicians in this process ensures that communication is clear and that all care decisions align with residents' desires for comfort and dignity. The Resident and Family Centred Care Assessment was implemented in Point Click Care in July of 2024, this assessment is initiated by Registered nursing staff and completed by the RFSW in the home for all new admissions. The Resident and Family Centred approach to care demonstrates certain practices that put the person and their family at the center of health care and services, respecting and empowering individuals to be genuine partners with health care providers. In upholding the palliative care philosophy, Northland Pointe ensures that family and friends can spend quality time with resident at end of life 24 hours a day. Staff adheres to evidence-based practice and attended the RNAO Palliative Care workshop on June 19 and 20, 2024. We also encouraged staff to complete the practical and insightful online modules offered by Pallium Canada. These modules provide an introductory overview of the palliative care approach and demonstrate how healthcare professionals from various disciplines can incorporate primary-level palliative care into their daily work. In Jan 2024, all Niagara Region Long Term Care Homes participated in the CLRI Palliative Care Program Evaluation to review the existing palliative care program and identify system improvement.

Other Actions Taken by the Home.

1. Removal of Secured Area

In July of 2024, Northland Pointe removed the secured area and increased the utilization of BSO and SMHO for residents with complex behaviours. Partners in Care (PIC) training continued in October, providing education to Northland Pointe, aiming for 70% of all staff to complete this training. October sessions were held over 13 dates, wherein 147 staff were trained. The percentage of PIC completion at Northland Pointe is 61.25%. Staff from all departments were well represented. Dementiability training was attended by three staff. In-home Gentle Persuasive Approaches training continued throughout the year, with 100 staff completing the training and an increased number of GPA coaches to 7 by the end of 2024. In the last quarter of the year, the RBTA was onboarded and worked collaboratively with all staff in the home to plan, implement, train, advise, coach and evaluate non-pharmacological approaches to intervening with responsive episodes using strategies outlined in Positive Approach to Care, GPA, U-FIRST / PIECES and Dementiability.

2. Holistic and Person-Centered Approach to Care

Northland Pointe responded not only to the physical and mental well-being of residents but to their increased spiritual needs as well, with the number of referrals received by the pastoral care coordinator more than doubled over a one-year period and a total of residents seen increased from 75 to 98 over this time. Spiritual programming was increased on the third floor by adding a second hymn sing. Collectively, there was a total of 129 spiritual services provided in the home catering to at least 13 denominations. The team is also highly invested in the residents' sound



emotional and social state. With personalized programming through Welbi, activities were matched with residents' abilities, interests, and needs, earning a 98.5% satisfaction rate from residents and family for the recreation program in the 2024 survey.

3. Product Usage

Protective underwear and extended wear products usage were reviewed, and an audit was completed to verify the appropriateness of product use. We were able to reduce the following: Protective underwear from pre-audit 30% to post-audit 13%, and extended wear product from pre-audit 40% to post-audit 5%. In April 2024, Prevail representatives were at the home and completed staff education regarding product sizing and application.

4. Strengthening Partnership and Collaboration

To improve continuity of care for residents at Niagara Region Long Term Care Homes, "Project Amplifi was launched as a pilot project in one of the seven homes. This project aims to streamline transitions between care institutions, resulting in safer healthcare for Ontarians and more efficient workflows for healthcare providers. Project Amplifi accomplishes this by facilitating the exchange of digital health records, allowing Niagara Long Term Care Homes staff to access and act on outstanding orders immediately. This electronic record system minimizes the need to make phone calls or send faxes to external care institutions, thus preventing transcription errors and allowing more time for caregiving. Ultimately, the goal is to reduce hospital readmissions. To assist staff with this transition, a Clinical Pathway training was completed in June 2023 and then again in Spring 2024. The Project Amplifi was implemented in the remaining six homes by March 2025 in partnership with Niagara Health System and PointClickCare.

2024/2025 Review of the Resident and Family Surveys Action Plan

Northland Pointe made significant progress during the 2024-2025 period across key areas, particularly in enhancing the environment through feedback and input from families and residents. The Regular Resident Council (RC) and family representatives, through Home Committee meetings held throughout 2024, have been instrumental in sharing updates, gathering feedback, and implementing action plans. Notable achievements include upgrades in curtains, bedspreads, furniture, lighting, and paint in all areas of the home.

The home also focused on improving food quality through resident-driven input on snacks and menus, acquiring carafes and conveyor toasters to maintain food temperature, and launching "just-in-time" food surveys to collect immediate feedback. Staff received targeted training to align service with resident expectations. These initiatives, supported by quarterly PAC/CQI Committee meetings, reflect a resident-centered approach and a commitment to continuous improvement in care and quality of life. A complete action plan is available upon request.



Resident & Family Survey Results and Action Plan 2025/2026

Northland Pointe conducted its annual Resident and Family Satisfaction Surveys to gather feedback from residents and their families about the services provided. The purpose of the survey is to facilitate improvements and ensure that care meets each resident's needs. In 2024, the survey was available from November 18th to December 8th, and we received a total of 73 responses, including 45 from residents and 28 from families.

The feedback we receive is invaluable as it helps us identify our strengths and areas for improvement, while also reinforcing our commitment to enhancing the quality of life in our homes. Overall care satisfaction was 91.3%, Services 91.9%, and Products 85.6%, with 93% of families and 90% of residents rating this home as either Excellent or Good. The following are the results compiled for the family and resident surveys. Please see the survey results in Appendix A.

Four areas received lower satisfaction scores: knowing who to bring concerns to, and response to concerns. comfort of products, the quality of food and snacks and physician services. On January 31, 2025, the survey results were shared with the residents' council, followed by a presentation to the family council on February 10. On February 14, 2025, the home initiated an action plan to discuss strategies for addressing the four identified areas in 2025. On March 3, 2025, the survey results were distributed to resident contacts through Cliniconex, and feedback was encouraged and welcomed. Printed copies of the results were posted on the Quality Board.

To address the areas with low satisfaction ratings, we have identified the following actions for improvement:

1. **Staff Listening and Understanding Needs:** To address this area of improvement, the home aims to re-educate staff on the importance of knowing the residents' care requirements and their right to participate in care decisions. The home will work on involving residents in their quarterly assessments by having conversations with them when completing MDS-LTCF. We recognize the strength of effective communication in seeking the best outcome for the residents.
2. **Quality of Food and snacks:** Northland Pointe will continue to promote and encourage the use of "just in time audits" at meal service to obtain feedback and address concerns in a prompt manner. Results will be reviewed at home committee. A new "hot cart" was purchased for the second floor in March and is expected to be delivered in May to address temperature concerns. Audits will be conducted to ensure staff are recording temperatures accurately and are following routines to keep temperatures regulated. The home will be introducing a special meal of resident's choice during the months that do not have special holiday meal: August, September, and November.
3. **Physician Services:** On April 1, 2025, Physician visit dates and times were posted on each home area where it is visible to residents and families. This initiative was communicated to



families through Home Committee meeting on Feb 25 and residents through the Resident Council Committee meeting on Mar 19 and was also featured in April 2025 newsletter. The home will continue promoting information by providing education on physician roles in LTC and the services they provide at the time of admission, and by posting it on the electronic board on scheduled dates.

4. **Comfort of Products:** Northland Pointe will continue with quarterly continence meetings as part of the Core Program and address any resident-specific concerns at that time. The vendor has been invited to speak with residents about comfort issues with products and to provide residents with accurate information.

The Resident and Family Council and the Professional Advisory and Quality Committee receive the current report and are regularly informed of progress regarding the action items during their meetings. Members can raise questions, provide input, and request changes as needed. An updated report and meeting minutes are posted in the Home, with copies available upon request.

The action plan will be reviewed and revised quarterly in collaboration with the resident council and the Quality Committee (refer to Appendix A). The comprehensive action plan is available at home.



Upcoming Priority Areas for 2025-2026

For the 2025/2026 academic year, Northland Pointe aims to implement the following initiatives.

Table 2: Northland Pointe initiatives

Area of Focus	Performance	Change Idea
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	Current Performance: 20.00 Target: Performance: 15.00	<ul style="list-style-type: none"> To improve communication between staff, prescribers and decision makers using a tool as a guide. Train registered nursing staff in structured evaluation, documentation and communication of clinical signs and symptoms. Continue to actively recruit Nurse Practitioner.
Percentage of Residents and Families Satisfied with Pharmacy Services	Current Performance:95.50 Target Performance:96.00	<ul style="list-style-type: none"> To increase resident awareness of the accessibility of medications and treatments at home. To standardize a process for managing and organizing the medication room with identified roles and responsibilities.
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	Current Performance: 100 Target Performance: 100	<ul style="list-style-type: none"> To implement learning opportunities for staff with topics based on the 2025 Diversity, Equity, and Inclusion Spotlight Dates through the DEI Board and a visual presentation.
Percentage of residents responding positively: "What number would you rate how well the staff listen to you?"	Current Performance: 83.33 Target Performance: 90.00	<ul style="list-style-type: none"> To implement the 2025 Resident and Family Satisfaction Survey Result Action Plan.



Area of Focus	Performance	Change Idea
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	Current Performance: 89.80 Target Performance: 90.00	<ul style="list-style-type: none"> To raise awareness among residents of the Resident Bill of Rights through education.
Percentage of Resident and Family Satisfied with Food and Snack Quality	Current Performance: 69.70 Target Performance: 75.00	<ul style="list-style-type: none"> The team will offer diverse menu and increase efficiency in service using a digital menu and address immediate concerns related to food quality with the audit.
Resident and Family Satisfied with Comfort of Products	Current Performance: 83.10 Target Performance: 85.00	<ul style="list-style-type: none"> To increase front-line staff knowledge and skills in incontinent product utilization. To promote adherence to appropriate incontinent product utilization.
Percentage of LTC home residents who fell in the 30 days leading up to their assessment,	Current Performance: 23.58 Target Performance: 18.58	<ul style="list-style-type: none"> To maintain close adherence to the implementation of the RNAO clinical pathway. The PT department will assign an educator who will provide staff education on fall prevention strategies related to rehab.
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.	Current Performance: 5.24 Target Performance: 5.00	<ul style="list-style-type: none"> In collaboration with ISMP, CareRx Pharmacy, and the Central Support Team (Manager of Clinical Practice), Northland Pointe will develop a process for reviewing and reducing antipsychotic medications. To develop a process to ensure that newly admitted residents are monitored to ensure that the antipsychotic medications are appropriate.



Appendix A – Northland Pointe Satisfaction Resident and Family Survey Results 2024

Question Category	Question Short	Resident	Family	Combined
Care	Ability to Express Opinion Without Fear	89.8%	100.0%	93.2%
Care	Addressing Resident Concerns	89.8%	96.3%	92.1%
Care	Care Team - General	93.9%	88.9%	92.1%
Care	Feeling of Safety at the Home	93.9%	100.0%	96.0%
Care	Maintaining Privacy	87.8%	100.0%	92.0%
Care	Nurse Practitioner Services	100.0%	87.5%	91.4%
Care	Nursing Services - General	91.8%	88.9%	90.8%
Care	Pharmacy Services	94.9%	96.3%	95.5%
Care	Physician Services	63.6%	92.3%	74.3%
Care	Staff Hand Hygiene and Washing	93.8%	92.0%	93.2%
Care	Staff Listening and Understanding Needs	83.3%	96.2%	87.8%
Care	Treatment with Compassion and Respect	95.9%	96.8%	96.3%
Overall	Knowing Who to Bring Concerns To	83.3%	89.3%	85.5%
Overall	Overall Care Received		92.9%	92.9%
Overall	Recommendation of Home	93.8%	96.4%	94.7%
Overall	Response to Concerns	86.0%	88.9%	87.1%
Products	Comfort of Products	74.4%	100.0%	83.1%
Products	Healthy Skin Promotion of Products	88.1%	88.0%	88.1%
Services	Dietary Services	91.7%	91.7%	91.7%
Services	Food and Snack Quality	63.3%	81.5%	69.7%
Services	Housekeeping Services	95.8%	91.7%	94.4%
Services	Maintenance Services	89.1%	91.7%	90.0%
Services	Manager Helpfulness	86.1%	100.0%	91.2%
Services	Meeting Personal Needs	93.9%	100.0%	95.8%
Services	Reception and Banking Services	95.0%	100.0%	97.7%
Services	Recreation Programs	97.8%	100.0%	98.5%
Services	Rehabilitation and Physiotherapy	90.0%	95.0%	92.5%
Services	Resident and Family Support	100.0%	100.0%	100.0%
Services	Volunteer Services	100.0%	93.8%	98.0%

