

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: I am satisfied with the quality of care from the physicians & nurse practitioners who work in my home.	C	% / LTC home residents	In-house survey / 2025 Resident and Family Experience Survey	66.70	85.00	Corporate target	Interdisciplinary Team

Change Ideas

Change Idea #1 Provide education to residents and families on the how the doctors & nurse practitioners interact with the home and residents, their schedules, roles and responsibilities.

Methods	Process measures	Target for process measure	Comments
Provide information about the doctors and nurses in the monthly newsletter. In addition add into the welcome package an opportunity to meet the medical team sheet.	Resurvey residents and families regarding the impact of physicians and nurse practitioners.	Increase the # of residents and families who have increased knowledge of the work completed by physicians and nurse practitioners, and who are satisfied with the quality of care they provide by May 2026.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: I feel encouraged to share my ideas about the recreation and leisure activities offered on the calendar.	C	% / LTC home residents	In-house survey / 2025 Resident and Family Experience Survey	64.00	85.00	Corporate target	

Change Ideas

Change Idea #1 Provide additional opportunities for residents to give input/feedback on programs.

Methods	Process measures	Target for process measure	Comments
Review the next month's calendar with the residents before printing to implement, changes, ideas and suggestions. Calendar social to rate programs and give ideas.	# of opportunities provided to residents to give input/feedback.	Increase the # of times residents were provided an opportunity to participate in, and planning of, recreation programs by May 2026.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: I am satisfied with the food and drinks served to me.	C	% / LTC home residents	In-house survey / 2025 Resident and Family Experience Survey	62.00	85.00	Corporate target	Dietitian

Change Ideas

Change Idea #1 Expand to four times a year, offering families and residents a taste test of new menu items.

Methods	Process measures	Target for process measure	Comments
Review feedback from taste testing and make changes accordingly based on feedback received.	# of families and residents provided an opportunity to taste test new menu items. # of families and residents at council meetings who indicated improved satisfaction of food and beverages served.	Increase the number of residents and family by 22% who are satisfied with the food and beverages served to the residents by May 2026.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of family members who responded positively to the statement: I am satisfied with the Food and beverages and variety.	C	% / Family	In-house survey / 2025 Resident and Family Experience Survey	64.90	85.00	Corporate target	Dietitian

Change Ideas

Change Idea #1 Improve the dining experience for residents.

Methods	Process measures	Target for process measure	Comments
Improved dining experience for residents by reducing unwanted noise and distractions with the aim of creating a more pleasurable environment at mealtime.	# of surveyed residents who indicated their satisfaction had improved over current levels.	Increase 20% over current levels the number of residents who indicated an improved pleasurable experience at mealtime by May 2026.	

Safety

Measure - Dimension: Safe

Indicator #5	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 September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	17.02	15.00	Corporate target	Achieva, BSO external/internal

Change Ideas

Change Idea #1 Safety Rounds to continue on days and evenings to target residents that are a high risk for falls.

Methods	Process measures	Target for process measure	Comments
Review current high risk residents for falls. Review residents with Fall Safety Alarms (bed, wheelchair). Review the Fall Safety Rounds Routines as needed.	# of falls will decrease, # of falls with injuries will decrease.	Review all staff routines by April 1st. New falls lead started in February 2026.	

Change Idea #2 Conduct a review of all residents and their risk for falls. Identify potential interventions that could be initiated that could assist with improvement.

Methods	Process measures	Target for process measure	Comments
Conduct audits of all residents, resident rooms, fall risk and interventions in place at the minimum of monthly, address any identified deficiencies from completed audits and review at falls meetings.	# of audits completed monthly as required, # of identified deficiencies from audits that were corrected monthly.	Assess resident's environment and fall interventions to ensure they are fully implemented by June 1st.	

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 September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	8.16	8.15	Home specific target. We are performing better than the corporate target of 17.3%.	

Change Ideas

Change Idea #1 Medication reviews to be completed on all residents that are currently prescribed antipsychotic medications.

Methods	Process measures	Target for process measure	Comments
Review all residents who are currently prescribed antipsychotics; review plan of care for supporting diagnosis- if no diagnosis team will review and implement reduction strategy process.	# of residents reviewed monthly; # of care plans reviewed that have a supporting diagnosis; # of reduction strategies implemented monthly.	All residents that are currently prescribed antipsychotics will have a medication review/ review of supporting diagnosis by August 1, 2026.	

Change Idea #2 Provide educational material to families and/ or residents on antipsychotics and the importance of minimizing the use.

Methods	Process measures	Target for process measure	Comments
Provide families with the best practice information on reducing antipsychotics such as- Family Fact sheet from Canadian Geriatric Society, pharmacy etc.; add information on reducing antipsychotics to tour and admission packages.	# of families provided with best practice information on reducing antipsychotic monthly; # of tour and admission packages provided with antipsychotic reduction information included monthly.	Educational material will be provided to families and/or residents on antipsychotics and important of minimizing use by September 1 2026.	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average	0.00	1.50	Home specific target. We are performing better than the corporate target of 2%.	3M, Dietitian, NLOT, CKHA, Skin and Wound Nurse

Change Ideas

Change Idea #1 Review of the resident's current bed system/ surface for the residents with PURs score of 3 or greater.

Methods	Process measures	Target for process measure	Comments
Develop a list for residents with PURs score of 3 or greater, skin and wound team to review resident list to determine if the surface meets the resident needs, replace mattress/ surface if required.	# of residents with PURs score of 3 or greater, # of reviews completed of bed/surfaces/ mattress monthly, # of bed surfaces/ mattress replaced monthly.	Complete review for PURs score of 3 or greater by September 1 2026.	

Change Idea #2 Improve registered staff knowledge on identification and staging of pressure injuries.

Methods	Process measures	Target for process measure	Comments
Provide education for registered staff on correct staging of pressure injuries; education on the RISE program for PSW staff.	# of education sessions provided monthly for registered staff on correct staging of pressure injuries.	100% of registered staff will have received education on identification and staging pf pressure injuries by September 1 2026.	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents in daily physical restraints	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	0.00	2.00	Home specific target. We are performing better than the corporate target of 2.5%.	Medisystem, Behavioural Support

Change Ideas

Change Idea #1 Review current Restraint Policy and Procedures with all current staff and new staff during onboarding, annually and as needed.

Methods	Process measures	Target for process measure	Comments
Meetings/ read and signs with the nursing staff to review the policy and procedure to ensure the resident is following.	# of education sessions provided.	All nursing staff to be reeducated on policy and procedure by May 2026.	

Change Idea #2 Reeducate staff on resident policy and use of alternatives to restraints.

Methods	Process measures	Target for process measure	Comments
Organize education sessions with all departments (excluding nursing-educated and above) on the restraint policy and procedure and alternatives to restraints.	# of education sessions provided.	All staff to be reeducated on policy and procedure by May 2026.	