

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	CB	91.10	This target is achievable based on current performance and supports ongoing improvements in resident experience.	

Change Ideas

Change Idea #1 Encourage Residents' and Family Councils to provide suggestions to improve quality of care from PSWs.

Methods	Process measures	Target for process measure	Comments
Director of Care to attend Resident and Family Councils to explain the role of PSWs and ask for feedback about quality of care.	1). # of council meetings attended. 2). # of feedback items actioned.	Satisfaction with quality of care from PSWs will improve by 90% within the next 6 of months (June 2026).	

Change Idea #2 Relationships between PSWs and residents/families will improve.

Methods	Process measures	Target for process measure	Comments
Assistant Director of care or designate to attend care conferences to determine what type of care can be improved by soliciting feedback at care conferences.	# of care conferences attended and actioned on feedback.	Feedback at care conferences about PSW care quality will have 70% positive comments by December 31, 2026.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I feel encouraged to share my ideas about the recreation and leisure activities offered on the calendar	C	% / LTC home residents	In-house survey / Most recent survey	66.70	80.00	Enabling residents to shape the recreation calendar supports autonomy, meaning, cultural safety	

Change Ideas

Change Idea #1 1) Implement monthly Program Planning Meetings to inform and engage residents in program decision making.

Methods	Process measures	Target for process measure	Comments
1) Add Program Planning Meetings on the calendar, 1x/month for each home area. 2) Document on meeting minute template. 3) Share and post minutes in common area.	1) # of meetings throughout the year. 2) # of change ideas provided in meeting that were implemented. 3) # of residents participating on each home area. "	1) Program will be introduced and implemented as of April 1, 2026. 2) Residents will meet monthly on each unit, providing feedback on programs and selecting upcoming events.	

Change Idea #2 Use real-time feedback tools such as evaluations of programs, seeking resident feedback on enjoyment and satisfaction of program in real time.

Methods	Process measures	Target for process measure	Comments
1) Select up to 5 programs per month to audit. 2) Use evaluation templates, ActivityPro, or other documentation to complete 3) Review and action after each evaluation 4) ask for feedback about programs and suggestions at care conferences.	1) # of audits completed throughout the year. 2) Rate of satisfaction of program. 3) # of change actions.4) [#] of audits will be completed monthly directly after programs to evaluate level of enjoyment/satisfaction. 5) # of care conferences that residents/families gave feedback about programs."	2) There will be a 50 % improvement with satisfaction of program by October 31, 2026.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
In my care conference we discussed what's going well, what could be better and how to improve things	C	% / LTC home residents	In-house survey / Most recent survey	68.00	80.00	Enabling residents to actively participate and provide input in resident centred care planning, approach while strengthening communication among residents, families, and the care team	

Change Ideas

Change Idea #1 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 meeting. 2) Remind resident morning of meeting and assist as needed to meeting. 3) Allow time for discussion and obtain feedback on what could be improved.	1)# of annual care conferences where residents attended. 2) # of care conferences where the resident was reminded in advance of the meeting. 3) # of meetings when feedback was requested and obtained from resident.	1) Residents will be encouraged to attend their annual care conferences beginning [date]. 2) There will be a 50% improvement in this indicator by December 2025.	

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

Methods	Process measures	Target for process measure	Comments
1) Determine survey questions to ask post care conference for feedback. 2) Post care conference ask for feedback via survey or discussion with families and residents on how process can be improved. 3) Review responses and determine plan of action for improvement. 4) Communicate feedback results and actions to Resident and Family Council.	1) # of survey questions. 2) # of feedback responses received monthly. 3) # of improvement actions implemented. 4) # of Resident and Family Council meetings attended where results discussed.	1) Survey questions will be developed by April 1, 2026. 2) Process for post care conference feedback will be in place by December 30, 2026. 3) Feedback/survey results will be shared with Resident and Family Council with action for improvement by October 31, 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 September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	19.59	15.70	The target reflects our commitment to reducing preventable falls and improving resident safety. Falls remain a risk due to resident acuity, mobility changes, and environmental factors.	

Change Ideas

Change Idea #1 Implement purposeful rounding (includes; personal needs, pain, position, possessions, etc.)

Methods	Process measures	Target for process measure	Comments
1) Educate all staff on purposeful rounding 2) Inform Resident and Family council on process of purposeful rounding	1) # of staff educated on purposeful rounding 2) Resident and family council education on process captured in meeting minutes	1) 100% of staff will be educated on purposeful rounding process by October 31, 2026 2) Resident and Family council will be informed of process by December 31, 2026	

Change Idea #2 Utilize and maintain Fall Prediction and Prevention Report (FPPR) Tool.

Methods	Process measures	Target for process measure	Comments
1) Review residents on list and ensure that strategies are in place to prevent falls 2) Monitor progress based on data from report	1) # of residents at high risk for falls 2) # of plans of care reviewed to ensure strategies in place 3) # of residents on list who did not experience a fall in the previous 30 days	1) Residents listed on report as being at high risk of fall will have strategies reviewed by December 31, 2026 2) Ongoing monitoring to ensure strategies are effective will be in place by December 31, 2026	

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 September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	3.10	17.30	Some residents without psychosis continue to receive antipsychotics due to responsive behaviours and limited alternative strategies.	

Change Ideas

Change Idea #1 Gentle Persuasive Approaches (GPA) Basics and GPA Bathing education for responsive behaviours related to dementia (in support of reduction of anti-psychotic use).

Methods	Process measures	Target for process measure	Comments
1. Engage with Certified GPA Coaches to roll-out home-level education and/or certify home staff as GPA Coaches to deliver education. 2. Contact Regional Managers for support to identify Certified GPA Coaches available for the home, if needed (i.e., local Psychogeriatric Resource Consultant (PRC)). 3. Deliver GPA Basics education to staff sessions. 4. Deliver GPA Bathing education.	1. # of staff certified as GPA Coaches (as net new Coaches). 2. # of staff participated in GPA Basics education and GPA Bathing education. 3. # of staff participated (who develop care plans or administer resident bathing) participated in GPA Bathing education. 4. Feedback from staff participants on the experience and usefulness of GPA Basics and GPA Bathing education to support resident care.	1. GPA Basics education will be provided for 80 % staff by November 30, 2026. 2. GPA Bathing education will be provided for 100 % staff, who develop care plans or administer resident bathing, by December 31, 2026. 3. Feedback from staff on GPA education will be reviewed and actioned on by December 31, 2026	

Change Idea #2 Enhance home team collaborative opportunities with Behavioural Support Lead (BSL) (often BSO team members in Ontario) and home's interdisciplinary team.

Methods	Process measures	Target for process measure	Comments
"1. Invite Behavioural Supports Lead (BSL) to PAC meetings or other interdisciplinary meetings for increased opportunity for collaboration with interdisciplinary home team. Remind Registered Staff to refer to Behavioral Support Team, when needed, using PCC Referral - Behavioural Support Team.	1). # of interdisciplinary meeting the Behavioural Support Team were invited to attend. 2). # of monthly referrals to the Behavioural Support Team.	The Behavioural Support Team and Home Leadership will be able to endorse increased collaboration and visibility in home by September 30, 2026.	

Measure - Dimension: Safe

Indicator #6	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	3.36	6.00	Ongoing staff education strengthens clinical practice and supports consistent prevention strategies.	

Change Ideas

Change Idea #1 Strengthen pressure injury prevention and management through staff participation in recognized skin & wound education and certification programs, wound, ostomy and continence institute (WOC Institute), skin wellness associate nurse (SWAN program), PSW and caregiver skin health course.

Methods	Process measures	Target for process measure	Comments
1). Enrolled skin & wound lead /back-up to SWAN program. 2). Enrolled PSW/caregivers to the PSW skin Health programs.	1). # of SWAN certified staff including skin and wound lead. 2). # PSW/caregiver certified.	1). 100% of staff enrolled will have SWAN certification by December 31, 2026. 2). 100% of staff enrolled will have PSW course certification by December 31, 2026.	

Change Idea #2 Reinforce the point of care (POC) alert process to notify nursing staff of my exception skin issues for early identification and prevention of pressure injuries.

Methods	Process measures	Target for process measure	Comments
1) Educate staff on new alert process on all shift 2). Registered staff to check at the end of shift for outstanding alerts 3). DOC/designate audit compliance monthly and follow up with any educational requirements	1) # of staff that have been educated 2) # of alerts that were completed on a monthly basis 3) # of audits completed	1) Staff are educated on the new process by October 31, 2026. 2). Registered staff will complete 21 audits by October 31, 2026 3). Gaps from alert audits will be 100% followed up with education/actioned.	

Measure - Dimension: Safe

Indicator #7	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	1.11	1.40	Education will be provided to families throughout the admission process, during care conferences at Resident Council meetings and through regular newsletter to ensure ongoing communication and understanding of resident care, rights and services	

Change Ideas

Change Idea #1 Review of all residents currently using restraints and develop individualized plans that explore and implement alternative methods.

Methods	Process measures	Target for process measure	Comments
Review and monitor the identified indicator on a monthly basis. Review indicator monthly. Have meetings with families to discuss alternatives.	# of residents with restraints	We are aiming to reduce the number of restraints to zero percent from now until Dec 31, 2026	

Change Idea #2 Trial alternatives to each restraint in use (change in environment, sensory room) etc.

Methods	Process measures	Target for process measure	Comments
1) Discuss alternatives and options with interdisciplinary team and frontline staff. 2) Review alternatives trialed during each monthly restraint use review.	1) # of alternatives trialed per month. 2) # of reviews completed per month.	100% of restraints in the home have had alternatives trialed and documented by December 31, 2026.	