

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the food and drinks served to me	C	% / LTC home residents	In-house survey / 2025	62.50	75.00	To improve overall satisfaction with food and beverages served to residents	

Change Ideas

Change Idea #1 Ensure dedicated time (standing agenda item) during Resident Council meeting to discuss food complaints and recommendations.

Methods	Process measures	Target for process measure	Comments
Set allotted time on the agenda for sub-committee for Food Council / feedback on food. Agreed upon actions that will be taken and specify timeline. Follow-up on improvement and reassess action if needed.	Food Committee will be provided 30 minutes during every Resident's Council meeting. Feedback, recommendations and corresponding actions will be documented and monitored ongoing.	Food committed meetings will be held 12 times per year on the first Thursday of each month. Recommendations will be documented and actioned on within 10 days and feedback provided to Food Committee during next meeting.	

Change Idea #2 Cook/ Nutrition Manager/ Food Service Supervisor presence within the dining room during meal time to obtain real-time feedback.

Methods	Process measures	Target for process measure	Comments
Plan schedule for when cook/Nutrition Manager/ Food Service Supervisor will be present in Dining room for meals (ensure that all meals are covered in schedule). Determine specific questions that will be asked to gather feedback. Ask additional questions as needed and confirm understanding with Resident. Where appropriate make required changes. Ensure actions are documented are reviewed with Residents Council	Improvement in overall Resident satisfaction scores for this question. Increase in positive responses to questions asked within the dining room. [#] of concerns that were rectified	Cook/Manager/Food Service Supervisor will attend meal service 3 times per week to obtain feedback beginning March 2026.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of cleaning services within my room	C	% / LTC home residents	In-house survey / 2025	75.00	85.00	To improve our score closer to the 2025 LTC division overall	

Change Ideas

Change Idea #1 Training for staff on proper use of microfiber cleaning systems.

Methods	Process measures	Target for process measure	Comments
Education sessions held for housekeeping staff on use of microfiber cleaning systems. Keep track of those who attended. Audit post education to see if improvement monthly.	[#] of education sessions held for housekeeping on use of microfiber cleaning systems. [#] of housekeeping staff that attended the education. [#] of follow up audits completed per month.	Education session for housekeeping staff will be held by April 2026. 100% of housekeeping staff will have completed education by May 2026. There will be a 5 % improvement in follow up audits for cleaning.	

Change Idea #2 Review deep clean schedules for resident rooms

Methods	Process measures	Target for process measure	Comments
Environmental Service Manager to review deep clean schedules to ensure all resident rooms are included. Track resident rooms completed. Spot check audits of resident rooms to ensure deep cleaning completed.	[#] of times deep clean schedule reviewed. [#] of resident rooms who have had deep cleaning completed. [#] of audits completed of resident rooms to ensure deep cleaned. [#] of deficiencies noted based on audit results."	Environmental Services manager will review deep clean schedule by March 2026. 50 %of resident rooms will have been deep cleaned by April 2026, with 100% being completed by June 2026. There will be a 10 % improvement in completion of deep clean audits by June 2026.	

Measure - Dimension: Patient-centred

Indicator #3	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 / 2025	67.40	72.40	To improve score to align with the LTC division overall	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
Add Program Planning Meetings on the calendar, 1x/month. Document on meeting minute template. Share and post minutes in common area.	Meetings throughout the year. [#] of change ideas provided in meeting that were implemented. [#] of residents participating on each home area.	Program will be introduced and implemented as of February 2026. Residents will meet monthly, 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
Select up to 5 programs per month to audit. Use evaluation templates, ActivityPro, or other documentation to complete. Review and action after each evaluation. Ask for feedback about programs and suggestions at care conferences.	[#] of audits completed throughout the year. Rate of satisfaction of program. [#] of change actions. [#] of audits will be completed monthly directly after programs to evaluate level of enjoyment/satisfaction.	There will be a 5% improvement with satisfaction of program by June 2026.	

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	13.41	13.00	Continued improvement to theoretical best	

Change Ideas

Change Idea #1 Re-education on Safe Resident Handling Policy with Staff

Methods	Process measures	Target for process measure	Comments
Education on Safe Resident Handling program. Random auditing of safe resident handling practices in the home. Identify deficiencies and develop plan of action for gaps	# of education sessions held for staff on Safe Resident Handling program. # of audits completed. # of deficiencies identified. # of deficiencies corrected post implementation of action plan	Staff education sessions will be 100% completed by October 2026. Audits of safe resident handling program will show 50% improvement by June 2026, and 75% improvement by December 2026.	

Change Idea #2 Ensure each resident at high risk for falls has a individualized plan of care for fall prevention

Methods	Process measures	Target for process measure	Comments
Determine residents at high risk for falls. Review plan of care for each resident at high risk. Discuss strategies with falls lead and staff in residents circle of care. Update plan of care. Communicate changes in care plan with care staff	# of residents at high risk for falls. # of plans of care reviewed. # of new strategies determined. # of care plans updated. # of sessions held to communicate changes with staff	Residents at high risk for falls will be identified by February 2026. Care plans for high risk residents will be reviewed and updated by March 2026. Changes in care plans will be communicated to staff by March 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	12.95	12.00	Continued improvement to theoretical best	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
Engage with Certified GPA Coaches to roll-out home-level education and/or certify home staff as GPA Coaches to deliver education. Deliver GPA Basics education to staff sessions.	# of staff certified as GPA Coaches (as net new Coaches). # of staff participated in GPA Basics education. Feedback from staff participants on the experience and usefulness of GPA Basics education to support resident care.	GPA Basics education will be provided for 40 % staff by August 2026. Feedback from staff on GPA education will be reviewed and actioned on by September 2026.	

Change Idea #2 Documentation: Collaborate with Registered Staff, Physician / Nurse Practitioner to ensure all residents using anti-psychotic medications have a documented indication by diagnosis and/or rationale for symptom-management identified in the resident's diagnosis list and care plan (i.e., monthly care plan reviews).

Methods	Process measures	Target for process measure	Comments
Complete medication reviews for residents prescribed antipsychotic medications. Consider non-pharmacological approaches as appropriate to reduce anti-psychotic use, and document assessment findings and management planning.	# of resident anti-psychotic reviews completed monthly (which can be part of interdisciplinary behavioural rounds) and matching # of updates to the home's Anti-psychotic Decision Support Tool (AP-DST). # of resident care plans updated monthly to support appropriate antipsychotic use and matching # of updates to the home's Anti-psychotic Decision Support Tool (AP-DST). # of residents de-prescribed anti-psychotics and replaced with non-pharmacological approaches to care implemented and matching # of updates to the home's Anti-psychotic Decision Support Tool (AP-DST).	90% of all residents with anti-psychotic use prescribed will have assessment, management planning and updated documentation completed by March 2026. Non-pharmacological approaches to care will be documented within residents' care plans and reassessed if not effective within 1 month of implementation by July 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	1.09	1.00	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
Communicate to registered staff requirement to complete education. Registered staff to complete online modules on wound staging by end of third quarter of year. DOC/designate to monitor completion rates.	# of communications to Registered Staff outlining mandatory requirement to complete education. # of Registered staff who have completed online modules on wound staging on monthly basis. # of audits of completion rates completed by DOC/ designate and follow up as required.	Communication on mandatory requirement will be completed by April 2026. 100% of Registered Staff will have completed education on correct wound staging by September 2026. Audits of completion rates will be completed monthly with required follow up.	

Change Idea #2 Focus on moisturizing skin as prevention strategy to prevent skin breakdown.

Methods	Process measures	Target for process measure	Comments
Review current products used in the home for prevention to ensure compliance with established protocols. Education sessions for PSW's all shifts about skin health and importance of daily moisturizing.	# of audits of products that identified areas for improvement. # of PSW's that attended education sessions.	Current products will be reviewed for compliance with established protocols by April 2026. Education for PSW's will be completed on all shifts, with 80% of PSW attendance by June 2025.	

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	0.00	0.00	To remain a restraint free facility for 2026.	

Change Ideas

Change Idea #1 Resident Services Coordinator (RSC) will review each application received for restraints prior to move in.

Methods	Process measures	Target for process measure	Comments
RSC to flag any applications received for restraints. Information is shared with Ontario Health at Home indicating that the home is least restraint facility and that alternatives will be trialed upon move in.	# of applications received that have a restraint. # of communications back to the applicant/family explaining least restraint approach. # of acceptances received to trial alternatives upon move in	Process for review of new resident applications with restraints will be in place by January 2026.	We are performing well on this indicator. Columbia Forest has been a restraint free facility for 2+years.

Change Idea #2 Provide information to families and residents on least restraint approach.

Methods	Process measures	Target for process measure	Comments
Provide least restraint policy information in move-in packages for new admissions.	# of move-in packages with least restraint information. # of meetings with resident and family council discussing the least restraint approach and risks of restraints use.	100% of new admission packages will include restraint free information sheet by January 2026. Meetings with resident and family councils will take place by October 2026.	