

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
If I need help right away I can get it	C	% / Residents	In-house survey / September 2 to October 10	60.00	80.00	Percentage improvement	

Change Ideas

Change Idea #1 Implement purposeful rounding.

Methods	Process measures	Target for process measure	Comments
1) Provide education session for staff on purposeful rounding process. 2) Provide 4P's education to staff for reminder of 4 areas to ask resident about. 3) Audit call bell frequency and response times post education.	1) [#] of education sessions for staff. 2) [#] of staff who received 4P's education. 3) [#] of audits completed.	1) Call bell response review process will be in place by [date]. 2) Communication of call bell responses to staff and to leadership will be in place by [date]. 3) Process for leadership walkabouts will be in place by March 30th, 2026.	

Change Idea #2 Review staffing and routines 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 action plan to address. 4) Implement action plan based on root causes identified. 5) 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 and strategies determined. 4) [#] of strategies implemented post meetings 5) [#] of Follow up meetings held with each shift.	1) Meetings with all shifts will be held by March 30th 2026. 2) Root causes for response delays will determined and action plan created by [date]. 3) Action plan will be implemented by [date]. 4) Follow up meeting with shifts to review progress will be held by 2nd quarter	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of religious and spiritual programs offered by staff in the home.	C	% / Residents	In-house survey / September 2 to October 10	67.60	80.00	Percentage improvement	

Change Ideas

Change Idea #1 Integrate other approaches such as holistic, nature based, and reflective practices.

Methods	Process measures	Target for process measure	Comments
1) Educate family and residents on spiritual care and delivery. 2) Facilitate various programs to support spiritual connection and growth.	1) [#] of education session offered. 2) [#] of new programs implemented. 3) Increased number of Spiritual Program Plans in Activity Pro. 4) [#] of Spiritual Care Programs/Month.	1) Provide education on Spiritual Care to family and residents by June 2026. 2) Provide spiritual care programs in Program Planning Meetings to seek interest in Q1. 3) Implement 2 programs in calendars for Q2-4.	

Change Idea #2 Residents will have external religious service providers that meet their needs.

Methods	Process measures	Target for process measure	Comments
1) Determine faith of residents on admission. 2) Determine which services are available in the community. 3) Schedule visits or services with compatible residents.	1) [#] of services available in community. 2) [#] of scheduled visits that were compatible for resident needs.	1) Residents will have appropriate external religious and spiritual services by June 2026	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with quality of care from doctors who work in the home	C	% / Residents	In-house survey / September 2 to October 10	61.40	70.00	Percentage improvement	

Change Ideas

Change Idea #1 Communicate role of Medical Director and Physicians/NP and give opportunity for feedback.

Methods	Process measures	Target for process measure	Comments
1) Medical Director to meet at minimum annually with Family and Resident Councils. 2) Feedback on services and areas for improvement will be discussed. 3) update at CQI meeting on action plan.	1) [#] of meetings with Councils where Medical Director attended. 2) [#] of suggestions provided by councils. 3) [#] of CQI meetings where action items were discussed with Medical Director.	1) Medical Director will attend Family Council by [date] . 2) Medical Director will attend Resident Council by [date]. 3) Action items and plan will be discussed at CQI committee with Medical Director by end of Q2.	

Change Idea #2 Tracking of in person resident visits to ensure every resident has a visit.

Methods	Process measures	Target for process measure	Comments
Create list of each physicians residents to track in person visits to ensure each resident meets with physician at least once per quarter .	1) [#] residents per physician. 2) [#] of residents who had in person visit during quarter.	1) List will be developed by physician for tracking by June 30th, 2026. 2) Each resident will have an in person visit with physician at minimum 1 per quarter by September 30, 2026.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of the laundry services for personal clothing and linens	C	% / Family	In-house survey / September 2 to October 10	49.20	70.00	Percentage improvement	

Change Ideas

Change Idea #1 1) Improve the process for managing lost or missing personal clothing items

Methods	Process measures	Target for process measure	Comments
1) Complete a room-by-room audit of all resident clothing to ensure that clothing items labelled are in correct resident rooms. 2) Develop and implement a structured SOP for the distribution of clean clothing including delivery timelines and storage area for clean linen carts in the communities that are not accessible to residents.	1) [#] of lost or missing articles of clothing 2) [#] of found missing articles of clothing 3) [#] of Missing Article completed as per the SOP.	1) Room Audits will be completed by April 30th, 2026. 2) Environmental Services and Nursing Team will develop and implement the new SOP by June 30th, 2026, 3) ESM will review the outcome and changes made to the process at the Q3 CQI meeting.	

Change Idea #2 Effectively communicate the the new process to Residents, Families and staff.

Methods	Process measures	Target for process measure	Comments
1) Educate laundry and nursing staff on updated Missing Articles Standard Operating Procedure (SOP) to ensure consistent and timely handling of missing clothing. 2) Provide Laundry Process Education in Resident & Family Newsletter. Include clear information about the home's laundry process in the resident/family newsletter. 3) Provide Laundry Process Education in Resident & Family at the Resident and Family Town Hall Meetings. 4) Update admission package to include information on the Home's laundry process and expectations	1) [#] of clothing items that are provided for labelling prior to providing them to residents. 2) # of missing articles reported by Residents and Families as per the SOP.	1) Education session for the laundry and nursing team will be completed by June 30th 2026. 2) Admission package will be updated at time of roll out in June 2026. 3) Information sharing will take place at the Resident and Family town halls in May and June 2026. Family newsletter will be sent out during the 1st week of June 2026.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Bladder care products keep the resident dry and comfortable	C	% / Family	In-house survey / September 2 to October 10	63.90	80.00	Percentage improvement	

Change Ideas

Change Idea #1 Invite Product vendor to Resident council and Family council meeting to discuss products.

Methods	Process measures	Target for process measure	Comments
1) Product vendor for continence to be invited to Resident and Family Council meeting to discuss products. 2) Feedback provided by committees will be actioned and discussed at CQI committee 3) Follow up with councils on results of action items.	1) [#] of times product vendor attended Resident and Family Council meeting. 2) [#] of action items as a result of feedback received. 3) [#] of actions completed monthly. 4) [#] of meetings with councils where progress on action items reviewed.	1) Product vendor will attend resident council and family council by end of Q1. 2) Action plan will be in place for feedback items by end of Q1. 3) Follow up on action plan will be communicated to Resident and Family Council by end of q 3.	

Change Idea #2 2) Review sizing and selection of products for residents.

Methods	Process measures	Target for process measure	Comments
1) Complete audit of residents using incontinent products for correct sizing and selection of product. 2) Product Vendor to assist with audit and on the spot education of staff for proper placement on all shifts.	1) [#] of residents using incontinence products per shift. 2) [#] of audits completed by shift. 3) [#] of on the spot education sessions completed by shift.	1) 100% of residents who use incontinent products will be audited for correct sizing and selection of product by June 2026 . 2) Product vendor will be contacted to assist with audit and on the spot education provided by April 30 2026	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the food and drinks served to me	C	% / Residents	In-house survey / September 2 to October 10	60.00	80.00	Percentage Improvement	

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
1) Set allotted time on the agenda OR have separate sub-committee for Food Council / feedback on food. 2) Agreed upon actions that will be taken and specify timeline 3) Follow-up on improvement and reassess action if needed.	1) Food Committee will be provided allotted specified time during every Resident's Council meeting. 2) Feedback, recommendations and corresponding actions will be documented and monitored ongoing.	1) Food committed meetings will be held minimally 4x times per year. 2) Recommendations will be documented and actioned on within 10 days and feedback on those actions obtained within 10 days post implementation.	

Change Idea #2 To increase resident and family knowledge and satisfaction regarding meal service, menu development and food choices, Nutrition/Dietary Manager and Dietitian presence within the dining room during meal time to obtain real-time feedback.

Methods	Process measures	Target for process measure	Comments
<p>Distribute the Mealtime Satisfaction Questionnaire to residents to provide feedback on meal quality, variety, temperature, timeliness, and overall dining experience. FSS/Dietician to conduct scheduled rounds during various meal services to:</p> <ul style="list-style-type: none"> · Observe quality of service delivery · Interact with residents to gather real-time feedback · Identify and respond to emerging issues <p>Review and update menu boards to ensure clear, accurate descriptions of daily meal options to improve resident awareness and satisfaction by ensuring menus are easily understood and visually accessible Charge nurses will organize and maintain up to date seating plans that align with resident care needs, supervision requirements, and social compatibility. Organize an education session for families</p>	<p>1) Improvement in overall Resident satisfaction scores for each question. 2) Increase in positive responses to questions asked within the dining room. 3) [#] of concerns that were rectified"</p>	<p>1) FSS/Dietitian will attend meal service 10 times per week to obtain feedback beginning May 1st. Resident and Family education session will be completed in April 2026</p>	

Safety

Measure - Dimension: Safe

Indicator #7	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	18.04	15.00	Organizational benchmark	

Change Ideas

Change Idea #1 1. Stagger Staff Break Times Based on Peak Fall Patterns

Methods	Process measures	Target for process measure	Comments
Analyze fall incident timestamps from the past 6–12 months. Adjust break schedules so coverage is highest during known high-risk periods.	% of shifts with break schedules adjusted according to fall-pattern analysis Number of “uncovered” high-risk time periods per week Audit: Weekly review confirming break-time alignment with fall-risk times.	Achieve 100% of shifts with break schedules aligned to high-risk fall times. Reduce uncovered high-risk periods to 0 per week. Complete 100% of weekly break-alignment audits.	

Change Idea #2 2. Engage Residents During Shift Change Transitions (Dayshift to Afternoon shift changes)

Methods	Process measures	Target for process measure	Comments
Implement structured, low-risk activities (music, folding towels, reminiscing stations, seated exercises). Focus on residents known to be restless or wander during periods of lower direct supervision.	% of shift changes where planned engagement activity occurred of residents participating in engagement activities Direct observation audits of activity implementation during shift change.	Implement engagement activities during 100% day to afternoon shift change Achieve =75% participation among identified high-risk residents. Achieve 100% completion rate of shift-change activity audits.	

Measure - Dimension: Safe

Indicator #8	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	15.28	10.00	Maintain performance	

Change Ideas

Change Idea #1 1. Implement regular medication reviews

Methods	Process measures	Target for process measure	Comments
Conduct monthly interdisciplinary medication reviews for all residents on antipsychotics. Prioritize residents without a diagnosed psychosis or with long-standing PRN use.	% of monthly interdisciplinary medication reviews completed % of residents on antipsychotics reviewed each month.	100% of residents on antipsychotics will be reviewed each quarter	

Change Idea #2 Increase staff education on dementia, delirium, and responsive behaviours

Methods	Process measures	Target for process measure	Comments
Provide annual education on: When antipsychotics are clinically appropriate Risks (falls, sedation, cognitive impact) Alternatives to medication Train staff in individualized approaches such as: Montessori-based activities Music therapy Sensory stimulation Environment modification	% of care staff who complete annual dementia and antipsychotic-risk training # of education sessions delivered per quarter	100 % of care staff completing annual education 2 per community of education sessions delivered per quarter	

Measure - Dimension: Safe

Indicator #9	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	1.29	1.00	Percentage improvement	

Change Ideas**Change Idea #1 1. Increase Staff Education and Competency**

Methods	Process measures	Target for process measure	Comments
Provide annual wound care refresher training focused on early detection, moisture management, and repositioning.	% of direct care staff completing annual wound-prevention training	100% of direct care staff (RNs, RPNs, PSWs) complete annual wound-care refresher training	

Change Idea #2 2. Introduce Weekly High-Risk Resident Review

Methods	Process measures	Target for process measure	Comments
Interdisciplinary team reviews all high-risk residents to confirm: Repositioning plans Nutrition strategies Support surfaces Moisture management tools	% of weekly interdisciplinary high-risk reviews completed	100% residents identified as high risk for pressure injuries and have a pressure injury will be reviewed by ITDC team	

Measure - Dimension: Safe

Indicator #10	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	1.22	0.00	Percentage improvement	

Change Ideas

Change Idea #1 Interdisciplinary restraint review completed for all residents using restraints

Methods	Process measures	Target for process measure	Comments
Establish a Monthly Interdisciplinary Restraint Review Meeting. Review each resident using a consistent checklist that captures: Ongoing need and clinical justification Attempted alternatives Behaviour, mobility, and risk changes Any adverse events (e.g., skin injury, agitation, circulation issues) Document decisions and follow-up actions in a standardized template.	% of residents with restraints who receive a documented interdisciplinary review every month	100% of residents using restraints receive a documented quarterly interdisciplinary review	

Change Idea #2 Provide families with the knowledge required to make appropriate decisions regarding restraint use in the home. For example risk of use of restraints and alternatives.

Methods	Process measures	Target for process measure	Comments
Restraint education to be complete during family town halls Restraint use to be reviewed with family on a quarterly basis and at IDRCC Restraint pamphlet included in the Welcome Package	# of family members in attendance of the town halls # of family members who receive the town hall meeting minutes # of quarterly reviews completed with families # of discussions held during IDRCC	Families will be able to understand the risks and alternatives to the use of restraints	

Change Idea #3 2. Staff education on restraint alternatives and least restrictive care

Methods	Process measures	Target for process measure	Comments
Offer education through multiple formats: e-learning, in-person sessions, and micro-learning huddles. Post quick-reference guides on units (e.g., visual charts outlining alternatives). Make BSO toolkits available with meaningful engagement items.	% of staff completing annual restraint-reduction education	100% of direct care staff complete the annual restraint-reduction education module.	