

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication from the home leaders (executive director, director of care and managers) is clear and timely	C	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive, 12-month period	61.10	66.10	Internal Target	

### Change Ideas

#### Change Idea #1 Provide timely updates from the home to residents and family

Methods	Process measures	Target for process measure	Comments
Monthly newsletters will be made available to all the families and the residents through email and also will made hardcopies available in the home for families and residents.	# of concerns and suggestions from the families.	In responses from the next resident and family satisfaction survey 2026	

#### Change Idea #2 Inviting families and residents for the CQI meeting and provide updates

Methods	Process measures	Target for process measure	Comments
'Operational updates will be provided to the families and residents quarterly during CQI meeting.	# of families attending the CQI and townhall meetings	In responses from the next resident and family satisfaction survey 2026	

## Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
My goals and wishes are heard and considered in my care	C	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive, 12-month period	67.20	72.00	Internal Target	

### Change Ideas

Change Idea #1 To include resident's wishes in their care and daily life

Methods	Process measures	Target for process measure	Comments
Discuss "My Wishes & Goals" during the move-in time and add it in the care plan	# of residents have "My Wishes & Goals" are updated in their care plan	90% residents have "My Wishes & Goals" updated in their care plan by June 2026	

Change Idea #2 To improve relations between residents and interdisciplinary team

Methods	Process measures	Target for process measure	Comments
Review "My Wishes & Goals" during the care conferences and ensure they are updated in the care plan	On a quarterly basis feedback will be taken from a selection of 15 residents who may express whether their wishes and goals are being met	In responses from the next resident and family satisfaction survey 2026	

## Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of laundry services for my clothing and linens	C	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive, 12-month period	57.90	62.00	Internal Target	

## Change Ideas

### Change Idea #1 'To reduce the amount of missing clothes

Methods	Process measures	Target for process measure	Comments
Involve ESM in the admission process and incorporate education into general orientation	1) # of missing items identified 2)On a quarterly basis, audit the "Missing Laundry Forms" in the units.	Reduction of 20% of "Missing Laundry Forms" by June 2026	

### Change Idea #2 'To clear and maintain "lost and found" process and room

Methods	Process measures	Target for process measure	Comments
Regular audits of "Lost and Found" in the MBWA	1) # of missing items returned to family/ residents 2)# of resident/ family council meetings where lost items and found days are discussed and feedback obtained 3)# of improvements made based on feedback.	Reduction of 20% in the level of items in the "Lost & Found" by June 2026	

## Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction: Would recommend?	C	% / LTC home residents	In-house survey / 2026	81.40	86.40	Internal Target	

## Change Ideas

Change Idea #1 1)Encourage Residents to provide suggestions for improvement of the home. 2)Educate residents on the different roles/scopes of the Leadership team and all frontline staff.

Methods	Process measures	Target for process measure	Comments
1)Encourage residents during resident council, family town halls, CQI Meetings and care conferences to provide suggestions and feedback. 2)Provide information on different roles/scope of the Leadership team during resident townhall, family townhalls	1)# of suggestion from CQI, Care conferences, Town Halls and Resident Council meetings will be tracked and followed up on. 2)# of townhalls will be tracked and concern and suggestion forms will be audited to ensure correct department addresses the suggestions and concerns.	To increase the "Would recommend" to 85% by next survey	Scheduled town hall for the year has been implemented, CQI meeting completed for 1st quarter.

## 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	13.37	12.00	Internal Target	

### Change Ideas

Change Idea #1 Implement specific activity program at afternoon change of shift for residents who are high risk for falls

Methods	Process measures	Target for process measure	Comments
1.Review current high-risk residents for falls to identify their needs/preferences for activities 2. Implement program during afternoon change of shift to engage residents and prevent falls	1) # of residents reviewed for activity needs/preferences weekly 2) # of activity programs that occur during change of shift in afternoon weekly	1-Review of residents require different program preferences or to be involved in the activities will be completed by April 2026. 2.Review of falls timing will be completed by May/2026.	

## Change Idea #2 Conduct environmental assessments of resident spaces to identify potential fall risk areas and address areas for improvement

Methods	Process measures	Target for process measure	Comments
1. Staff to do environmental assessments for all residents at high risk for falls at minimum monthly 2. Address any identified deficiencies from completed assessments	1) # of residents identified benefiting from decluttering or environmental risk assessments. 2) # of identified deficiencies corrected monthly.	1.Environmental risk assessments of resident spaces to identify fall risk will be completed by June 2026. 2. Staff education sessions on Decluttering and safe environment will be completed by April 2026.	

## 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	6.30	5.00	Internal Target	

## Change Ideas

## Change Idea #1 Medication reviews completed for all residents currently prescribed antipsychotics

Methods	Process measures	Target for process measure	Comments
1) Review all residents who are currently prescribed antipsychotics 2) Review plan of care for supporting diagnosis 3) If no diagnosis, team will review and implement reduction strategy process	1) # of residents reviewed monthly 2) # of plans of care reviewed that have supporting diagnosis # of reduction strategies implemented monthly	All residents currently prescribed antipsychotics will have a medication review completed by July 2026	

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

Methods	Process measures	Target for process measure	Comments
1) Provide families with best practice information on reducing antipsychotics such as – Family Fact sheet from Canadian Geriatric Society, Pharmacy etc. 2) Add information on reducing antipsychotics to tour and admission packages	1) # of families provided with best practice information on reducing antipsychotics monthly 2) # of tour and admission packages provided with antipsychotic reduction information included monthly	100% of restraints will be reviewed and plans implemented for trialing alternatives by April 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	3.23	1.30	Internal Target	

## Change Ideas

Change Idea #1 Review current bed systems/surfaces for residents with PURS score 3 or greater.

Methods	Process measures	Target for process measure	Comments
1.Develop list of residents with PURS score 3 or greater 2.Skin/wound team to review residents list to determine if surface meets their needs Replace mattress/surface if required	# of residents with PURS score 3 or greater # of reviews completed of bed surfaces/mattresses monthly # of bed surfaces /mattresses replaced monthly	1.A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by April 2026. 2. An Audit for number of residents using Air mattress for Pressure Injuries will be completed by April 2026.	

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

Methods	Process measures	Target for process measure	Comments
1.Provide education for Registered staff on correct staging of pressure injuries	# 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 of pressure injuries by Sept 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	0.82	0.50	Internal Target	

**Change Ideas****Change Idea #1** 'Review current restraints and determine plan for trialing alternatives to restraints

Methods	Process measures	Target for process measure	Comments
1)Review all residents currently utilizing restraints Meet with families/residents to discuss alternatives that could be trialed and determine action plan in collaboration with family/resident	1)# residents reviewed monthly 2)# of meetings held with families/residents to discuss alternatives monthly 3) # of action plans in place for reduction of restraints in collaboration with family/resident monthly	Restraint policies will be added in the CQI agenda meetings and will be shared with the families and residents during CQI and townhall meetings by April 2026.	

**Change Idea #2** 'Re-educate staff on restraint policy and use of alternatives to restraints

Methods	Process measures	Target for process measure	Comments
Organize education sessions with all staff on restraint policy and alternatives to restraints	# of education sessions held monthly	100% of staff will be re-educated on restraint policy and alternatives to restraints by June 2026.	

