

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: Overall satisfaction-Communication	C	% / LTC home residents	In-house survey / 2025	88.90	85.00	Corporate target	

### Change Ideas

Change Idea #1 Create a standing Monthly activity for Residents to interact with Managers throughout the year.

Methods	Process measures	Target for process measure	Comments
Monthly Activity (tea or social). Managers present - to inform and answer questions.	# of activities - type of questions asked	Start April 2026	

Change Idea #2 Implement a Bulletin Board from leadership team - update regular with news from the home - send same bulletin via email where appropriate.

Methods	Process measures	Target for process measure	Comments
"1. Update regularly with news from the home. 2. Inform residents and families of board location. 3.Send via email as well where appropriate."	1. Track # of bulletins sent. 2. Track # emails sent"	"1. Create and start Bulletin Board as of April 2026. 2. Start posting to the Bulletin Board April 2026.	

**Measure - Dimension: Patient-centred**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: Overall satisfaction-Recreation	C	% / LTC home residents	In-house survey / 2025	88.90	85.00	Corporate Target	

**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
1) Add Program Planning Meetings on the calendar 2) Document on meeting minute template.	1) [#] of meetings throughout the year. 2) [#] of change ideas provided in meeting that were implemented.	1 change idea / suggestion from each meeting	

Change Idea #2 1) Integrate specific activities, programs and strategies to include all 5 domains.

Methods	Process measures	Target for process measure	Comments
1) Review statistics from ActivityPro, and identify domain gaps. 2) Include all 5 domains in discussion when Program Planning (with residents and dept. meetings). 3) Audit calendars prior to print to ensure balance of all domains.	1) Previous variances in domains (%). 2) [#] of Resident and staff feedback on programs. 3) Monthly balances in domains on calendars.	1) Balance program offerings on the monthly calendars and domains to social [20%], emotional [20%], spiritual [20%], physical [20%], intellectual [20%] by Q2 adjusting based on resident feedback.	

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: Overall satisfaction-Food and Dining	C	% / LTC home residents	In-house survey / 2025	88.90	85.00	Corporate Target	

**Change Ideas**

Change Idea #1 Increase Participation in the resident food committee.

Methods	Process measures	Target for process measure	Comments
Regular postings to invite residents to the food committee. Review at council for participation.	# of participants	Start April 2026	

Change Idea #2 Survey/Obtain Feedback - Residents Likes / Favorites - Incorporate into Menu Cycle where appropriate.

Methods	Process measures	Target for process measure	Comments
1. Give a feedback form to residents prior to menu change, as an opportunity for the residents to make suggestions for meals. 2. Document changes made to master menu based on resident input and approval. 3. Document and track menu substitutions made throughout each cycle and reason.	# of responses # of changes made to master menu # of substitutions on the menu	Goal - 50% participation rate in the survey	

## 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	18.30	15.00	Corporate Target	

### Change Ideas

#### Change Idea #1 Re-educate staff on Fall Prevention and Injury Reduction

Methods	Process measures	Target for process measure	Comments
1) DOC/Designate will provide education sessions on Fall Prevention and Injury Reduction 2) Program Lead will audit and monitor program to identify gaps and additional education opportunities.	1) # of staff education sessions provided to PSW/Registered Staff 2) # of Audits completed	Education to be completed by June 30, 2026 Audits to be started by June 1, 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 June 30, 2026 2) Ongoing monitoring to ensure strategies are effective will be in place by September 30, 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	14.29	14.00	To exceed current performance and provincial benchmark	

## Change Ideas

## Change Idea #1 Family education resources provided for appropriate use of anti-psychotics

Methods	Process measures	Target for process measure	Comments
1) Provide family resource: Centre for Effective Practice (CEP) "How Anti-psychotic Medications are used to help People with Dementia: A Guide for Residents, Families and Caregivers. 2) Make resource available at nurses station for families.	1) # of resources provided to families monthly 2) # of anti-psychotic medications de-prescribed.	Copies of the resource printed and available by May 1, 2026	

## Change Idea #2 1. Anti-psychotics Program includes use of the Anti-psychotic Decision Support Tool

Methods	Process measures	Target for process measure	Comments
1. Establish AP Home Team. 2. Education and support provided by Regional Manager(s). 3. Resident-centred action plans are inputted into the home's Anti-psychotic Decision Support Tool 4. Escalation to CMO supports (i.e., Anti-psychotics Lead).	1. AP Home Team established. 2. Scheduled regular meetings for antipsychotic review. 3. % of residents on anti-psychotics with an individualized action plan inputted into the home's Anti-psychotic Decision Support Tool (AP-DST).	1. AP Home Team will be established by MAY1, 2026. 2. Resident-centred interdisciplinary reviews of anti-psychotic use are occurring every 4 weeks.	

**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	0.91	0.90	To exceed current performance and exceed provincial benchmark	

**Change Ideas**

Change Idea #1 Education for all Registered Staff on correct staging of pressure ulcers.

Methods	Process measures	Target for process measure	Comments
1) Communicate to Registered Staff requirement to complete education 2) DOC/Designate to monitor completion rates	# of communications to Registered Staff # of Registered Staff completed # of audits of completion rates completed and follow-up as required	100% of Staff will have completed education by July 31, 2026	

Change Idea #2 Education on Product selection for wound care.

Methods	Process measures	Target for process measure	Comments
1. Education sessions set-up for all registered staff on products on wound care protocol 2. Audits to be completed by wound care lead for correct product usage	1. # of Education Sessions provided 2. # of audits completed monthly	1. Education provided by May 31, 2026 2. Audits to show improvement by Sept 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 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	2.13	2.00	To meet or exceed the provincial target	

## Change Ideas

Change Idea #1 Refocus meeting agenda for interdisciplinary quality team in order to provide more thorough analysis and recommendations of restraints

Methods	Process measures	Target for process measure	Comments
1) Review agenda and refocus team 2) Analyze and review all restraints 3) Make recommendations removal (after trial)	# of restraints on a monthly basis # of Recommendations for removal after trial # of restraints removed monthly	# of 100% of restraints to be reviewed monthly	Review and refocus agenda by April 2026

Change Idea #2 DOC/Delegate will review each application received for restraints prior to move-in

Methods	Process measures	Target for process measure	Comments
1. Flag each application received for restraints 2. Information to LIHN to indicate that the home is least restraint and that alternatives will be trialed upon move-in	1. # of applications received that have a restraint 2. # of acceptances received to trial alternatives upon move-in	Process for review of new applications with restraints will be in place by May 1, 2026	