

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from Nurse Practitioners who work in my home.	C	% / LTC home residents	In-house survey / 2025	90.40	95.00	Internal Target	

Change Ideas

Change Idea #1 Communicate role of NP and give opportunity for feedback.

Methods	Process measures	Target for process measure	Comments
1) Nurse Practitioner to meet at minimum annually with Family and Resident Councils. 2) Feedback on services and areas for improvement will be discussed.	1) # of meetings with Councils where Nurse Practitioner attended. 2) # of suggestions provided by councils. 3) # of CQI meetings where action items were discussed with Nurse Practitioner	1) Nurse Practitioner will attend Family Council by June 30, 2026. 1) Nurse Practitioner will attend Family Council by June 30, 2026. 2) Nurse Practitioner will attend Resident Council by June 30, 2026. 3) Action items and plan will be discussed at CQI committee with Nurse Practitioner by July 31, 2026.	

Change Idea #2 Improve visibility of doctors and NP's in the home with residents and families.

Methods	Process measures	Target for process measure	Comments
1) Order Extencicare name tags all for doctors and NP's. 2) Utilize a communication board for families /residents so they are aware of when physician is going to be onsite. 3)Provide a section in the Homes monthly news letter for the NP updates.	1)# of name tags ordered. 2) % of communication boards with physician/NP visits included. 3)# Number of updates provided	1) Name tags will be ordered for all physicians/NP in home by March 30, 2026 2) Process for utilizing communication board for posting of visit schedules will be 100% implemented by March 30, 2026. 3)Number of Updates in the monthly news letter will be audited from April 1st 2026 till Dec 2026.	

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 spiritual and religious programs offered by the staff in the home.	C	% / LTC home residents	In-house survey / 2025	87.80	90.00	Internal Target	

Change Ideas

Change Idea #1 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 service with compatible residents.	1. # of services available in the community. 2. # of scheduled visits that were compatible for resident needs. 3. Provide information on the monthly newsletters of all monthly spiritual services.	Residents will have appropriate external religious/ spiritual services. To increase satisfaction score.	

Change Idea #2 Create inclusive and respectful offerings with structured programs run by program team members.

Methods	Process measures	Target for process measure	Comments
1. Review existing offerings and resident faith/ cultures. 2. Use CLRI Equity Diversity Inclusion Calendar. 3. Include programs such as interfaith discussion, prayer circles, meditation, that meet said needs. 4. Implement regular and structured practices such as group prayer, hymn sings, etc. to meet said needs.	1. # of religions and cultures represented in the home 2. % of programs that support all 3. # of new programs implemented to target gaps	Review and assess spiritual care needs of residents. To increase satisfaction score.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I can provide feedback about the products I use	C	% / LTC home residents	In-house survey / 2025	90.40	95.00	Internal Target	

Change Ideas

Change Idea #1 Implement process to obtain feedback from residents on a more frequent basis.

Methods	Process measures	Target for process measure	Comments
1) Review the prevail list of residents using incontinent products. 2) Determine how many residents will be asked for their feedback per month per home area. 3)Reassess the product that eligible residents are currently using. 4) Review feedback and determine action to address. 5)Provide Annual product Survey to the residents	1) # of residents who are using incontinent products. 2) # of residents to be asked for feedback per month /per home area. 3. # Number of product changed 4) # of responses received. 5) # of action items received based on survey.	1) List of residents who are using incontinent products will be reviewed by March 30, 2026 2) Process for ongoing feedback will be in place by April 30, 2026 with inimum5 residents per month per home area.	

Change Idea #2 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 continece to be invited to Resident and Family Council meeting to discuss products and provide education. 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 Resident and Family Council meetings vendor attends annually. 3) # of action items that are resolved to satisfaction of councils. 2) # of action items based on feedback received.	1) Product vendor will attend resident council and family council by June 30, 2026. 2) Action plan will be in place for feedback items by July 31,2026 3) Follow up on action plan will be communicated to Resident and Family Councils and invitation will be posted in the monthly news letter as well as a memo will sent by September 30, 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	94.70	98.00	Internal Target	

Change Ideas

Change Idea #1 Strengthen resident and family feedback processes to identify concerns early and improve overall satisfaction.

Methods	Process measures	Target for process measure	Comments
Conduct regular feedback discussions during Resident Council and Family Council meetings and encourage residents and families to share concerns directly with leadership.	Number of feedback items reviewed and addressed through Resident Council and Family Council meetings.	Feedback reviewed and action items discussed at 100% of scheduled Resident and Family Council meetings.	

Change Idea #2 Increase leadership visibility and engagement with residents through routine leadership rounds.

Methods	Process measures	Target for process measure	Comments
Leadership team will conduct regular rounds in home areas to speak directly with residents, listen to concerns, and follow up on feedback.	# of leadership rounds conducted and documented monthly.	Leadership rounds completed monthly with follow up on identified concerns.	This approach supports relationship building with residents, promotes open communication, and helps leadership respond quickly to issues impacting resident satisfaction.

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	8.65	8.00	The target was set based on current performance and regulatory expectations to ensure it is realistic and measurable.	

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 Nursing and Recreation staff will receive education 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 June 30, 2026 2) Resident and Family council will be informed of process by April 30, 2026.	

Change Idea #2 Utilize and maintain Fall Prediction and Prevention Report (FPPR) Tool (ON & AB only)

Methods	Process measures	Target for process measure	Comments
1) Review residents on the high risk for falls and injury list and ensure that strategies are in place to prevent falls 2) Monitor progress based on data from audit report	1) # of residents at high risk for falls and fall related injury 2) # of care plans 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 and fall related injury will have strategies reviewed by June 30, 2026. 2) Ongoing monitoring through internal audits, identification of root cause and gap analysis to ensure strategies are effective will be in place by June 30, 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	12.50	10.00	The target was set based on current performance and regulatory expectations to ensure it is realistic and measurable.	

Change Ideas

Change Idea #1 Provide family education resources regarding appropriate use of antipsychotics and deprescribing.

Methods	Process measures	Target for process measure	Comments
1.Obtain Centre for Effective Practice guide for residents, families and caregivers. 2.Include the education in the care conferances for all residents whom are reciving Antipsychoti medications. 3.Provide education to families during admission, quarterly reviews and when medication changes are discussed. 4.Document education provided in the resident record.	1.# of CEP resources distributed monthly. 2.% of new admissions provided with education. 3.Number of care conferances where antipsychotic education was discussed. 4.# of antipsychotics reviewed for possible deprescribing.	CEP resources available in all home areas by June 30, 2026. One hundred percent of new admissions receive education on antipsychotic use. Antipsychotic use reviewed quarterly for all applicable residents.	

Change Idea #2 Provide specialized education to registered staff on appropriate antipsychotic use and non pharmacological interventions.

Methods	Process measures	Target for process measure	Comments
1.Schedule education sessions led by pharmacist or clinical lead. 2.Provide training on indications, side effects, risks and non pharmacological approaches. 3.Incorporate review of responsive behavior management strategies. 4.Audit documentation to ensure non pharmacological interventions are trialed before medication adjustments.	1) # and % of registered staff who attended education sessions. 2)# of medication reviews completed with pharmacist involvement. 3)# of audits completed on documentation of non pharmacological interventions. 4) # of residents reviewed for dose reduction.	Goal for Process Measures One hundred percent of registered staff complete education by December 31, 2026. Quarterly pharmacist review completed for all residents on antipsychotics. Improved documentation compliance rate of at least ninety five percent for non pharmacological interventions prior to medication initiation or increase.	

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	1.03	0.50	The target was set based on current performance and regulatory expectations to ensure it is realistic and measurable.	

Change Ideas

Change Idea #1 Reinforce the Point of Care POC alert process to notify nursing staff of by 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 shifts 2.Registered staff to check end of shift for outstanding alerts 3.DOC or designate audit compliance monthly and follow up with any additional educational requirements	1. Number of staff that have been educated. 2.Number of alerts that were completed on a monthly basis. 3.Number of audits completed	1.Staff are educated on the new process by April 30, 2026. 2.Registered staff will complete weekly audits by August 31, 2026 3.Gaps from Alert Audit will be 100 percent followed up with education or actioned	

Change Idea #2 Turning and repositioning re education

Methods	Process measures	Target for process measure	Comments
1.Educate staff on the importance of turning and repositioning to off load pressure 2.Night staff to audit those residents that require turning and repositioning 3.Review this during the Skin and Wound committee meetings for trends	1.Number of staff that have been educated 2.Number of audits completed 3. Number of reviews completed by Skin and Wound committee	1. 100 percent of PSW will have attended education sessions on turning and repositioning by June 30, 2026 2. Check in with staff and will be correctly completed on a monthly basis by August 31, 2026 3. Process for review, analysis and follow up of monthly trends from tools will be 100 percent in place by April 30, 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	0.00	0.00	The target was set based on current performance and regulatory expectations to ensure it is realistic and measurable.	

Change Ideas

Change Idea #1 Provide information to families and residents on least restraint approach.

Methods	Process measures	Target for process measure	Comments
1) Provide restraint information sheet in move-in packages for new move-in's 2) Meet with residents and family councils to provide education on least restraint approach and risks associated with restraint usage	1) # of move in packages with restraint information included 2) # of meetings with family and resident council to discuss least restraint approach and risk of use of restraints	1) 100% of move in packages will have restraint information sheets included for move in's 2) # of meetings with family and resident council to discuss least restraint approach by April 30, 2026	Home had zero restraints in 2025 and plan to continue on this path for 2026