

Experience

Measure - Dimension: Patient-centred

Indicator #1	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	% / LTC home residents	In-house survey / January 1st to December 31 2025	62.50	75.00	Target is realistic and achievable	

Change Ideas

Change Idea #1 Improve residents' awareness of attending physician and the medical director by clearly communicating their roles and providing opportunities for their feedback

Methods	Process measures	Target for process measure	Comments
Create a brochure introducing both physicians, their responsibilities for resident care, oversight, and coordination and how residents and families can contact them with questions or concerns; share the brochure with residents and their families on admission, via posters in the home, and via our quarterly newsletters.	% of residents who received written introductions to physicians.	100% of residents received the written introductions to physicians.	

Change Idea #2 Every resident receives at least one in-person visit from their attending physician during the year

Methods	Process measures	Target for process measure	Comments
Create a list for each physician to track in-person visits and ensure that every resident meets with their attending physician at least once per year	% of residents who had in person visit with their attending physician by Dec 2026	100% of residents have been seen at least once by their physician by December 1st, 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 food and drinks served.	C	% / LTC home residents	In-house survey / January 1st to December 31 2025	71.00	80.00	Target is realistic and achievable	

Change Ideas

Change Idea #1 Enhance resident satisfaction with food and beverages by providing targeted training for PSWs

Methods	Process measures	Target for process measure	Comments
1)Provide training sessions on food service standards, assisting residents with meals, and recognizing dietary preferences or restrictions. 2)Include education on presenting food attractively, encouraging intake, and identifying resident satisfaction or concerns during meals.	% of PSWs who completed the food service and resident dining training.	100% of PSWs received the training by Dec 2026	

Change Idea #2 Actively involving residents in menu planning through the Food for Thought Committee

Methods	Process measures	Target for process measure	Comments
1)Leverage the Food for Thought Committee to gather resident input on menu options, portion sizes, meal timing, and new recipes. 2)Hold a meeting every 2 months to discuss feedback and implement changes where feasible. 3)Collect resident satisfaction feedback using brief surveys during committee meetings.	[#] of food for thought committee meetings annually	at least 4 committee meetings have been held by Dec 2026	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I enjoy eating meals in the dining room	C	% / LTC home residents	In-house survey / January 1st to December 31 2025	71.00	80.00	Target is realistic and achievable	

Change Ideas**Change Idea #1 Enhance the dining environment to create a more comfortable and engaging atmosphere**

Methods	Process measures	Target for process measure	Comments
1)Assess the dining room environment for lighting, noise levels, table arrangement, and décor to make it more pleasant and inviting. 2)Adjust seating arrangements to encourage social interaction while considering mobility and accessibility needs.	% of residents reporting a more enjoyable dining atmosphere in surveys.	80% or greater of residents are satisfied with the dining atmosphere by Q2	

Change Idea #2 Implement staff-supported social dining programs to enhance mealtime experience

Methods	Process measures	Target for process measure	Comments
Train PSWs and dining staff to engage residents in conversation, encourage participation, and provide assistance as needed during meals.	% of dining staff trained in social engagement and supportive mealtime practices.	100% of day and evening PSWs received the training by Q2	

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 cleaning in the residents room	C	% / Family	In-house survey / January 1st to December 31 2025	72.30	80.00	It is a realistic and achievable goal.	

Change Ideas

Change Idea #1 Implement regular housekeeping audits

Methods	Process measures	Target for process measure	Comments
1)Conduct daily room cleaning audits using a standardized checklist to evaluate quality and consistency and identify any gaps. 2)Work on the gaps and complete on spot education to housekeeping staff.	% of resident rooms audited daily	100% of residents rooms audited by Q2	

Change Idea #2 Implement a resident and family room cleanliness scorecard

Methods	Process measures	Target for process measure	Comments
1)Develop a room cleanliness scorecard that allows both families and residents to rate cleaning quality after each housekeeping visit. 2)Collect scorecards weekly and review results at housekeeping team meetings. 3)Track trends over time and use data to recognize high-performing staff and identify areas needing improvement. 4)Share quarterly summary results with families through newsletters or family council meetings to demonstrate responsiveness.	% of scorecard feedback reviewed by support services manager	100% of scorecard reviewed by support services manager by Dec 2026	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of maintenance of the physical building and outdoors	C	% / Family	In-house survey / January 1st to December 31 2025	72.30	80.00	Target is realistic and achievable based on the age of the home.	

Change Ideas**Change Idea #1 Proactive maintenance audits with input from the Joint Resident and Family Subcommittee**

Methods	Process measures	Target for process measure	Comments
1)Conduct monthly audits of the building and outdoor areas using a standardized checklist. 2)Share audit findings with the Joint Resident and Family Subcommittee for review and prioritization of repairs or improvements. 3)Track issue resolution and report progress back to the subcommittee and broader resident/family groups.	% of identified maintenance issues reviewed by the Joint Resident and Family Subcommittee	100% of identified maintenance issues reviewed by the Joint Resident and Family Subcommittee by Dec 2026	

Change Idea #2 Establish a Family Feedback Loop for Maintenance Concerns

Methods	Process measures	Target for process measure	Comments
1)Set up multiple options for families to submit concerns 2)Monthly newsletter or email updates to families highlighting resolved issues and planned improvements	% of maintenance requests submitted by families that are acknowledged within 72 hours	100% of maintenance requests submitted by families are acknowledged within 72 hours	

Safety

Measure - Dimension: Safe

Indicator #6	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	10.00	10.00	Target stays the same until we do better than target then it will be lowered. Target is still below corporate benchmark of 15%.	

Change Ideas

Change Idea #1 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	% of residents on FSP list who did not experience a fall in the previous 30 days	90 % of residents on FSP will not experience a fall by Dec 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
1) Determine residents at high risk for falls 2) Review plan of care for each resident at high risk 3) Discuss strategies with falls lead and staff in residents circle of care 4) Update plan of care 5) Communicate changes in care plan with care staff and consult/inform families	% of plans of care reviewed and updated by Dec 2026	100% of Care plans for high risk residents will be reviewed and updated by Dec 2026	

Change Idea #3 Reduce falls among new admissions and isolated residents

Methods	Process measures	Target for process measure	Comments
Ensure to add new admissions and residents on isolation in the Falling Star Program(FSP)	% of residents (new admissions or isolated) added to FSP	100% of new admissions and residents on isolation are added to FSP	

Measure - Dimension: Safe

Indicator #7	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	9.72	10.00	Target is below corporate target of 17% and it matches our census of 109 residents as 10% is around 3 residents of the total number of residents on antipsychotics.	

Change Ideas

Change Idea #1 Continue implementing Anti-psychotics Program

Methods	Process measures	Target for process measure	Comments
Resident-centered action plans are input into the home's Anti-psychotic Decision Support Tool (AP-DST).	% of residents on Anti-psychotics who have individualized action plan inputted into the home's Anti-psychotic Decision Support Tool (AP-DST)	100% of residents on Anti-psychotics who have individualized action plan inputted into the home's Anti-psychotic Decision Support Tool (AP-DST)	

Change Idea #2 Collaboration between Registered Staff, Physician / Nurse Practitioner, BSO team (IDT) to ensure all residents using anti-psychotic medications have a documented indication by diagnosis and/or rationale, or any alternative medications or tools used to reduce or stop anti-psychotics.

Methods	Process measures	Target for process measure	Comments
1. Complete medication reviews for residents prescribed antipsychotic medications. 2. Consider non-pharmacological approaches as appropriate to reduce anti-psychotic use, and document assessment findings and management planning.	# of anti-psychotic meetings with the IDT to discuss residents on anti-psychotic tool.	at least 4 anti-psychotic meetings to be held by Dec 2026	

Measure - Dimension: Safe

Indicator #8	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	1.52	2.00	With a census of 109 residents, having only two residents trigger the indicator represents approximately 1.8%. Setting a target of 2% is therefore reasonable and achievable, and we will continue working to maintain the rate at or below this level.	

Change Ideas**Change Idea #1** Turning and repositioning education provided to Personal support workers (PSWs)

Methods	Process measures	Target for process measure	Comments
Educate PSWs on the importance of turning and repositioning on the health of the skin	% of PSWs received the training	100% of PSWs received the training by Dec 2026	

Change Idea #2 Focus on moisturizing skin to prevent dryness and skin breakages

Methods	Process measures	Target for process measure	Comments
Education sessions on the importance of moisturizing skin and how to do it	% of personal support workers who received the training	100% of PSWs received the training by Dec 2026	

Change Idea #3 Focus on continence to keep skin intact and dry

Methods	Process measures	Target for process measure	Comments
Continue continence audits monthly to ensure residents are receiving the continence products they need	number of continence audits done	at least 10 audits are done by Dec 2026	

Measure - Dimension: Safe

Indicator #9	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	0.25	0.25	We are a restraints free home and we will keep it this way.	

Change Ideas**Change Idea #1** Provide information to families and residents on least restraint approaches

Methods	Process measures	Target for process measure	Comments
Provide information sheet regarding least restraints in the welcome package for newly admitted residents and families	% of residents and families received the welcome package including the restraints information sheet in 2026	100% of new admissions in 2026 have received the welcome package	

Change Idea #2 Using physical restraints must remain a measure of last resort

Methods	Process measures	Target for process measure	Comments
1)Try alternative approaches to control responsive behaviors. 2)Try alternative approaches to reduce high risk of falls.	# of incidents of using physical restraints after trying other approaches	zero cases of physical restraints in 2026	