

Experience

Measure - Dimension: Patient-centred

Indicator #1	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	85.00	Internal Target	

Change Ideas

Change Idea #1 To focus on the aesthetics of common resident area spaces internally

Methods	Process measures	Target for process measure	Comments
Engage the Resident Council in the selection of paint and furniture for the Harvest Room	1) Purchase new dining room table and chairs for the Harvest Room 2) Paint the Harvest Room	The redecoration of the Harvest Room will be completed by the end of the 3rd quarter.	

Change Idea #2 To focus on the aesthetics of common resident area outdoor spaces.

Methods	Process measures	Target for process measure	Comments
Incorporate the recommendations and design choices from residents into the beautification of 4/5 RHA patios.	1) level of resident satisfaction pre patio beautification project. 2) level of resident satisfaction post patio beautification project.	Resident Council will design their RHA patios by May 2026 Improvements fully implemented by July 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 care from doctors who work in my home.	C	% / LTC home residents	In-house survey / 2026	55.00	60.00	Internal Target	

Change Ideas

Change Idea #1 The Medical Director will attend a Resident Council Meeting annually to review the MD role and answer resident questions.

Methods	Process measures	Target for process measure	Comments
Medical Director be invited to attend a Resident Council Meeting.	1) The date the medical director attends Resident Council 2) Review resident council questions for the Medical Director for themes.	1) Medical director will attend a Resident Council meeting by November 30th, 2026 2) Actionable items will be reviewed at CQI and Quality Council committees with medical director by November 30th, 2026	

Change Idea #2 Creation of the MD "LTC" (Tender Loving Care Visit) to increase the number of informal psychosocial contacts between residents and their MD

Methods	Process measures	Target for process measure	Comments
1) Create a list of residents who want a MD "TLC"(Tender Loving Care) Visit. 2) MDs will casually visit residents monthly. 3) Develop a consistent schedule for all MD rounds posted in residents' home areas.	1) # of residents participating in the MD "TLC" Visit experience. 2) Request resident feedback on the MD "TLC" Visit and evaluate themes.	Actionable items will be reviewed CQI and Quality Council committees quarterly and themes identified November 30th, 2026	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The doctor/ nurse practitioner listens to my concerns carefully	C	% / LTC home residents	In-house survey / 2026	73.20	75.00	Internal Target	

Change Ideas

Change Idea #1 Ensure that residents feel they are listened to by their doctor or nurse practitioner by asking residents if they feel their concerns are being addressed. The evaluation of physician/resident contacts will be reported and evaluated at monthly resident council meetings and Quality Council quarterly.

Methods	Process measures	Target for process measure	Comments
1)RSC to explore root cause to resident's feeling that their concerns are not being listened to carefully 2)RSC to create an evaluation tool to explore outcome of resident/physician interactions at care conferences and after MD rounds.	1) # of residents per physician/np 2)# of residents who had an in person visit during the quarter	1) List will be developed for physician for tracking by June 30, 2026 2)Each resident will have an in person visit with the Physician/ np at minimum once per quarter by December 31, 2026	

Change Idea #2 To increase the number of informal physician/resident psychosocial contacts made each month.

Methods	Process measures	Target for process measure	Comments
1) Educate residents and families on the introduction of a "TLC" MD visit. 2) Create a list of residents who would like a monthly "TLC" visit. 3) Medical Director will attend a Resident Council meeting annually to review the MD role and answer resident's questions	1)The number of physician/resident psychosocial contacts	1) # of physician/resident psychosocial contacts will be reported and evaluated at resident council and Quality Council meetings quarterly by July 2026	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication from the home leaders is clear and timely.	C	% / LTC home residents	In-house survey / 2026	51.20	56.00	Internal Target	

Change Ideas

Change Idea #1 To increase the number of opportunities for residents to engage with the Management Team.

Methods	Process measures	Target for process measure	Comments
1)Resident Council will invite a different member of the Management Team for 10 minutes each month for managers to explain their role and answer questions.	1) # of occasions when residents and families were informed about changes in the home 2) # of resident council meetings attended by Management Team.	Visits will be reported and evaluated at monthly Resident Council meetings and Quality Council quarterly.	

Change Idea #2 To increase the number of opportunities for residents to engage with the Management Team

Methods	Process measures	Target for process measure	Comments
Host an annual "Resident Community Connection with Management Team" in collaboration with the Resident's Council.	1) # of residents who attended the "Resident Community Connection with Management Team" event 2) # of residents who ranked the experience as excellent	1) Community connection event will be implemented no later than October 15, 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 physical building and outdoor spaces	C	% / Family	In-house survey / September 2-October 10, 2025	61.50	66.00	Internal	

Change Ideas

Change Idea #1 To improve the quality of maintenance of the physical building within the operating and capital plans for 2026.

Methods	Process measures	Target for process measure	Comments
Explore with Family Council what they identify as "quality" maintenance of the physical building.	1) # of environment audits focusing on common areas 2) # of successful improvements based on actionable items	In 2026, a summary of the # of environmental audits and actionable items will be shared with Family Council quarterly	

Change Idea #2 To improve the quality of maintenance of the outdoor spaces within the operating and capital plans for 2026.

Methods	Process measures	Target for process measure	Comments
Explore with Family Council what they identify as "quality" maintenance of outdoor spaces.	# of Audits focusing maintenance of outdoor spaces.	In 2026, a summary of the # of environmental audits and actionable items to improve the quality of outdoor spaces will be shared with Family Council quarterly	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
There is someone I can talk to about resident medication	C	% / Family	In-house survey / September 2-October 10, 2025	84.20	88.00	Internal	

Change Ideas**Change Idea #1** To improve the identification of nursing staff for families

Methods	Process measures	Target for process measure	Comments
Install a white board on all RHAs to identify the names of the care teams	1) purchase and install white boards on all RHAs 2) list the names of the care team working days and evening shifts on each RHA	100% of the RHAs will have a "staff working" reference board by June 2026	

Change Idea #2 Nurses speak to families about resident medication management within their scope of practice and or identify in a timely manner who can answer the family's question.

Methods	Process measures	Target for process measure	Comments
Clarify for families who they should speak to about medication management.	1) # of families who approach nurses about medication management 2) # of questions from families regarding medication management	1) Presentation to Family and Resident Council regarding Medication Management by 3rd Quarter	

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	14.17	12.00	Internal Target	

Change Ideas

Change Idea #1 Implement purposeful rounding (includes personal needs, pain, position, possessions)

Methods	Process measures	Target for process measure	Comments
1) Educate all staff on personal rounding 2) Educate Resident and Family Council on process of personal rounding.	1) # of staff educated on personal rounding 2) Resident and Family Council education on process captured in meeting minutes	1) 100% of staff will be educated on purposeful rounding by October 2026 2) Resident and Family Council will be informed of process by June 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 last 30 days.	1) residents listed on report as being at high risk for falls will have strategies reviewed quarterly 2) Ongoing monitoring to ensure strategies are effective will be in place and reviewed monthly	

Change Idea #3 Increased communication during shift report for residents who have recently moved in and during outbreaks

Methods	Process measures	Target for process measure	Comments
1) Remind staff about increased risk of falls when in outbreak and during move-in period 2) Residents identified at being high risk of falls due to isolation or new move-in will have enhanced monitoring by all staff for a two-week period.	1) # of staff receiving reminders for resident fall risk 2) # of residents on enhanced monitoring per shift	1) Reminders for staff will be communicated by May 2026 2) Process for enhanced monitoring for those on isolation or newly admitted will be in place by May 2026	

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	11.59	10.00	Internal Target	

Change Ideas

Change Idea #1 Gentle Persuasive Approaches (GPA) Basics for responsive behaviours related to dementia (in support of reduction of antipsychotic use)

Methods	Process measures	Target for process measure	Comments
1) Continue to provide staff with opportunities for GPA education using external funding sources.	1) # of staff certified 2) Certification of GPA Coach for the home	1) GPA education will be provided to 20 staff members by end of first quarter 2) Home will have their own GPA Coach	

Change Idea #2 Family education resources provided for appropriate use of antipsychotics

Methods	Process measures	Target for process measure	Comments
1) Provide family resource: Centre for Effective Practice (CEP) - How Antipsychotic Medications Are Used to Help People with Dementia: A Guide for Residents, Families and Caregivers 2) Make resources available for families at nursing station	1) # of CEP resources provided to families monthly 2) # of antipsychotics deprescribed as a result of increased family awareness	Copies of CEP resources will be available at nursing station by end of 2nd 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	0.64	0.20	Internal Target	

Change Ideas

Change Idea #1 Mandatory education for all Registered staff on the correct staging of pressure ulcers.

Methods	Process measures	Target for process measure	Comments
1) Communicate to all Registered Staff requirement to complete education 2) Registered staff to complete online modules as per schedule 3) DOC/designate to monitor completion rates	1) # of communications to registered staff to complete mandatory requirement 2) # of Registered Staff who have completed online modules on wound staging on a monthly basis 3) # of audits of completion rates completed by DOC/designate and follow up required	1) Communication on mandatory requirement will be completed by June 2026 2) 100% of Registered Staff will have completed education on correct wound staging by end of 3rd quarter 3) Audits of completion rates will be completed monthly with required follow up by first week of each month	

Change Idea #2 Strengthen pressure injury prevention and management through staff participation in recognized Skin and Wound education and certification programs Wound, Ostomy and Continence Institute (WOC Institute): Skin Wellness Associate Nurse (SWAN) Program; PSW and Caregiver Skin Health Course Wounds Canada Institute: Accredited Wound Care Champion Program (AWCCP)

Methods	Process measures	Target for process measure	Comments
1) Enroll Skin and Wound Lead backup to SWAN and AWCCP 2) Additional staff enrolled to WCC Program 3) Enroll PSW to the PSW Skin Health Programs (WOC Institute or Wounds Canada)	1) # of SWAN certified staff (including Skin and Wound Lead) 2) # of WCC Program certified staff 3) # of PSW certified for Skin Health Program	1) 100% of staff will have SWAN certification by the 3rd quarter 2) 100% of staff enrolled will have WCC Program certification by 3rd quarter 3) 100% of staff enrolled in PSW course will have certification by April 2026	

Change Idea #3 Turning and repositioning reeducation

Methods	Process measures	Target for process measure	Comments
1) Education 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 CCQI committee meetings for trends	1) # of staff who have been educated 2) # of audits completed 3) # of reviews completed by Skin and Wound Lead	1) 100% of PSWs will have attended education sessions on turning and repositioning by 3rd quarter 2) Check in with staff and audits will be correctly completed on a monthly basis by 3rd quarter 3) Process for review, analysis and follow up of monthly trends will be 100% in place by 3rd quarter	

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	0.00	0.00	Internal Target	

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	1) # of move in packages with restraint information sheet included	1) 100% of move in packages will have restraint information sheet included for new move in's by July 30th, 2026	We currently have no restraints in our home and continue to perform well on this indicator (ie. below the corporate and provincial average). For 2026, we will continue to monitor our current processes to sustain results and have therefore not included this indicator as a priority area in our action plan.

Change Idea #2 To provide education to families and residents on least restraint approach

Methods	Process measures	Target for process measure	Comments
Meet with resident and family councils to provide education on least restraint approach and risks associated with restraint use	# of sessions with Resident and Family councils to discuss least restraint approach and risk of restraint use	Provide education to Resident and Family Councils to review least restraint approach and risk of restraint use by September 3, 2026	We currently have no restraints in our home and continue to perform well on this indicator (ie. below the corporate and provincial average). For 2026, we will continue to monitor our current processes to sustain results and have therefore not included this indicator as a priority area in our action plan.