

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 restorative care (care provided by physiotherapy, exercise or occupational therapy).	C	% / Residents	In-house survey / 4	73.30	83.30	10% increase closer to the LTC corporate division benchmark.	

Change Ideas

Change Idea #1 Re-implementation of the nursing rehabilitation and restorative care program

Methods	Process measures	Target for process measure	Comments
1) Complete assessments (all new admissions and current residents) to determine resident suitability for program 2) Implement program with selected residents 3) complete required education for front-line staff to execute programs	1) Total # of assessments completed each quarter, 2) Total # of residents on restorative and nursing rehabilitation program each quarter 3) Total # of staff completing education in the calendar year	1) 100% in Q1 2) 2 residents per quarter 3) 75% of front-line staff required to complete by end of May 2026.	In January 2026, a new lead has been designated, and initial planning meetings have commenced. Non measurable intervention: Applicable home leadership to review applicable physiotherapy reports to determine areas for improvements.

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
In my care conference, we discuss what's going well, what could be better, and how to improve things.	C	% / Residents	In-house survey / 4	53.30	75.00	Lowest "care services" score from the resident satisfaction survey. 75% would be closer to the LTC corporate benchmark.	

Change Ideas

Change Idea #1 Designation of a new "care conference lead" and implement a new process to improve care discussions and promote collaboration at care conferences.

Methods	Process measures	Target for process measure	Comments
1) Ensure residents with CPS scores of 3 or lower have an opportunity to provide input if they are unable to attend the scheduled resident care conference. 2) Open the IDRCC one week prior for multi-disciplinary input (internal and contracted personnel)/	1) # of residents with CPS scores of 3 or lower providing input if they are unable to attend the care conference. 2) # of care conferences completed with multi-disciplinary input.	1) 80% of residents with CPS scores of 3 or lower. 2) 80% of care conferences with complete information as required.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The resident is encouraged to share ideas about the recreation and leisure activities offered on the calendar.	C	% / Residents	In-house survey / 4	45.50	75.00	The home feels it is positioned well to justify this significant improvement.	

Change Ideas

Change Idea #1 Increase information and awareness to family members resulting from discussions at resident's council.

Methods	Process measures	Target for process measure	Comments
1) Summarize and highlight key information and updates for family members and family via numerous methods (newsletters, bulletins, emails, etc)	1) # of summaries/updates completed for family members and family council.	1) 1x/month update completed in the calendar year starting Feb 2026, 11 total.	

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	19.51	15.00	Corporate target	

Change Ideas

Change Idea #1 Obtain greater input and collaboration in fall prevention discussions at quality meetings.

Methods	Process measures	Target for process measure	Comments
1) Ensure a monthly data analysis is incorporated into quality meetings. 2) Involve the home's pharmacy provider into medication and fall discussions during quality meetings.	1) # of quality meetings with a monthly data analysis completed. 2) # of quality meetings with input from the home's pharmacy provider.	1) We aim to exceed 80% of months 2) We aim to exceed 70% of meetings with input from pharmacy	

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	17.98	17.30	Corporate target.	

Change Ideas

Change Idea #1 Expand upon assessment and analysis of residents who are, or potentially could, trigger this indicator.

Methods	Process measures	Target for process measure	Comments
1) Utilize the Palliative performance scale (PPS) more frequently. 2) Complete medication reviews initiated from pain/sleep difficulties.	1) # of PPS scales completed per quarter 2) # of medication reviews completed from pain/sleep suspected to contribute to behaviours.	1) 2 per quarter 2) 2 per quarter	The home will continue to complete a detailed review of new admissions and medication, behavioural assessments and palliative medication reviews with Physician/Registered staff.

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	0.62	0.62	Consistent with current performance and below the corporate target.	

Change Ideas

Change Idea #1 Enhance education at the home relevant to skin and wound prevention.

Methods	Process measures	Target for process measure	Comments
Two registered nurses to complete "SWAN" programs. 9 Personal Support Workers identified for additional education on skin/wound program.	# of registered staff and PSW staff completing education.	90% of staff identified.	Completed audit of skin and wound program including review of new air pressure mattresses, Occupational therapy mobility assessments, wheelchair cushion audit(s), education with staff on the new skin checklist.

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	0.00	0.00	Maintenance of current performance.	

Change Ideas

Change Idea #1 Continue with current strategies as this indicator is at 0.

Methods	Process measures	Target for process measure	Comments
Continue to review restraint policies and procedures.	The number of residents utilizing a restraint in the home throughout the year.	The home will continue to meet the target for restraints.	