

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I feel encouraged to share my ideas about the recreation and leisure activities offered on the calendar	C	% / LTC home residents	In-house survey / 2025	61.50	70.00	To improve satisfaction	

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, 1x/month for each home area. 2) Document on meeting minute template. 3) Share and post minutes in common area.	1) [#] of meetings throughout the year. 2) [#] of change ideas provided in meeting that were implemented. 3) [#] of residents participating on each home area.	1) Program will be introduced and implemented as of April 1, 2026. 2) Residents will meet monthly on each unit, providing feedback on programs and selecting upcoming events November 30, 2026	

Change Idea #2 Use real-time feedback tools such as evaluations of programs, seeking resident feedback on enjoyment and satisfaction of program in real time.

Methods	Process measures	Target for process measure	Comments
1) Select up to 5 programs per month to audit. 2) Use evaluation templates, ActivityPro, or other documentation to complete 3) Review and action after each evaluation 4) ask for feedback about programs and suggestions at care conferences.	1) [#] of audits completed throughout the year. 2) Rate of satisfaction of program. 3) [#] of change actions.	1) There will be a 20 % improvement with satisfaction of program by November 30, 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 cleaning in the resident's room	C	% / LTC home residents	In-house survey / 2025	45.50	65.00	To improve satisfaction	

Change Ideas

Change Idea #1 Training for staff on proper use of microfiber cleaning systems.

Methods	Process measures	Target for process measure	Comments
1) Education sessions held for housekeeping staff on use of microfiber cleaning systems. 2) keep track of those who attended. 3) Audit post education to see if improvement monthly.	1) [#] of education sessions held for housekeeping on use of microfiber cleaning systems 2) [#] of housekeeping staff that attended the education 3) [#] of follow up audits completed per month.	1) Education session for housekeeping staff will be held by April 1, 2026. 2) 100%of housekeeping staff will have completed education by July 31, 2026. 3) There will be a 50 % improvement in follow up audits for cleaning by October 31, 2026.	

Change Idea #2 Review of high touch areas and dusting schedule.

Methods	Process measures	Target for process measure	Comments
1) Environmental Services Manager to review high touch and dusting schedule and update as needed. 2) Track resident rooms as per schedule to ensure all residents have areas cleaned. 3) Follow up audits to be completed to ensure completion.	1) [#] of times Environmental Services Manager reviewed cleaning schedule 2) [#] of resident rooms who had high touch areas and dusting completed 3) [#] of follow up audits completed and [#] of identified deficiencies.	1) Environmental Services manager will review and update high touch cleaning and dusting schedule by April 1, 2026 2) 50% of resident rooms will be completed as per schedule by July 31, 2026 3) There will be a 50% improvement in completion of high touch areas and dusting audits by November 30, 2026.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of laundry services for clothing and linens	C	% / LTC home residents	In-house survey / 2025	50.00	65.00	To improve satisfaction	

Change Ideas

Change Idea #1 Review process for labelling clothing.

Methods	Process measures	Target for process measure	Comments
1) Review process for labelling with staff. 2) Attend Family and Resident councils to discuss labelling process. 3) Put communication about labelling process in monthly newsletter to families and residents. 4) Review process for labelling on move in.	1) [#] of staff attending session about process for labelling. 2) [#] of Resident and Family Council meetings attended by Environmental Services Manager/designate. 3) [#] of newsletters where labelling process was communicated. 4) [#] of new residents that had process reviewed [%].	1) Staff session about labelling process will be held by May 1, 2026. 2) Support Services manager/designate will attend Resident and Family Council meeting by July 31, 2026. 3) Communication will be sent out about labelling process in newsletter by July 31, 2026. 4) Update move in guide with labelling process by July 31, 2026.	

Change Idea #2 Communicate to families and residents about importance of having machine washable clothes and not delicates due to heat of commercial laundry systems.

Methods	Process measures	Target for process measure	Comments
1) Environmental Services Manager to attend Resident and Family Council to discuss the importance of having machine washable clothing due to heat of commercial laundry systems. 2) Send communication about types of clothing for commercial laundry systems in newsletter or town hall (not wool or cashmere etc.). 3) Environmental Services Manager to follow up with any concerns brought forth by families and residents about laundry services, following concerns process.	1) [#] of Resident and Family Council meetings attended where discussions held about laundry issues. 2) [#] of communications sent to residents and families. 3) [#] of townhalls held where laundry was discussed. 4) [#] of complaints that were actioned by support services manager/designate.	1) Support services manager/designate will attend Resident and Family Council meetings to discuss laundry concerns by July 31, 2026. 2) Communication about laundry services will be sent to residents and families by July 31 2026. 3) Laundry services will be discussed at townhall meeting by July 31 2026. 4) Monthly complaints re: laundry services will improve by [50 %] by December 31, 2026.	

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	14.44	14.00	To reduce incidence of falls	

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.	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 December 31, 2026. 2) Ongoing monitoring to ensure strategies are effective will be in place by December 31, 2026	

Change Idea #2 Re-education on Safe Resident Handling Policy with Staff

Methods	Process measures	Target for process measure	Comments
1) Education on Safe Resident Handling program 2) Random auditing of safe resident handling practices in the home 3) Identify deficiencies and develop plan of action for gaps	1) # of education sessions held for staff on Safe Resident Handling program 2) # of audits completed 3) # of deficiencies identified 4) # of deficiencies corrected post implementation of action plan	1) Staff education sessions will be 100% completed by [November 30, 2026] 2) Audits of safe resident handling program will show 20% improvement by July 31, 2026, and 50% improvement by December 31, 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	9.46	9.40	To reduce inappropriate prescribing of antipsychotics	

Change Ideas

Change Idea #1 Documentation: Collaborate with Registered Staff, Physician / Nurse Practitioner to ensure all residents using anti-psychotic medications have a documented indication by diagnosis and/or rationale for symptom-management identified in the resident's diagnosis list and care plan (i.e., monthly care plan reviews).

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.	1. # of resident anti-psychotic reviews completed monthly (which can be part of interdisciplinary behavioural rounds) and matching # of updates to the home's Anti-psychotic Decision Support Tool (AP-DST). 2. # of resident care plans updated monthly to support appropriate antipsychotic use and matching # of updates to the home's Anti-psychotic Decision Support Tool (AP-DST). 3. # of residents de-prescribed anti-psychotics and replaced with non-pharmacological approaches to care implemented and matching # of updates to the home's Anti-psychotic Decision Support Tool (AP-DST).	1. 90% of all residents with anti-psychotic use prescribed will have assessment, management planning and updated documentation completed by October 31, 2026. 2. Non-pharmacological approaches to care will be documented within residents' care plans and reassessed if not effective within 1 month of implementation by October 31, 2026.	

Change Idea #2 Anti-psychotics Program includes use of the Anti-psychotic Decision Support Tool (AP-DST).

Methods	Process measures	Target for process measure	Comments
1. Maintain 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 (AP-DST). 4. Escalation to CMO supports (i.e., Anti-psychotics Lead).	1. Scheduled regular meetings for antipsychotic review. 2. % of residents on anti-psychotics with an individualized action plan inputted into the home's Anti-psychotic Decision Support Tool (AP-DST). 3. Attendance to Quality Labs by Regional Manager(s) and/or Home Leadership team to share success stories and/or challenges for continuous improvement recommendations.	1. Education and training completed by July 31, 2026. 2. Resident-centred interdisciplinary reviews of anti-psychotic use are occurring every 4 weeks by November 30, 2026. 3. Residents triggering the anti-psychotic QI indicator have an action plan inputted into their home's Anti-psychotic Decision Support Tool (AP-DST) within 3 to 6 months of admission and every month thereafter until no longer triggering QI indicator by November 30, 2026.	

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	1.56	1.50	To reduce incidence of worsened pressure injuries	

Change Ideas

Change Idea #1 Education on Product Selection and 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) sessions to be arranged for all shifts. 3) Audits to be completed by wound care lead of the home for correct usage of products.	1. # of education sessions/shift 2. # of audits completed Monthly 3. # of audits that identified areas for improvement monthly.	1) Education sessions on product and selection of products will be completed for all registered staff by July 31, 2026. 2) Audits will show a 30% improvement in compliance by October 1, 2026	

Change Idea #2 Focus on moisturizing skin as prevention strategy to prevent skin breakdown

Methods	Process measures	Target for process measure	Comments
1) Review current products used in home for prevention to ensure compliance protocols. 2) education sessions for PSW's all shifts about skin health and importance of daily moisturizing	1) # of audits of products that identified areas for improvement 2) # of education sessions/shift 3) # of PSW staff that attended sessions	1) current products will be reviewed for compliance with established protocols by April 1, 2026 2) Education sessions will be provided on all shifts with 100% of PSW staff attendance by October 31, 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	0.00	0.00	To reduce restraint usage	

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 resident and family councils to provide education on least restraint approach and risk associated with restraint use.	1) # of move-in packages with restraint information sheet included 2) # of meetings with resident and family council to discuss least restraint approach and risk of restraint use	1) 100% of move-in packages will have restraint information sheet included for new move-in's by October 31, 2026 2) Meeting with resident and family council to discuss least restraint approach by December 31, 2026	We currently have no restraints in our home. For 2026 we will continue to monitor our current processes to sustain results but have not included as a priority area in our action plan.

Change Idea #2 Admission coordinator/designate will review each application received for restraints prior to move-in

Methods	Process measures	Target for process measure	Comments
1) Admission coordinator reviews and flags each application received for restraints 2) Information is sent to LHIN to indicate that the home is least restraint and alternative will be trialed upon move-in	1) # of applications received that have a restraint 2) # of communications sent back to family/sending authorities to explain least restraint approach 3) # of acceptance received to trial alternative upon move-in	1) Process for review of new resident applications with restraints will be in place by April 1, 2026	