

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: Overall satisfaction	C	% / LTC home residents	In-house survey / 2025	93.80	85.00	Corporate target	

Change Ideas

Change Idea #1 To improve the spiritual and religious services in the home.

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 services with compatible residents.	1) Identify three services available in the community. 2) One per month scheduled visits that are compatible with residents.	1) Residents will have appropriate external religious and spiritual services by 1 June 2026.	

Change Idea #2 To improve communication between residents and the home.

Methods	Process measures	Target for process measure	Comments
1) Add program quarterly to programs calendar 2) Add reminders to quarterly newsletters. 3) Advertise via poster throughout the home.	1) # of religions and cultures represented in home. 2) % of programs that support all. 3) # of new programs implemented to target gaps.	1) Program will be introduced and implemented as of 30 March 2026.	

Change Idea #3 To improve the resident annual care conference process.

Methods	Process measures	Target for process measure	Comments
1) Communicate to residents when their annual care conference is scheduled in advance of meeting. 2) Remind resident morning of meeting and assist as needed to meeting. 3) Allow time for discussion and obtain feedback on what could be improved.	1) # of annual care conferences where residents attended. 2) # of care conferences where the resident was reminded in advance of the meeting. 3) # of meetings when feedback was requested and obtained from resident.	1) Residents will be encouraged to attend their annual care conferences beginning 1 February 2026. 2) There will be a 5% improvement in this indicator by December 2026.	

Safety

Measure - Dimension: Safe

Indicator #2	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	15.97	15.00	Corporate target	

Change Ideas

Change Idea #1 Re-educate staff on fall prevention and injury reduction program

Methods	Process measures	Target for process measure	Comments
1) DOC/Designate will provide education sessions on fall prevention and injury reduction program to staff. 2) Managers and/or Program lead will audit and monitor program to identify compliance and/or gaps-minimum of at least 5 resident's audited quarterly.	1) # of education sessions provided to PSW/HCA and Registered staff. 2) # of audits completed.	1) Education sessions for PSW/HCA and Registered staff will be completed by 1 November 2026. 2) Audits on fall prevention and injury prevention program will begin by 1 April 2026.	

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

Methods	Process measures	Target for process measure	Comments
1) Educate 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 the plan.	1) Staff education sessions will be 100% completed by 1 November 2026. 2) Audits of safe resident handling program will show 20% improvement by 1 June 2026 and 50% improvement by 31 December 2026.	

Change Idea #3 Falls-Post Fall Huddle and Interdisciplinary team huddles.

Methods	Process measures	Target for process measure	Comments
1) Review post fall procedure with staff. 2) Falls lead in the home to attend and/or review Falls-Post fall huddle documentation.	1) # of staff who reviewed post fall procedure. 2) # of fall-post fall huddles that were completed accurately and thoroughly on a monthly basis.	1) Staff education on post fall huddle procedures will be completed by 1 May 2026. 2) By 1 November 2026, 80% of post fall huddles will be completed as per policy.	

Measure - Dimension: Safe

Indicator #3	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	4.32	2.50	Corporate Target	

Change Ideas

Change Idea #1 Mandatory Education for all Registered staff on correct staging of Pressure Ulcers.

Methods	Process measures	Target for process measure	Comments
Communicate to Registered staff requirement to complete education DOC/designate will monitor the completion rates.	1) # of communication to Registered staff mandatory requirement to complete education. 2) # of audits of completion rates completed by DOC/designate and follow up as required.	1) 50.0% of registered staff will have completed wound education by June 2026 and 100% will be completed by 31 December 2026. 2) Audits will be completed monthly with required follow up. This process will be in place by 1 May 2026.	

Change Idea #2 Review team membership to ensure interdisciplinary, and that team ensures that all wounds and skin issues in previous month are reviewed during their meetings.

Methods	Process measures	Target for process measure	Comments
1) Review current membership of Skin and Wound team. 2) Recruit new members as required to ensure team is interdisciplinary. 3) Standardized agenda and follow up by team on skin issues in the home.	1) #of reviews completed on current membership. 2) # of new members recruited by discipline. 3) Standardized agenda developed which includes review of # pressure ulcers by stage on a monthly basis.	1) 60% of complex patients will have wounds discussed at each skin and wound meeting by June 30, 2026 and 100% by Dec 31, 2026. 2) Recruitment of new members as required will be completed by 1 May 2026. 3) Standardized agenda will be developed and in place by 1 May 2026.	

Change Idea #3 Turning and repositioning re-education to all nursing staff.

Methods	Process measures	Target for process measure	Comments
1) Educate the importance of turning and repositioning to off load pressure. 2) Review turning and repositioning compliance in POC during the skin and wound committee meetings for trends.	1) # of staff that have been educated. 2) # of reviews completed by skin and wound committee.	1) 100% of nursing staff will attend education sessions on turning and repositioning by 31 October 2026. 2) Process for review, analysis and follow up of monthly trends from tolls will be 100% in place by 1 September 2026	