

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to "My goals and wishes are heard and considered in my care"	C	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	56.50	75.00	Home specific target	

Change Ideas

Change Idea #1 Care Plan review during care conferences with Family and residents.

Methods	Process measures	Target for process measure	Comments
1)On a monthly basis, when plan of care is reviewed, discuss with families and residents if applicable to discuss goals and wishes. 2)Update plan of care based off discussions	1)# of plan of care meetings held with family and residents present. 2)# of residents plan of care updated to reflect goals and wishes after discussion.	1)Plan of care meetings will be held with residents and families in attendance by June 2026. 2)Percent of plan of care will be updated by September 2026 and will be 100 percent completed by March 2027.	

Change Idea #2 Training for staff on person centered care.

Methods	Process measures	Target for process measure	Comments
1) Provide education session for staff on importance of person centered care (such as GPA).	1)# of staff who attended sessions. 2)# of education sessions provided.	1)Education session on person centered care will be completed by November 2026 2)By December 2026, 80% of staff will have completed the education. "	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to "I am satisfied with the quality of care from the Social Worker"	C	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	56.80	70.00	Home Specific Target	

Change Ideas

Change Idea #1 Improve visibility of Social Worker in home with residents and families.

Methods	Process measures	Target for process measure	Comments
1) Social Worker to meet at a minimum quarterly with Resident Councils. 2) Social Worker to attend care conferences as scheduled. 3) Social Worker to schedule visits with different residents each month.	1)# of meetings with council where Social Worker attended. 2)# of care conferences attended to be progress noted. 3)# of residents visited by Social Worker in month/ # of new admissions visited monthly.	1.Social Worker will attend quarterly as of April 2026. 2.Social Worker will attend 100% of scheduled Care conferences as of May 2026. 3.Social Worker will meet 100% of all new admissions and visit all current residents monthly starting May 2026.	

Change Idea #2 Social Worker/Social Service Worker to schedule visits with different residents each month.

Methods	Process measures	Target for process measure	Comments
1)Social Worker/Social Service Worker will set up schedule for visiting current residents monthly. 2)Social Worker will make a plan to meet all new residents within 2 weeks.	1)# of residents visited monthly basis. 2)# of new residents admitted and # of new residents met.	1)Social Worker will coordinate visit schedule by May 2026. 2)100% of residents will have had a Social Worker visit by monthly. 3)Social Worker will have 100% of new residents met.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding to "I feel encouraged to share my ideas about the recreation and leisure activities offered on the calendar"	C	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	61.00	65.00	Home specific target	

Change Ideas

Change Idea #1 Resident program manager to engage residents in a quarterly focus groups.

Methods	Process measures	Target for process measure	Comments
1) Plan quarterly sessions in advance. 2) Share annual dates in newsletters, posters, Resident Councils. 3) Post reminders on communication board and add program to monthly calendar.	1) # of sessions/year. 2) # of residents participating. 3) # of different ideas being presented. 4) # of ideas implemented.	1) Focus group will begin June 2026 Quarterly.	

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, Activity Pro, 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) 5 audits will be completed monthly directly after programs to evaluate level of enjoyment/satisfaction. 2) There will be a 15% improvement with satisfaction of program by October 2026. 3) Scheduled care conferences will allow residents/families to give feedback about programs.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Satisfaction- Would recommend	C	% / LTC home residents	In-house survey / 2026	78.30	80.00	Home specific target	

Change Ideas

Change Idea #1 Ask for feedback from monthly Residents council meetings on how to improve quality and satisfaction in the home.

Methods	Process measures	Target for process measure	Comments
Review all feedback and ideas from Residents council and create an action plan based on priorities and available resources.	# of ideas and feedback for improvements received monthly	To be implemented by July 2026.	

Change Idea #2 Create a suggestions box where residents provide suggestions on how to improve quality and satisfaction in the home.

Methods	Process measures	Target for process measure	Comments
Review all suggestions and ideas from suggestion box and create an action plan based on priorities and available resources.	# of suggestions in box monthly	To be implemented by July 2026	

Safety

Measure - Dimension: Safe

Indicator #5	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	15.33	12.50	Percentage improvement	

Change Ideas

Change Idea #1 Utilize and maintain fall prediction and prevention report 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 will be reviewed monthly. 2)# of plans of care reviewed to ensure strategies are in place and reviewed monthly	1)Residents listed on report as being high risk for falls will have strategies reviewed by the end of 2026. 2)Ongoing monitoring to ensure strategies are effective will be in place by May 2026.	

Change Idea #2 Universal Fall Prevention Strategies

Methods	Process measures	Target for process measure	Comments
1)Educate all staff on universal fall prevention strategies (i.e., S.A.F.E. poster, Actionable Steps to Prevent Falls) 2)Inform Resident and Family council about the Universal Fall Prevention Strategies (i.e., S.A.F.E. poster, Actionable Steps to Prevent Falls) 3)Any identified deficiencies are to be corrected	1)# of staff education sessions completed on on the Universal Fall Prevention Strategies 2)# of sessions provided to inform Resident and Family council about the Universal Fall Prevention Strategies 3)# of identified deficiencies corrected monthly	1)100% of staff educated on Universal Fall Prevention Strategies by August 2026. 2)Resident and Family council will be informed on Universal Fall Prevention Strategies by August 2026.	

Measure - Dimension: Safe

Indicator #6	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	4.51	4.51	Maintain current performance	

Change Ideas

Change Idea #1 Specialized education on anti-psychotics provided to Registered Staff.

Methods	Process measures	Target for process measure	Comments
Behavioural Support Lead (BSL) as part of the Mental Health & Dementia Care Program, Nurse Practitioner, Pharmacist or other team member with specialized education on anti-psychotics to provide education session(s) for registered staff on antipsychotic medications (i.e., indications, side effects, non-pharmacological approaches to care). "	# of Registered Staff who attended specialized educational session(s) on antipsychotic medications.	80% of registered staff will have attended specialized education on antipsychotic medications by July 2026.	

Change Idea #2 Enhance home team collaborative opportunities with Behavioural Support Lead (BSL) and home's interdisciplinary team.

Methods	Process measures	Target for process measure	Comments
1)Invite Behavioural Supports Lead (BSL) to PAC meetings or other interdisciplinary meetings for increased opportunity for collaboration with interdisciplinary home team. 2)Remind Registered Staff to refer to Behavioral Support Team, when needed, using PCC Referral - Behavioural Support Team.	1)# of interdisciplinary meetings the Behavioural Support Team were invited to attend. 2)# of monthly referrals to the Behavioural Support Team.	1.The Behavioural Support Team and Home Leadership will be able to endorse increased collaboration and visibility in home by June 2026	

Measure - Dimension: Safe

Indicator #7	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	3.36	2.00	Corporate benchmark	

Change Ideas

Change Idea #1 Review with Registered staff and utilize skin and wound tracker effectively.

Methods	Process measures	Target for process measure	Comments
1) Education review of skin and wound tracker with Registered staff to ensure understanding of expectation and follow-up 2) Skin and wound lead to do weekly review of residents that have pressure injuries through the use of the program 3) Follow up with staff for 1:1 spot education if required	1) # of Registered staff who completed education review of skin and wound tracker, # of residents reviewed weekly by skin and wound lead, 2) # of staff who required 1:1 spot education .	1) 100% of Registered staff will have attended education review session on skin and wound tracker by June 30, 2026. 2) Skin and wound lead will review all residents with wounds weekly as follow up starting June 2026. 3) There will be 100% improvement in use of skin and wound tracker by Dec 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 with established 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 that attended sessions	Current products will be reviewed for compliance with established protocols by June 2026. Education sessions will be provided on all shift's with 100% of PSW staff attendance by June 2026.	

Measure - Dimension: Safe

Indicator #8	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	Continue to maintain resident safety by minimizing restraints by educating residents and families.	

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 package for new admissions. 2)Meet with resident council and family council to provide education on least restraint approach and risk associated with restraint use.	1)# of Move in packages with restraint information included. 2)# of meetings with residents and family councils	1)100 percent of move in packages will have restraint information sheet included for new admissions by May 2026. 2)Meetings with resident and family council will be implemented by May 2026.	