

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 / July 1st to Sept 30th	45.80	55.00	To perform better than previous target.	

Change Ideas

Change Idea #1 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 monthly 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 30th,2026 and monthly thereafter. 2) # of idea from each home area, target one each month 3) Residents will meet monthly on each unit or as a whole, providing feedback on programs and selecting upcoming events.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of religious and spiritual programs offered by staff in the home.	C	% / LTC home residents	In house data collection / July 1st to Sept 30th	61.00	70.00	To perform target better than previous year	

Change Ideas

Change Idea #1 I am satisfied with the variety of religious and spiritual programs offered by staff in the home.

Methods	Process measures	Target for process measure	Comments
1) Hire a Spiritual Care Provider as a member of the interdisciplinary team.	1) Review [#] of residents in home and needs. 2) Determine hours and develop weekly routine."	1) [#] of referrals. 2) [#] of spiritual care assessments. 3) [#] of programs run by provider (increase)."	

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 cleaning in the resident's room	C	% / LTC home residents	In-house survey / July 1st to Sept 30th	43.10	50.00	To perform better target then previous year	

Change Ideas

Change Idea #1 Enhance completion of resident room deep cleans

Methods	Process measures	Target for process measure	Comments
1) Environmental Service Manager to review deep clean schedules to ensure all resident rooms are included. 2) Track resident rooms completed. 3) Spot check audits of resident rooms to ensure deep cleaning completed.	1) [#] of times deep, clean schedule reviewed 2) [#] of resident rooms who have had deep cleaning completed 3) Review of P & P re deep cleans and ensure that the frequency of deep cleaning is aligned 4) Check Audit and determine and average score to target.	1) Environmental Services manager will review deep clean schedule by March 13th,2026 2) 20% of resident rooms will have been deep cleaned by May 30th, with 100% being completed by Oct 30th, 2026, 3) There will be a 50% improvement in completion of deep clean audits by May 30th,2026. 4.) Calculate average score	

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	9.54	9.00	Stretch target	

Change Ideas

Change Idea #1 Falls- Implement the fall cross

Methods	Process measures	Target for process measure	Comments
1) Purchase 6 bulletin boards 2) Choose afternoon shift champion on each unit. 3) Place board in area that is visible to staff, residents.	1) Survey staff and family to see if they can indicate where the location is and purpose. 2) fall leaded picking 4 champions to rotate on a monthly basis.	1) Implement fall cross by April 1, 2026. 2) Reduce the number of falls on afternoon by 10 % as per unit.	

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	12.41	11.00	Stretch Target (lower than corporate target)	

Change Ideas

Change Idea #1 Family education resources provided for appropriate use of anti-psychotics.

Methods	Process measures	Target for process measure	Comments
"1. Provide family resource: 'Centre for Effective Practice (CEP) - How Anti-psychotic Medications are Used to Help People with Dementia: A Guide for Residents, Families and Caregivers'. https://cep.health/media/uploaded/CEP_BPSD_Discussion_Guide_ENG_RFCg_Updated2019.pdf 2. Make resource available at nurses' station for families."	1. # of CEP resources provided to families monthly via care conference. 2. # of antipsychotics de-prescribed as a result of increased family awareness.	1. Copies of CEP resource will be printed and available at nurses' station by April 30th,2026. 2. # of tracked copies given at the care conferences.	

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	1.76	1.00	Stretch target	

Change Ideas

Change Idea #1 1) Mandatory education for all Registered staff on correct staging of Pressure ulcers

Methods	Process measures	Target for process measure	Comments
1) Communicate to Registered staff requirement to complete education. 2) Registered staff to complete online modules on wound staging by end of July 2026.3) DOC/designate to monitor completion rates	1) # of communications to Registered staff mandatory requirement to complete education. 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 as required.	1) Communication on mandatory requirement will be completed by April 30th,2026 2) 100% of Registered staff will have completed education on correct wound staging by July 2026.3) Audits of completion rates will be completed monthly with required follow up will occur by 1st week of each month and process is to be in place by Sept 30th,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	0.56	0.00	Stretch target	

Change Ideas

Change Idea #1 Maintain minimal restraints in the home

Methods	Process measures	Target for process measure	Comments
Educate and alternative intervention provided to family/POA requesting restraints	% of education provided to family/POA requesting restraints	100% of family/POA requesting restraints are provide education about restraint free goals and alternative interventions	