

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I enjoy eating meals in the Dining room	C	% / Residents	In-house survey / 2025	62.10	80.00	Improve Resident Satisfaction	

Change Ideas

Change Idea #1 Provide staff education on improving the resident experience during meal service.

Methods	Process measures	Target for process measure	Comments
1) Re-educate on meal service utilizing the Meaningful Mealtimes Customer Service program for all staff.	1) # of staff who attended in-services.	1) 100 % PSW/Reg staff will attend in-services by December 31/2026.	

Change Idea #2 Obtain regular feedback from residents on dining room atmosphere.

Methods	Process measures	Target for process measure	Comments
1) Nutrition Manager/designate to regularly interact with residents during mealtimes to seek feedback on atmosphere. 2) Document feedback and determine actions that will be taken as a response. 3) Share feedback and corresponding actions with Resident Council.	1) # of meals attended for purpose of obtaining feedback on atmosphere. 2) # of recommendations made/changes requested and # of responded to with action.	1) # of meals attended per year with purpose of evaluating atmosphere. 2) % of recommendations will be actioned on by December 31/2026.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
If I need help right away, I can get it.	C	% / LTC home residents	In-home audit / 2025	61.70	80.00	Improve Resident Satisfaction	

Change Ideas

Change Idea #1 Increase staff awareness of call bell response times.

Methods	Process measures	Target for process measure	Comments
1) DOCs/designate to review call bell response times. 2) Follow up with staff for any areas of improvements for response times.	1) # of audits completed, on different shifts with call bell response times. 2) Communicate results to staff on response times. 3) Follow up with staff for any areas of improvement for response times.	1) Call bell response review process will be in place by July 31/2026 2) Communication & follow up with staff for improvements will occur by August 31/2026.	

Change Idea #2 Incorporate on the spot monitoring to observe response times with call bells.

Methods	Process measures	Target for process measure	Comments
1) Leadership Team walkabouts to observe response times of call bells.	1) # of call bell response time reviews completed. 2) # of leadership walkabouts completed monthly. 3) # of staff follow up required.	1) Process for leadership walkabouts will be in place by August 31/2026.	

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 care from the Social worker	C	% / LTC home residents	In-house survey / 2025	60.50	80.00	Improve Resident Satisfaction	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
1) Social Worker to schedule at least quarterly education sessions for family & residents.	1) # of education sessions offered. 2) # of people in attendance for sessions offered.	1) Social Worker will schedule education sessions by May 30/2026 2) % of residents/family participate in education sessions by December 31/2026.	

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

Methods	Process measures	Target for process measure	Comments
1) Social Worker will set up schedule for visiting current residents monthly.	1) # of residents visited monthly basis.	1) Social worker will coordinate visit schedule by May 30/2026. 2) # of residents will have had a visit from the Social Worker 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	16.17	15.00	Corporate Target	

Change Ideas

Change Idea #1 Increased communication during shift report for residents who have recently moved in and during outbreaks.

Methods	Process measures	Target for process measure	Comments
1) Remind staff about increased risk of falls when in outbreaks and during move-ins. 2) Reg. Staff to communicate the list of residents on isolation and or new move ins during each shift report to oncoming staff. 3) Residents identified as being at increased risk of falls due to isolation or new move-ins will have enhanced monitoring by all staff for two week period.	1) # of staff receiving reminders for resident fall risk. 2) # of shift reports where registered staff communicated list of high risk residents 3) # of residents on enhanced monitoring per shift.	1) Reminders for staff will be communicated by April 30/2026. 2) Shift report process for communicating high risk residents will be in place by April 30/2026. 3) Process for enhanced monitoring for those on isolation or newly admitted will be in place by April 30/2026.	

Change Idea #2 Ensure each resident at high risk for falls has a individualized plan of care for fall prevention

Methods	Process measures	Target for process measure	Comments
1) Determine residents at high risk for falls. 2) Review plan of care for each resident at high risk 3) Discuss strategies with falls lead and staff in residents circle of care 4) Update plan of care 5) Communicate changes in care plan with PSWs & Reg Staff	1) # of residents at high risk for falls 2) # of plans of care updated 3) # of strategies determined 4) # of care plans updated 5) # of sessions held to communicate changes with care staff	1) Residents at high risk for falls will be identified by May 1/2026. 2) Care plans for high risk residents will be reviewed and updated by June 30/2026 3) Changes in care plans will be communicated to staff by June 30/2026	

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	13.01	13.00	Continue to maintain results better than Extencicare 17.3% target	Medi system Pharmacy Behavior Support Ontario

Change Ideas

Change Idea #1 Documentation: Collaborate with Registered Staff, Physician/Nurse Practitioner to ensure all residents using anti-psychotics medication have a documented indication by diagnosis and/or rational 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 anti-psychotic 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. 2) # of resident care plans updated monthly to support appropriate anti psychotic use and matching to the homes Anti-psychotic Decision Support Tool. 3) # of residents de-prescribed anti-psychotics and replaced with non-pharmacological approaches to care implemented and matching # of updates to the homes Anti-psychotics Decision Support Tool	1) 90% of all residents with anti-psychotics use prescribed will have assessment, management planning and updated documentation completed by August 30/2026. 2) Non-pharmacological approaches to care will be documented within resident's care plan and reassessed if not effective within 1 month of implementation by September 31/2026.	

Change Idea #2 Gentle Persuasive Approaches (GPA) Basics for responsive behaviors related to dementia (in support of reduction of anti-psychotic use)

Methods	Process measures	Target for process measure	Comments
1) Deliver GPA Basics GPA education to all Registered staff & PSWs	1) # of GPA sessions provided 2) # of staff participating in education. 3) Feedback from students participating in GPA basics.	GPA basics education will be provided to 100% of Registered staff and over 75% PSWs by December 31/2026	

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	1.05	1.00	Continue to perform better than Corporate Target.	

Change Ideas

Change Idea #1 Education: Turning and repositioning for high risk residents.

Methods	Process measures	Target for process measure	Comments
1) Educate staff on the importance of turning and repositioning to off load pressure 2) RN to audit those residents that require turning and repositioning 3) Review this during the Skin and Wound committee meetings for trends.	1) # of staff that have been educated 2) # of audits completed 3) # of reviews completed by Skin and Wound committee meetings for trends.	1) 100% of PSW will have attended education sessions on turning and repositioning by June 30/2026. 2) Process for review, analysis and follow up of monthly trends from tools will be 100% in place by August 30/2026.	

Change Idea #2 Education of Product selection wound care

Methods	Process measures	Target for process measure	Comments
1) Education sessions set up for all registered staff on product on wound care protocol 2) Sessions will be arranged for all shifts. 3) Audits to be completed by wound care lead of home for correct usage of products	1) # of education sessions 2) # of audits completed monthly 3) # of areas identified for improvement monthly	1) Education session on products and selection of products will be completed for all Registered staff by December 31/2026. 2) Audits will show a % of improvement in compliance by December 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	0.81	2.50	Continue to maintain improvement better than 2.5% Corporate Target.	Achieva

Change Ideas

Change Idea #1 Provide information to families and residents on Least Restraints.

Methods	Process measures	Target for process measure	Comments
1) Provide restraint information with the move-in packages.	1) # of move in packages with Restraint information included.	1) 100% of move in packages will have restraint information included for new move ins by April 30/2026.	

Change Idea #2 Provide education to families and residents on Least Restraints.

Methods	Process measures	Target for process measure	Comments
1) Meet with Resident and Family Councils to provide education on least restraint approach and risks associated with restraint use.	1) # of meetings with Residents & families to discuss least restraint approach and risks of restraint use.	1) Meetings with Resident & Family Councils to discuss least restraint approach and risks of restraint use by July 31/2026	