

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: Overall satisfaction-Communication from home leaders	C	% / LTC home residents	In-house survey / 2025	78.80	85.00	Corporate target	

### Change Ideas

Change Idea #1 Implement communication board in main lobby for family and residents.

Methods	Process measures	Target for process measure	Comments
Discuss board, location and, and content to be posted. Post announcements as required.	[#] of times communication board was updated. Resources and information provided to residents and families.	Communication board will be purchased and put up by April 30, 2026. Communication board will be updated at least [once/month].	

Change Idea #2 Implement monthly newsletter to inform and engage residents and family members on a regular basis i.e. when changes in the home are happening, changes to leadership team, declaration of outbreaks.

Methods	Process measures	Target for process measure	Comments
Send out newsletter on a monthly basis to inform residents and families about important information. Ask Resident and Family Councils what information they would like to see included and how often to send out. Post newsletter on bulletin board in home.	[#] of times newsletter was sent to residents and families. [#] of Resident and Family Council meetings information discussed [#] of months newsletter was posted on bulletin board. [#] of occasions when residents and families were informed about changes in the home.	Monthly Newsletter will be sent out to all residents (hand delivered) and families (with monthly statements) each month. Newsletter will be posted on Family Council and Family and Resident bulletin board monthly.	

## Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: Overall satisfaction-Satisfaction with the quality of care from the personal care staff (care provided by personal support workers of health care aides)	C	% / LTC home residents	In-house survey / 2025	58.80	85.00	Corporate Target	

## Change Ideas

Change Idea #1 Encourage Resident and Family Councils to provide suggestions to improve quality of care from PSWs.

Methods	Process measures	Target for process measure	Comments
Executive Director to attend Resident and Family Councils to explain the role of a PSW and ask for feedback about quality of care.	# of council meetings attended. # of feedback items actioned.	Satisfaction with quality of care from PSWs will improve by 40% within the next 12 of months.	

Change Idea #2 Relationships between PSWs and residents/families will improve.

Methods	Process measures	Target for process measure	Comments
Nursing manager to attend care conferences to determine what type of care can be improved by soliciting feedback at care conferences.	# of care conferences attended and actioned on feedback.	Feedback at care conferences about PSWs care quality will have 40% positive comments by November 2026.	

Change Idea #3 PSW staff will have a voice in methods to improve care.

Methods	Process measures	Target for process measure	Comments
ED to add as an agenda item to staff monthly meetings.	# monthly staff meetings that PSW staff provided suggestions that have been actioned.	10% of suggestions have been implemented by Dec 1, 2026.	

### Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience: Overall satisfaction-Satisfaction with the quality of care from nurses (care provided by the registered nurse, registered practical nurse)	C	% / LTC home residents	In-house survey / 2025	82.40	85.00	Corporate target	

### Change Ideas

Change Idea #1 Encourage Resident and Family Councils to provide suggestions to improve quality of care from nurses. Educate residents on the different roles/scopes of an RN vs RPN.

Methods	Process measures	Target for process measure	Comments
Executive Director to attend Resident and Family Councils to explain the role of an RN, RPN and ask for feedback about quality of care.	# of resident / family council sessions Director of care attended.	Satisfaction with quality of care from nurses will improve by 25% within the next 12 months.	

## Change Idea #2 Determine what type of care should / can be improved.

Methods	Process measures	Target for process measure	Comments
Nursing manager to attend care conferences to determine what type of care can be improved by soliciting feedback at care conferences.	# of feedback items actioned from of care conferences.	Feedback at care conferences about nursing care quality will have 25% positive comments.	

## Change Idea #3 Relationships with nurses and residents/families will improve.

Methods	Process measures	Target for process measure	Comments
RN/RPN/LPN attend Resident and Family Councils and ask how care can be improved.	# of council meetings attended. # of feedback items actioned. # of care conferences attended and actioned on feedback.	Feedback at care conferences about nursing care quality will have 25% positive comments.	

## 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	23.25	15.00	Falls prevention is a priority for our home for 2026.	

### Change Ideas

Change Idea #1 Re-educate staff on Fall Prevention and Injury Reduction Program.

Methods	Process measures	Target for process measure	Comments
1DOC/designate with provide education sessions on Fall Prevention and Injury Reduction program to care staff. Managers and/or program lead will audit and monitor program to identify compliance and/or gaps - minimum of 15 resident audits quarterly.	# of education sessions provided to PSW/HCA and Registered staff. # of audits completed	Education sessions for PSWs and Registered staff will be completed by August 1, 2026.	Audits on Fall Prevention and Injury Prevention program with begin by Mar 1, 2026

## Change Idea #2 Implement purposeful rounding (includes personal needs, pain, position, possessions, etc)

Methods	Process measures	Target for process measure	Comments
Educate all staff on the purposeful rounding. Inform Residents and Family Council on process of purposeful rounding.	# of staff educated on purposeful rounding. Resident and Family Council education on process captures in meeting minutes.	100% of staff will be education on purposeful rounding process by August 31, 2026. Resident and Family Council will be informed of process by April 30, 2026.	

## Change Idea #3 Falls - Post Incident Assessment &amp; interdisciplinary team huddles

Methods	Process measures	Target for process measure	Comments
Review Post Fall procedure with staff. Falls lead in home to attend and/or review Falls - Post Incident Assessment and documentation (review the huddle participants, probable root cause identified)	# of staff who reviewed Post Fall procedure. # of Fall - Post Incident Assessments that were completed accurately and thoroughly on a monthly basis"	Staff education on Post Fall procedure will be completed by June 1, 2026. 2) By Oct 31, 2026, 100% of Falls - Post Incident Assessment will be completed as per policy	

## Change Idea #4 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
Determine residents at high risk for falls. Review plan of care for each resident at high risk. Discuss strategies with falls lead and staff in residents circle of care. Update plan of care. Communicate changes in care plan with care staff.	# of residents at high risk for falls. # of plans of care reviewed. # of new strategies determined. # of care plans updated. # of sessions held to communicate changes with staff.	Residents at high risk for falls will be identified by April 1, 2026. Care plans for high risk residents will be reviewed and updated by April 1, 2026. Changes in care plans will be communicated to staff by April 1, 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	2.94	2.50	Our current performance of 6.9% is below the corporate target of 17.3%. We will continue to strive to perform below the corporate target.	

**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
Complete medication reviews for residents prescribed antipsychotic medications. Consider non-pharmacological approaches as appropriate to reduce anti-psychotic use, and document assessment findings and management planning. "	# of resident anti-psychotic reviews completed monthly (which can be part of interdisciplinary behavioral rounds) and matching # of updates to the home's Anti-psychotic Decision Support Tool. # of resident care plans updated monthly to support appropriate antipsychotic use and matching # of updates to the home's Anti-psychotic Decision Support Tool. # 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.	90% of all residents with anti-psychotic use prescribed will have assessment, management planning and updated documentation completed by July 1, 2026. Non-pharmacological approaches to care will be documented within residents' care plans and reassessed if not effective within 1 month of implementation by August 1, 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	0.85	0.00	Our current performance is at zero and we will continue to strive to perform below the corporate target of 2%.	

**Change Ideas**

**Change Idea #1** Review team membership to ensure interdisciplinary and that the team ensures that all wounds and skin issues on previous month are reviewed during their meetings

Methods	Process measures	Target for process measure	Comments
Review current membership of Kin and Wound team. Recruit new members and ensure each discipline is represented. Standardized agenda and follow up by team on skin issue in home.	Number of reviews completed on current membership. Number of new members recruiting by discipline. Standardized agenda developed which includes review of # pressure ulcers by stage on each unit on a monthly basis.	Membership review of skin and wound committee will be completed by June 1, 2026. Recruitment of new members will be completed by August 1, 2026. Standardized agenda will be developed and in place by May 1, 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	0.28	0.00	We are currently at zero restraints and continue to perform below the corporate target of 2.5%.	

**Change Ideas**

Change Idea #1 Continue to provide information to families and residents on least restraint approach.

Methods	Process measures	Target for process measure	Comments
Provide family and residents information sheet on least restraint approach on admission and annually.	# of resident with PASD. # of care conferences where least restraint approach was discussed and benefits to the resident.	100% removal if resident is no longer able to use as PASD.	