

## Experience

### Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC residents who enjoy eating meals in the dining room	C	% / Residents	In-house survey / 2025	50.00	65.00	Residents experience in the dining room down 20% from previous year results, quality target to improve the dining experience	

### Change Ideas

Change Idea #1 Server staff will be knowledgeable in menu selections for each meal to support resident choice

Methods	Process measures	Target for process measure	Comments
staff will review the menu each meal to understand choices in particular soup of day	Monthly review of at the table audit, resident food committee and resident council	65% of residents surveyed in 2026 will respond positively to the question I enjoy eating meals in the dining room	Target from 50% to 65% minimum

Change Idea #2 Dining environment will be quiet and spacious to allow for adequate room for increasing # of wheelchairs

Methods	Process measures	Target for process measure	Comments
Seating plan to be reviewed with each new resident, residents with new wheelchair or seating changes with resident council for ongoing review and input	the number of individual resident or resident council concerns/feedback	65% of LTC surveyed in 2026 will respond positively for the question I enjoy eating meals in the dining room	

**Measure - Dimension: Patient-centred**

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents who responded positively to the survey question If I need help I can get it right away	C	% / Residents	In-house survey / 2025	55.60	65.00	to increase the satisfaction rate on wait times - much of the concern from residents directly was during peak care hours	

**Change Ideas**

Change Idea #1 Staff will prioritize care needs at the beginning of each shift working together to ensure care needs met in a timely fashion

Methods	Process measures	Target for process measure	Comments
24-hour report, daily bath forms, change in status and risks reviewed each shift	Monthly review with resident council, random checks on call response, nursing staff meeting review on progress	65% of residents surveyed in 2026 will respond positively to the question If I need help, I can get it right away	Resident council identified this concern is for high care times

Change Idea #2 Registered staff coaching to be leaders on the unit for care and services provided

Methods	Process measures	Target for process measure	Comments
DOC to initiate daily Nursing huddle to review changes in care needs to align with staff routines and direction required	% of Higher care need residents requiring support	65% of residents surveyed in 2026 will respond positively to the questions if I need help I can get it right away	Maintaining higher care needs in a realistic timeframe during busy care times - goal is to increase 10% minimum

**Measure - Dimension: Patient-centred**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of residents surveyed who responded positively to the Doctor or Nurse Practitioner listen to my concern carefully	C	% / Residents	In-house survey / 2025	55.60	65.00	Doctor has limited time when in - goal to improve at minimum 10% each year 2024 was 35%	

**Change Ideas**

Change Idea #1 Medical Director in home will ensure time spent with residents who are concerned about health issues in person

Methods	Process measures	Target for process measure	Comments
Doctor rounds documentation, nurse follow up documentation	monthly resident council review to assess improvement	% of residents surveyed who responded positively to the Doctor or Nurse Practitioner listen to my concern carefully will increase to 65% or higher for 2026 survey	Medical Director difficult role to fill, he has improved year over year with ,communication

## 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	13.04	12.00	Every resident fall will trigger 3%, residents coming in with comorbidities and frailty	

### Change Ideas

Change Idea #1 Purposeful rounding for all residents who are identified as high risk for falls

Methods	Process measures	Target for process measure	Comments
Risk Management reviews for each fall by DOC/ED, post fall assessment huddles after each fall by Reg nursing staff, POC q shift sign off by PSW on purposeful rounding, EMAR task to be signed off by Reg staff to ensure PSW complete purposeful rounding	Monthly review of the fall indicator to assess the number of high-risk residents who have shown evidence of a decrease in falls as a result of initiating purposeful rounding # of post falls assessment huddles conducted	Percentage of high-risk residents on purposeful rounding will have reduced falls by 50% by June 30, 2026, and 75% by Dec 2026	

## Change Idea #2 Purposeful rounding education to support knowledge to all PSW

Methods	Process measures	Target for process measure	Comments
Shift report huddles q shift to identify residents on purposeful rounding and the process, Standing agenda item for PSW and Reg staff meetings	Education sign off to show the acknowledgement and understanding of the education provided on purposeful rounding # of education sessions held	100 % of current PSW and Registered Staff sign off to show the acknowledgement and understanding of the education provided on purposeful rounding by March 31/2026	

**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	20.29	16.00	Home did not meet target for 2025, 1% adjustment	

**Change Ideas**

**Change Idea #1** A multidisciplinary approach will occur prior to adding any new antipsychotic medication to ensure all other non-pharmacological interventions are trialed

Methods	Process measures	Target for process measure	Comments
A PCC referral for the BSO lead will be initiated by the nurse	Review the monthly indicators, resident who trigger along with pharmacy review of the Antipsychotics # of bso referrals # of residents who triggered for antipsychotics who were reviewed	Antipsychotic use in residents without a diagnosis will be reduced by 25% by June 30, 2026, and 50% by December 30, 2026	January 2026 home has 5 residents triggering

**Change Idea #2** All new admissions will have a full review of diagnosis and antipsychotic use on move in

Methods	Process measures	Target for process measure	Comments
obtain medication list for new resident prior to first day in home, MD to review and consider titration in collaboration with pharmacy	Within the admission LTCF submission quarter all new residents without a diagnosis will have been titrated off the medication as appropriate	100 % of all new admissions will not trigger as a result of move in titration as of LTCF submission timelines each quarter	

**Change Idea #3** Education on non-pharmacological interventions to support residents with expressive behaviors

Methods	Process measures	Target for process measure	Comments
Psychogeriatric Nurse to educate 100% of Registered nursing staff in collaboration with pharmacy quality nurse on the benefits of non-pharmacological behavior management in addition to the risks of antipsychotics use	Ensure all current Registered Staff will have proof of education via signature # of education sessions conducted	100% of Registered staff will complete this education by June 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	0.96	0.50	met target for 2025 - home focus on 0 worsening wounds	

**Change Ideas**

Change Idea #1 Initiate weekly skin and wound huddle to support review of pressure wounds to mitigate risk of worsening

Methods	Process measures	Target for process measure	Comments
Skin and wound lead will support the weekly huddles and utilize the agenda to review residents with pressure wounds to mitigate risk of worsening	# of residents triggering with a pressure wound reviewed and evaluated during the weekly huddle to ensure interventions in place to mitigate risk of worsening	target of .5% of worsening pressure wounds will be met on or before December 31/26	Home focus is zero worsening wounds

**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	0.00	0.00	Home has focused goal on zero restraints in the home to ensure resident safety. Target is 0, while goal is met, we strive to ensure no added restraints occur without trialing all other alternatives to support resident safety	

**Change Ideas**

Change Idea #1 On move in and with requests from resident, staff or family related to restraints the home will ensure provision of information on the significant risks and allow for alternate methods for safety.

Methods	Process measures	Target for process measure	Comments
Information will be available for review on the risks along with policy and procedures related to alternative measures	# of Individual assessment for any request will be completed # of education sessions conducted either virtual or care conference to ensure we can maintain target of 0 restraints	Home will continue to have 0% restraint use triggered by December 31 2026	