

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience- I am satisfied with the food and drinks served to me.	C	% / LTC home residents	In-house survey / January - December 2026	80.00	82.00	This is an indicator that scored lower on our 2025 resident satisfaction survey. Goal is to increase this for 2026.	

Change Ideas

Change Idea #1 Increase the percentage of satisfied residents pertaining to food and drinks being served.

Methods	Process measures	Target for process measure	Comments
Food Service Manager will conduct weekly audits during meals and at their food committee meeting to ensure they're satisfied with the food choices and drinks.	Number of residents satisfied with the temperatures at meals and beverages will increase by 2% overall.	We are aiming to increase resident satisfaction in the domain from now until December 30, 2026.	

Change Idea #2 Increase the presence of having the cooks in the dining rooms.

Methods	Process measures	Target for process measure	Comments
We will have the cooks conduct weekly audits to each home area ensuring food and beverages are satisfactory and residents are enjoying their meals.	Number of residents satisfied with the food will increase.	We are aiming to increase resident satisfaction around food/beverages from now until December 30, 2026.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience- I am satisfied with the quality of care from restorative	C	% / ICU patients	In-house survey / January - December 2026	81.60	82.50	Increase the satisfaction in this domain	

Change Ideas

Change Idea #1 Increase the resident percentage pertaining to restorative care.

Methods	Process measures	Target for process measure	Comments
Physiotherapy to speak to resident council and discuss their roles and responsibilities along with the challenges they face in hopes to enlighten residents in this area.	Number of residents satisfied with the quality of care from restorative will increase	We are aiming to increase resident satisfaction in this domain from now until December 30, 2026.	

Change Idea #2 Education to residents around restorative care

Methods	Process measures	Target for process measure	Comments
The restorative lead will educate residents on the scope of restorative and what they can offer at a resident council committee.	Number of residents will have a better understanding on restorative and the overall percentage will increase.	We are aiming to increase overall satisfaction in this domain from now until December 30, 2026.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident Experience- I enjoy eating meals in the dining room	C	% / LTC home residents	In house data collection / January - December 2026	84.40	86.00	This indicator is where the home scored lower than others areas, it's an opportunity for improvement	

Change Ideas

Change Idea #1 Making the dining rooms a place where residents want to gather for socialization.

Methods	Process measures	Target for process measure	Comments
The management team will focus on creating an environment where residents are happy with their tablemates and residents are getting the socialization during meals.	Number of residents satisfied with eating their meals in the dining room will increase by 2%.	We are aiming to increase resident's enjoying meals in the dining room from now until December 30, 2026.	

Change Idea #2 Music will be added to each home area to create a relaxing ambiance.

Methods	Process measures	Target for process measure	Comments
Program manager will conduct an audit to ensure the music played in each home area is relaxing and residents are happy with the genre.	Number of residents satisfied in this domain will increase.	We are aiming to increase resident satisfaction in this area from now until December 30, 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	10.28	10.28	Below corporate target.	

Change Ideas

Change Idea #1 Implement specific activity program in the afternoon/evening for residents at risk for falls

Methods	Process measures	Target for process measure	Comments
Review current high risk residents for falls and identify cause. Focus programs around those times.	Number of afternoon/evening activity programs that occur during change of shift.		We are aiming to increase programs in the afternoon/evening by one program focusing on those residents who are at high risk by December 30, 2026.

Change Idea #2 Interdisciplinary fall rounds meetings weekly on each unit.

Methods	Process measures	Target for process measure	Comments
Our fall lead nurse will continue to review falls weekly to identify and follow up with each fall. Falls lead will hold weekly meetings on the floor and discuss with staff for other possible interventions.	Number of falls meetings occurring each month will be four to five per month.	We are aiming to increase staff involvement in falls meetings by 10% from now until December 30, 2026 by ensuring weekly meetings are occurring and staff from alternative departments are represented.	

Change Idea #3 Conduct environmental assessments in each resident room for those who have been deemed high risk.

Methods	Process measures	Target for process measure	Comments
Staff/environmental team will conduct a monthly assessment for all residents who are at high risk.	Number of environmental assessments completed monthly.	We are aiming to decrease our fall risk indicator in this area, goal is to maintain or decrease target by December 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	8.42	8.42	Below corporate target.	

Change Ideas

Change Idea #1 Responsive behaviour lead conducting biweekly rounds with NP/MD

Methods	Process measures	Target for process measure	Comments
Review all residents who are currently prescribed antipsychotics monthly through quality indicators triggering antipsychotics without a diagnosis.	Monitor antipsychotics Q1 monthly. Monitor DST tools as part of antipsychotic reduction program.	We are aiming to reduce the number of residents who are currently prescribed antipsychotics from now until December 30, 2026 through our external resources.	

Change Idea #2 MD/Psychogeriatric MD to view all prescribed antipsychotics.

Methods	Process measures	Target for process measure	Comments
Review of medication administration record for supporting diagnosis will be reviewed quarterly. If no diagnosis, team will review and implement reduction strategy process.	Number of residents are reviewed and will have supporting documentation. Monitor DST tool monthly.	We are aiming to reduce the number of residents receiving antipsychotics from now until December 30, 2026.	

Change Idea #3 Utilizing external resources to assist in strategies for nonpharmacological interventions.

Methods	Process measures	Target for process measure	Comments
Responsive behaviour leads holds weekly meetings with BSO on site. Responsive behaviour lead holds monthly meetings and education sessions.	Monitor antipsychotic medication indicator monthly.	We are aiming to reduce the number of residents receiving antipsychotics from now until December 30, 2026 through the responsive behaviour lead meeting with the MD monthly.	

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	1.36	1.36	Below corporate target.	

Change Ideas

Change Idea #1 Improve Registered Staff knowledge on identification and staging of pressure ulcers.

Methods	Process measures	Target for process measure	Comments
Provide education for Registered Staff on correct staging of pressure ulcers. Wound Nurses to provide education sessions every other month for staff on staging, early detection, educate importance on following a return to bed routine, referrals for interdisciplinary team members.	% of staff educated on staging of wounds.	We are aiming to have 100% of staff educated on identification and staging of pressure injuries from now until December 30, 2026 through education and best practices.	

Change Idea #2 Review residents who are at risk during morning report.

Methods	Process measures	Target for process measure	Comments
Review monthly CIHI of resident with worsened pressure ulcers. Review at risk residents during report.	Number of residents identified at risk at morning report on weekdays reviewed.	We are aiming to reduce the number of residents with worsened pressure ulcers from now until December 30, 2026.	

Change Idea #3 Focus on moisturizing skin as a protection for skin breakdown

Methods	Process measures	Target for process measure	Comments
Education will be conducted for all staff on ensuring best practice and proper wound protocols are in place.	Number of audits/staff attendance during this education.	Current products will be reviewed for compliance with established protocols by December 30, 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	1.51	1.40	Monthly education will be provided to families who are insistent on restraint usage.	

Change Ideas

Change Idea #1 Review all residents currently utilizing restraints and determine plan for trailing alternatives.

Methods	Process measures	Target for process measure	Comments
Review all residents utilizing the monthly quality indicators	Indicator to be reviewed monthly. Have meetings with families to discuss alternatives.	We are aiming to reduce the number of restraints to zero percent from now until December 30, 2026.	

Change Idea #2 Ongoing education to families on admission and throughout the year.

Methods	Process measures	Target for process measure	Comments
Education to be provided during the admission process, care conferences and situational care conferences when the need arises.	Monitor monthly Q1 CIHI percent of residents with restraints. Maintain current percentage in this indicator	We are aiming to maintain or decrease current percentages from now until December 30, 2026.	

Change Idea #3 Education to staff on risks associated with restraints

Methods	Process measures	Target for process measure	Comments
Monthly review of percent of resident with restraints	We will have mandatory education for all staff on restraints and the risks associated with this. Goal is to have 100% staff educated.	We are aiming to maintain or decrease current target from now until December 30, 2026.	