

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from the doctors who work in my home	C	% / Residents	In house data collection / Resident experience survey	62.00	70.00	The Home believes this is an attainable improvement.	

Change Ideas

Change Idea #1 Improve medical services consultation with Family and Resident Councils and the Medical Director

Methods	Process measures	Target for process measure	Comments
1) Schedule and conduct an annual meeting between the Medical Director and Family and Resident Councils to gather feedback on medical services.	1) Number of Family and Resident Council members in attendance at the Ad-hoc meeting 2) Number of feedback items received 3) Number of feedback items followed up on by physicians	1) Medical Director to meet with Family and Resident Council members by June 2026 2) 80% of actionable feedback items will be addressed within 1 month.	

Change Idea #2 Increase the availability of medical providers within the Home.

Methods	Process measures	Target for process measure	Comments
1) Continue recruitment efforts for an in-house Nurse Practitioner	1) Number of days the Nurse Practitioner position is posted 2) Number of applicants reviewed 3) Number of interviews conducted	1) In-house Nurse Practitioner hired by October 2026	

Change Idea #3 Enhance physician visibility and identification throughout the Home by displaying updated physician profiles and implementing consistent monitoring of visible name badge compliance.

Methods	Process measures	Target for process measure	Comments
1) Install physician portraits in clearly visible areas on each Home area, and main foyer to improve resident and family recognition of medical providers.	1) Number of Home areas with portraits installed 2) Percentage compliance of physicians with visible name badge use	1) 100% of designated Home areas will have updated physician portraits installed by April 2026 2) Achieve 95% compliance of physician name badges sustained for three consecutive months by September 2026.	

Change Idea #4 Continue using posted doctor schedules and the booking system to improve access to physicians and streamline appointment scheduling for residents and families.

Methods	Process measures	Target for process measure	Comments
1) Maintain visible, up-to-date physician schedules in designated Home areas. 2) Continue using the existing booking system for residents and families to schedule appointments or consultations.	1) Percentage of physician schedules updated and posted accurately each month (Target: 100%)	1) 100% schedules will be updated monthly 2) Improve satisfaction scores from 62% to 65% on the next annual satisfaction survey.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of cleaning services in my room.	C	% / Residents	In house data collection / Resident experience survey	84.30	90.00	The Home believes this is an attainable improvement	

Change Ideas

Change Idea #1 Increase environmental walkabout audits in resident rooms and common areas daily, Monday through Friday, using the standardized audit tool.

Methods	Process measures	Target for process measure	Comments
1) Identified cleaning deficiencies will be addressed on the same day when possible or assigned for follow-up with clearly defined timelines. 2) Audit findings will be reviewed weekly by the Environmental Services Manager and shared with the housekeeping team. 3) Targeted staff education and corrective actions will be implemented based on audit findings to prevent recurrence.	1) Percentage of scheduled walkabout audits completed as planned 2) Number of staff education sessions or corrective actions completed following audit findings"	1) 100% completion of scheduled environmental walkabout audits by the end of 2026	

Change Idea #2 Engage with external environmental consultant to complete independent room and common area cleaning audits.

Methods	Process measures	Target for process measure	Comments
1) Environmental consultant will conduct scheduled room and common area audits using a standardized environmental cleaning audit tool. 2) Audit results will be reviewed by the Environmental Services Manager and Leadership Team. 3) Identified gaps will be incorporated into housekeeping action plans, staff education, and corrective actions.	1) Number of environmental consultant audits completed 2) Percentage of consultant-identified deficiencies addressed within assigned timelines	1) 100% of scheduled environmental consultant audits completed annually 2) 100% of consultant-identified deficiencies will be addressed within established timelines	

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 laundry services for my clothing and linens.	C	% / Residents	In house data collection / Resident experience survey	73.60	85.00	The Home believes this is an attainable improvement	

Change Ideas

Change Idea #1 Improve consistency of laundry services

Methods	Process measures	Target for process measure	Comments
1) Implement a trial overnight laundry shift to support consistent processing. 2) Schedule an additional laundry staff member during high-volume periods (e.g., Christmas) to ensure proper labeling and sorting.	1) Number of laundry-related complaints received per month 2) Average turnaround time of resident clothing and linens	1) 90% of resident laundry items will be processed within standard turnaround time 2) Reduction in laundry-related resident complaints over time through the year	

Change Idea #2 Increase turnaround of resident clothing and linens

Methods	Process measures	Target for process measure	Comments
1) Monitor laundry processing times daily to track speed of turnaround. 2) Implement workflow improvements in sorting, washing, drying, and delivery to reduce delays. 3) Audits and data reviewed weekly by the Environmental Services Manager to identify bottlenecks and implement corrective actions as needed.	1) Average turnaround time of resident clothing and linens 2) Percentage of laundry items returned within standard turnaround time	1) 90% of resident laundry items processed within the standard turnaround time	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from the social work services	C	% / Family	In house data collection / Family Experience Survey	50.90	60.00	The Home believes this is an attainable improvement.	

Change Ideas

Change Idea #1 Improve family awareness of Social Work roles and supports

Methods	Process measures	Target for process measure	Comments
1) Introduce “Meet the Social Workers” as a feature in the Monthly Family Huddles emails, The Home’s Facebook page, and the Communication Board 2) Social Workers to attend Resident Care Conferences as able.	1) Number of Family Huddles distributed featuring “Meet Your Social Worker” or “Meet the Team.” 2) Number of Care conferences with Social Worker presence	1) Improved family satisfaction of Social Work services as reflected in survey results.	

Change Idea #2 Increase proactive outreach by Social Workers

Methods	Process measures	Target for process measure	Comments
1) Social Workers will proactively engage with residents and their Substitute Decision Makers (SDM) / Power of Attorney (POA) following key events to provide emotional support, guidance, and resource navigation.	1) Percentage of new admissions receiving a Social Work check-in within 7 days	1) 100% of new admissions will receive a Social Work check-in within 7 days.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of maintenance of the physical building and outdoor spaces	C	% / Family	In house data collection / Family experience survey	44.30	55.00	The Home believes this is an attainable improvement	

Change Ideas

Change Idea #1 Increase leadership visibility in outdoor spaces

Methods	Process measures	Target for process measure	Comments
1) Initiate scheduled leadership walk-arounds of outdoor spaces at varying times of day, with focus on safety, pigeon feeding and bird activity, and smoking near entrances.	1) Number of leadership outdoor walk-arounds completed monthly.	1) 100 % of identified environmental issues will be addressed within target timelines.	

Change Idea #2 Strengthen daily outdoor maintenance and cleaning

Methods	Process measures	Target for process measure	Comments
1) Ensure regular maintenance of gardens and outdoor areas, including removal of litter, cigarette butts, and bird droppings, to maintain a safe and welcoming environment.	1) Number of outdoor cleaning and maintenance completed as scheduled	1) Overall improvement in family satisfaction survey results related to outdoor spaces.	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
At the resident's care conference, we discuss what's going well, what could be better, and how to improve	C	% / Family	In house data collection / Family experience survey	66.20	75.00	The Home believes this is an attainable improvement	

Change Ideas

Change Idea #1 Improve care conference structure and consistency

Methods	Process measures	Target for process measure	Comments
1) Implement a care conference committee to review: what is going well, opportunities for improvement, resident and family goals. 2) Ensure interdisciplinary team representation at care conferences whenever possible.	1) Percentage of care conferences completed following the standardized structure/agenda.	1) Increased family satisfaction with care conference discussions as reflected in survey results.	

Change Idea #2 Improve family knowledge, preparation, engagement and satisfaction

Methods	Process measures	Target for process measure	Comments
1) Families and residents will be provided with a standardized Care Conference Information Package at admission, and during the 7-day Social Work touchpoint prior to the scheduled care conference.	1) Percentage of families and residents receiving pre care conference information	1) Family Experience Survey results will be monitored to assess progress toward the 75% target.	

Change Idea #3 Implement a post-care conference feedback survey to gather input from families and residents regarding the quality and effectiveness of the care conference

Methods	Process measures	Target for process measure	Comments
1) Distribute a standardized post-care conference survey to families and residents after each care conference, collect responses, and review results monthly to review satisfaction and improvements required.	1) Number of care conferences where a post-conference survey is completed	1) The Family Experience Survey score will have increased from 66.2% to 75% on the next annual satisfaction survey.	

Safety

Measure - Dimension: Safe

Indicator #7	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	19.36	15.00	To attain corporate target.	

Change Ideas

Change Idea #1 Ensure thorough assessment of fall patterns bi-weekly; Including time of day, location, and resident activity, and align programming to reduce risk periods.

Methods	Process measures	Target for process measure	Comments
1) Review and analyze times and locations of falls (trend analysis). 2) Identify residents at high risk for falls. 3) Review resident preferences for activities and programming. 4) Encourage participation in structured activities during high-risk time periods. 5) Monitor and document outcomes.	1) # of high-risk residents reviewed quarterly 2) # of residents offered programming during high-risk times 3) # of falls occurring during programming vs. non-programming times	1) Program adjustments will be implemented by end of Q2 3) Overall fall rate will be reviewed by Falls team members at end of each month	

Change Idea #2 Enhance fall prevention through proactive identification of high-risk residents and implementation of structured leadership walkabouts to strengthen monitoring and early interventions.

Methods	Process measures	Target for process measure	Comments
1) Implement structured daily walkabout audits (Monday–Friday) for a 30 day period, conducted by the ADOC for residents identified as high risk for falls to verify adherence to care plan interventions, assess environmental and supervision needs, and initiate corrective actions where gaps are identified.	1) # of high-risk residents reviewed during ADOC walkabout audit Monday–Friday.	1) Achieve and sustain compliance of daily walkabout audits by end of Q2.	

Change Idea #3 Review residents during the application and pre-admission process for fall risk and recent falls.

Methods	Process measures	Target for process measure	Comments
1) Residents identified as high-risk during screening will have a referral submitted to the Falls Lead for review. 2) The Falls Lead will assess each high-risk resident’s risk factors and develop or update individualized fall prevention interventions upon admission.	1) # of residents identified as high-risk during pre-admission screening who have a referral submitted to the Falls Lead. 2) # of high-risk residents reviewed by the Falls Lead with individualized fall prevention interventions developed on admission.	1) 100% of high-risk residents are referred at the time of pre-admission screening. 2) 100% of high-risk residents will receive individualized interventions before admission by Q3.	

Measure - Dimension: Safe

Indicator #8	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	18.02	17.00	The Home feels this is an attainable target.	

Change Ideas

Change Idea #1 Provide GPA (Gentle Persuasive Approach) education to team members to improve management of responsive behaviors in residents with dementia.

Methods	Process measures	Target for process measure	Comments
1) Utilize the Home's Certified GPA Coaches to deliver home-level education to team members. 2) Collect and review participant feedback after each GPA session and incorporate key suggestions and lessons learned into future sessions.	1) # of sessions completed yearly 2) # of team members who participated in GPA education 3) # of participant feedback completed and implemented.	1) 100% of care team members will attend their GPS session as scheduled 2) Feedback from participants in the session will be reviewed and actioned on by the end of the year.	

Change Idea #2 Provide education to registered staff on appropriate use of antipsychotic medications, side effects, and non-pharmacological alternatives to support safe, evidence-based care for residents with responsive behaviors.

Methods	Process measures	Target for process measure	Comments
1) Pharmacy Consultant will provide Education Sessions to Registered Staff on Appropriate use of antipsychotics, Side effects and monitoring, behavioral symptoms not managed by medications, non-pharmacological interventions and alternative therapies 2) GPA Coaches will provide additional unit huddles and informal "Brain and Behavior" sessions to reinforce non-pharmacological approaches.	1) # of registered staff who attended pharmacy consultant sessions 2) # of registered staff who completed brain and behavior session	1) 75% of registered staff will have attended training on antipsychotic medications by Q3. 1) 75% of staff will have attended Brain and Behavior training by Q3	

Measure - Dimension: Safe

Indicator #9	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	0.89	0.75	The Home feels like is an attainable target	

Change Ideas

Change Idea #1 Early Identification of Worsening Pressure Injuries

Methods	Process measures	Target for process measure	Comments
1) Educate all registered staff on the NERDS & STONEES wound infection algorithm. 2) Provide Home area based wound care huddles, including wound swab criteria and antimicrobial use in collaboration with IPAC. 3) Ensure all Home areas have wound care resource binders and access to the Home's policies. 4) Wound Care Champion will implement real-time coaching to support accurate staging, dressing selection, and infection prevention practices.	1) 100% of registered staff will complete education and competency sign-off by end of Q2. 2) 100% of Home areas will have accessible wound care resources. 3) There will be a 20% reduction in missed or delayed reporting of worsening pressure injuries.	1) Education, competency validation, and resource implementation will be completed by the end of Q2.	

Change Idea #2 Strengthen PSW education and knowledge on pressure injury prevention and early detection.

Methods	Process measures	Target for process measure	Comments
1) Provide structured pressure injury prevention training to PSWs 2) Support PSWs in completing an external skin and wound education course. 3) Organize education days focused on skin integrity, moisture management, and prevention best practices.	1) # of PSWs who completed internal pressure injury prevention training 2) # of PSWs who completed the external wound education course 3) # of education days completed annually 4) Monthly inventory audits completed	1) 20% reduction in new pressure injuries within 6 months.	