

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Communication from home leadership (Administrator, Executive Director, and Managers) is clear and timely.	C	% / LTC home residents	In-house survey / 2024	39.40	65.00	Continue to improve results as we strive to meet corporate target of 85%	

Change Ideas

Change Idea #1 Increase our formal communication frequency with residents.

Methods	Process measures	Target for process measure	Comments
1. Start a resident bulletin that is published monthly advising of events and news for the home. 2. Provide a paper copy of the bulletin to each resident, as well send out an email to those who use email, and post on bulletin boards in home areas. 3. Have Activity staff read the bulletin and facilitate open discussion about the news and events included at monthly resident council meetings.	number of residents provided with bulletins number of discussions held about programs at resident council meetings	100% of methods implemented by June 30, 2025.	

Change Idea #2 Increase communication on quality performance metrics to residents.

Methods	Process measures	Target for process measure	Comments
1. Move our quality board to main lobby to increase awareness and communication of our quality programs and results. 2. Ensure board is kept up to date with relevant quality information and graphics for residents. 3. Add performance results to monthly bulletin for residents.	# of audits completed of quality board to ensure information has been posted # of times performance results added to monthly resident bulletin	Methods are all implemented by April 30, 2025.	

Change Idea #3 Management and Nursing team will be provided with customer service and leadership training to improve communication to residents.

Methods	Process measures	Target for process measure	Comments
1. Have staff partake in a leadership training to support them in their communications with residents, caregivers and staff. 2. Have staff partake in customer service training to improve service to residents and caregivers.	# of Staff who have completed customer service training # of staff who have completed leadership training	75% of staff completed all training by September 30, 2025.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Residents satisfied with schedule of Recreation Programs.	C	% / LTC home residents	In-house survey / 2024	33.30	60.00	Continue to improve as we work towards corporate target 85%	

Change Ideas

Change Idea #1 Host a monthly activity and program planning event for residents to decide on programs offered and their timing.

Methods	Process measures	Target for process measure	Comments
1. Add the program planning activity to the monthly resident calendar. 2. Review the suggestions at the Monthly Resident Council meetings. 3. Highlight programs that are resident chosen in the Friends and Family monthly newsletter and on the calendar.	# of resident chosen events each month	April 1, 2025: program planning event added to the Resident calendars. May 1, 2025: Addition of events chosen by residents highlighted in the Activity Calendar and in the monthly newsletter.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Increase the percentage of residents and caregivers who feel they provide feedback on the bladder care products offered in the home.	C	% / LTC home residents	In-house survey / 2024	75.00	85.00	corporate target	

Change Ideas

Change Idea #1 Better understand why our residents do not feel they can provide input into their bladder care products.

Methods	Process measures	Target for process measure	Comments
Have an in-depth survey completed about our bladder care products so we can better understand where the unsatisfaction is with the program.	# of survey completed # of Actions decided upon related to survey results #of actions implemented	Survey completed by June 30, 2025. Action planned developed from the results by August 31, 2025, Implementation of action plan starting September 1, 2025	

Change Idea #2 Increase family and resident understanding of the bladder care products available to them.

Methods	Process measures	Target for process measure	Comments
Facilitate a presentation for families and residents with our continence supply provider on products and services that are available to the residents.	# of residents who attend the event.	Presentations will be completed by August 31, 2025.	

Change Idea #3 Improved understanding of staff on the proper use of bladder care products.

Methods	Process measures	Target for process measure	Comments
Provide education to all care staff on the importance and proper use of bladder care products.	# of staff educated.	Education will be completed by September 1, 2025	

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 Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	22.01	15.00	corporate target	Achieva, Behavioural supports

Change Ideas

Change Idea #1 Conduct environmental assessments on resident rooms to identify potential fall risks and address to mitigate the risk.

Methods	Process measures	Target for process measure	Comments
1. Staff to complete environmental risk audit for all residents who are identified as a high risk for falls. 2. Address any identified fall risk hazards from the completed assessment.	# of environmental scans completed monthly. # of identified hazards identified that were successfully mitigated.	Audit process will be in place be in July 1, 2025.	

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 Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	17.23	16.50	Continue to improve results and remain better than corporate target of 17.3%	Medisystem, Behavioural supports

Change Ideas**Change Idea #1** Medication review completed for all residents prescribed antipsychotics

Methods	Process measures	Target for process measure	Comments
1. Review all residents who are currently prescribed antipsychotics. 2. Review plan of care for supporting diagnosis. 3. If no diagnosis, team will implement strategies to determine suitability and initiate reduction strategies as appropriate.	# of resident care plan and diagnosis, and/or behaviours reviewed monthly who are on antipsychotics.	All residents who are currently prescribed antipsychotics will have a full care plan review pertaining to their diagnosis and medication by April 30, 2025.	

Change Idea #2 Increase Caregiver and resident understanding of Antipsychotic use and importance of minimizing use when able.

Methods	Process measures	Target for process measure	Comments
1. Engage caregivers and/or resident in the review of their antipsychotic use. 2. Provide supporting educational material to caregivers and/or resident on reducing antipsychotic use during admission and care conference as applicable. 3. Provide general information to caregivers and residents about antipsychotic risk and use via newsletter or bulletin	1. # of residents/caregivers involved in review of their antipsychotic use. 2. # of residents/caregivers prescribed antipsychotics provided with education and supporting materials on reducing use. 3. # of articles provided to caregivers/residents in their newsletters.	Process and education will be completed by August 31, 2025.	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of LTC Residents who used a Restraint daily	C	% / LTC home residents	Other / October - December 2024	0.90	0.50	Continue to improve and remain better than corporate target of 2%	Achieva

Change Ideas

Change Idea #1 Review any residents with restraints to investigate potential to remove the restraint.

Methods	Process measures	Target for process measure	Comments
1. Review all residents using restraints to determine if there are alternatives appropriate to support the resident's safety and comfort on a monthly basis.	# of residents reviewed with restraints monthly. # of meetings had with residents/caregivers to discuss alternatives as applicable each month.	100% of restraints will be reviewed each month commencing April 1, 2025.	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	C	% / LTC home residents	Other / October - December 2024	0.90	0.50	Continue to improve and strive for theoretical best	Solventum/3M, Wounds Canada

Change Ideas

Change Idea #1 Increased education for care team on skin and wound care.

Methods	Process measures	Target for process measure	Comments
Host a Skin and Wound Care week to provide education sessions for wound care, peri care and skin care for the team to attend.	# of attendees in each session.	Completed by May 31, 2025.	

Change Idea #2 Review bed systems for residents who have a PURS score of 3 or greater.

Methods	Process measures	Target for process measure	Comments
1. Develop a list of residents whose PURS score is 3 or greater. 2. Skin and Wound Committee to review residents on list to determine if bed surface meets their needs for wound healing.	# of bed surface/mattresses reviewed monthly for residents with a PURS of 3 or greater.	Review of bed systems will be completed by August 31, 2025	

Change Idea #3 Monthly review of Resident Wound and Care received when wound is at stage 2 or higher.

Methods	Process measures	Target for process measure	Comments
Multi-disciplinary team will meet to review the care being provided and action plan any change ideas to assist with healing the wound.	# of residents reviewed each month who have a wound at stage 2 or greater.	Process for review will be in place as of April 30, 2025	