

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to "I am satisfied with the quality of care from the Social Worker"	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	70.70	80.00	Home target which we feel is achievable and helps us to continue to improve.	

Change Ideas

Change Idea #1 Social Worker to meet with new admissions and visit current residents each month to do wellness checks.

Methods	Process measures	Target for process measure	Comments
Social Worker will track how many wellness checks she did each month with current residents and new admissions.	# of residents visited by Social Worker in month/ # of new admissions visited monthly	All new admissions to be approached by Social Worker starting May 1st,2025 and ongoing as new residents are admitted for 2025. 100% tracking of residents visited monthly to be implemented by June 2025 with all residents having a visit by Dec 2025.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding to "I am satisfied with the variety of Religious and spiritual programs"	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	79.00	85.00	We want to continue to improve and reach corporate target 85%	

Change Ideas

Change Idea #1 During resident program planning, previous months religious and spiritual services held will be reviewed with residents for feedback.

Methods	Process measures	Target for process measure	Comments
1) Activity aides to meet with residents during program planning meetings monthly 2) Review with resident the spiritual and religious programs offered in previous month 3) Document resident feedback and seek suggestions for spiritual programs they would like added to schedule. 4) Provide feedback to Activity manager for implementation as able.	# of times activity aides met with residents to obtain feedback about religious and spiritual programs. # of feedback/suggestions received and documented # of resident feedback implemented	1) Activity aides will meet with residents for program planning meetings on a monthly basis starting May 2025 2) All religious and spiritual services held in previous month to be discussed and feedback received beginning May 2025. 3) 100% of feedback will be reviewed by Activity manager by June 2025 and will continue monthly. 4) At least 3 suggestions for improvement by residents will be implemented by Activity manager for Religious and Spiritual programs by August 2025.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to "I have input into the recreation programs available"	C	% / LTC home residents	In-house survey / Sept 2024- Oct 2025	53.00	80.00	Home target as we continue to strive for improvement for both resident and family experience in this area.	

Change Ideas

Change Idea #1 Resident program planning to be scheduled monthly for the following months Activity calendar to maximize resident input for programs.

Methods	Process measures	Target for process measure	Comments
1) Schedule program planning sessions on activity calendar and invite residents to attend 2) Review programs and get feedback from residents on programs they would like 3) Implement programs based on feedback received. 4) Activity Manager to observe and monitor resident involvement/engagement in scheduled number of activities per month. 5) Follow up with program staff with results and action plan as needed.	1) number of program planning sessions held. 2) number of suggestions provided by residents for programs monthly 3) number of programs implemented based on resident feedback 4) number of audits completed monthly by Activity Manager of programs implemented	1) Resident program planning sessions to be added to Activity calendar by May 2025 and distributed to all residents. 2) Monthly audits by Activity manager of a minimum 4 programs to begin by June 2025 3) Implement at minimum 4 new programs monthly starting May 2025 based on resident feedback 4) follow up with program staff on audit results and actions will be completed by July 2025 and ongoing monthly following audits.	

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	15.80	14.00	Continue to improve and perform better than corporate target which is 15%	Achieva

Change Ideas

Change Idea #1 Continue in-depth discussion and review residents that have frequent falls on a monthly basis.

Methods	Process measures	Target for process measure	Comments
Review residents who frequently falls for current interventions and reassess effectiveness with interdisciplinary team. In depth discussion and tracking implementation.	Number of residents who frequently fall reviewed at monthly meetings. Number of interventions implemented Number for falls per month	Discussions and review process will continue on monthly basis to meet target goal of 14% by end of 2025. All residents who frequently have a fall will have a review completed and discussion about interventions monthly starting June 2025 and there will be a 50% decrease in the number of falls per quarter by December 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	12.10	9.00	Continue to improve and maintain performance better than corporate target 17.3%	Medisystem, Behavioural Supports Ontario, GPA

Change Ideas

Change Idea #1 Interdisciplinary review of antipsychotic usage throughout the home.

Methods	Process measures	Target for process measure	Comments
1) Schedule meeting with RAI coordinator, Physician, BSO lead, Pharmacist, DOC, to review all residents currently prescribed antipsychotics. 2) Review meetings will be held on a monthly basis 3) Consider alternatives to antipsychotics as an approach 4) Track residents who are placed on reduction program	# of residents each month who use antipsychotic medication without a diagnosis. # of interdisciplinary review meetings held monthly # of residents each month who are placed on the reduction program # of alternatives trialed	Interdisciplinary review of antipsychotic usage will be in place by June 2025, with plan to meet target of 9% by December 2025.	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents with worsened ulcers stages 2-4	C	% / LTC home residents	Other / October to December 2024.	2.34	1.90	To continue to improve and surpass corporate target of 2%.	Solventum/3M, Wounds Canada

Change Ideas

Change Idea #1 Review with Registered staff and utilize skin and wound photography program effectively.

Methods	Process measures	Target for process measure	Comments
1) Education review of skin and wound photography program with Registered staff to ensure they are using system correctly 2) Skin and wound lead to do weekly review of residents that have pressure injuries through the use of the program 3) Follow up with staff for 1:1 spot education if required	# of Registered staff who completed education review session of skin and wound photography program # of residents reviewed weekly by skin and wound lead, # of staff who required 1:1 spot education .	100% of Registered staff will have attended education review session on skin and wound photography program by June 30, 2025. Skin and wound lead will review all residents with wounds weekly as follow up starting June 2025. there will 100% improvement in use of skin and wound photography program by Dec 2025.	