

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
In my care conference, we discuss what's going well, what could be better and how we can improve things	C	% / Residents	In-house survey / Sept 2024- Oct 2025	59.00	70.00	Continue to work towards LTC average and home goal.	

Change Ideas

Change Idea #1 1)Encourage residents to attend their annual care conference 2) Obtain feedback on annual care conference process from residents and families 3) Review annual care conference process

Methods	Process measures	Target for process measure	Comments
1) Determine survey questions to ask post care conference for feedback. 2) Post care conference ask for feedback via survey or discussion with families and residents on how process can be improved. 3) Review responses and determine plan of action for improvement 4) Communicate feedback results and actions to Resident and Family council.	1) # of survey questions 2) # of feedback responses received monthly 3) # of improvement actions implemented 4) # of Resident and Family council meetings attended where results discussed	1) Survey questions will be developed by June 30th, 2025 2) Process for post care conference feedback will be in place by July31st 2025 3) Feedback/survey results will be shared with resident and family council with action for improvement by Dec31st 2025	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the schedule of religious and spiritual care programs	C	% / Residents	In-house survey / Sept 2024- Oct 2025	58.90	70.00	Continue to work towards LTC average and home goal.	

Change Ideas

Change Idea #1 1) Increase staffing to 1 team member/unit 2) Add time and day feedback to Monthly Program Planning Meetings to ensure feedback is being collected r/t TOD & DOW in addition to interests 3) Provide daily routines to team members to ensure programming is occurring 3-4 x/day for each member

Methods	Process measures	Target for process measure	Comments
1) Review existing schedules 2) Identify gaps in days, evenings, and weekend programming 3) Develop scheduled that compliment and address noted gaps	1) # of meetings throughout the year 2) # of change ideas provided in meeting that were implemented 3) # of residents participating on each home area	1) Program will be introduced and 100% implemented as of May 1st 2025. 2) Residents will meet monthly on each unit, providing feedback on program schedule by every month end beginning May 2025.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the food and beverages served to me	C	% / Residents	In-house survey / Sept 2024- Oct 2025	56.10	70.00	Continue to work towards LTC average and home goal.	

Change Ideas

Change Idea #1 Provide residents with the opportunity to share feedback on food and beverage satisfaction by discussing it monthly during resident food committee meetings.

Methods	Process measures	Target for process measure	Comments
1.) Implement a structured feedback process during the monthly resident food committee meetings. Allow dedicated time for residents to voice their opinions on the food and beverage offerings, either through open discussion or by using anonymous feedback forms or surveys beforehand. 2.) Send out monthly or quarterly online surveys to family members, asking them to provide feedback based on what their loved ones (the residents) share with them about the food quality, menu options, and overall dining experience—especially any concerns or comments that residents may not have communicated directly to staff. 3.) Place anonymous suggestion boxes in dining areas or common spaces where residents/family members can submit written feedback or suggestions about the food and beverages, or other general concerns. 4.) Encourage dining staff (servers, cooks, etc.) to engage with residents and ask for informal feedback during meals. Staff can record and report any comments they receive to the food committee.	1.) Number of Suggestions for Improvement Collected Monthly. 2.) Percentage of Suggestions Implemented. 3.) Number of Suggestions Leading to Significant Improvements.	1) Achieve overall improvement in food and beverage service by September 2025, with targets including an increase in customer satisfaction, improvement in food quality ratings and positive feedback on dining experiences. 2) Suggestion box will be implemented by May 30, 2025 with at least 3 suggestions monthly 3) Structured feedback process will be 100% implemented by July 30, 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	13.67	10.00	Continue to reduce falls, target to achieve below provincial benchmark and current performance.	Achieva, Behavioral Supports Ontario

Change Ideas**Change Idea #1** Re educate staff on fall policies and falling star program

Methods	Process measures	Target for process measure	Comments
1. Schedule education sessions for staff to review fall policies and falling star program 2. Track attendance 3. Audit for compliance post education	# of education sessions provided. # of staff receiving education. # of residents on the falling star program.	75% of front-line staff will have received education by Sept 30, 2025 100% of residents at risk of falls will have falling star logo in place as of Oct 1, 2025	

Change Idea #2 Review resident footwear for risk of trips/falls

Methods	Process measures	Target for process measure	Comments
1. Review all residents who are identified as at risk for falls for proper footwear. 2. Arrange a shoe clinic to assist with review of footwear. 3. Communicate information about shoe clinic	# of residents reviewed for footwear # of shoe clinics held # of changes in footwear as a result of the review	75% of front-line staff will have received education by Sept 30, 2025 100% of residents at risk of falls will have falling star logo in place as of Oct 1, 2025	All residents identified as being high risk for falls will have had foot wear reviewed by Sept 30, 2025 Shoe clinic will be held onsite and communicated by October 30, 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	9.57	8.00	Continue to reduce use of antipsychotic, target to achieve below provincial benchmark and current performance.	Medisystem, Behavioural Supports Ontario

Change Ideas

Change Idea #1 #1) Medication reviews completed for all residents currently prescribed antipsychotics.

Methods	Process measures	Target for process measure	Comments
1. Continue to speak with the home and community coordinator about resident's history prior to admission. 2. Continue to review the medication in collaboration with the nurse, pharmacy consultant and the physician. 3. Continue to review the rational for prescribing antipsychotic medications and develop a plan for reduction. 4. Continue to work with pharmacy and review quarterly with management and other departments. 5. Complete the antipsychotic tracker.	# of discussions held with home and community coordinator. # Number of medication reviews completed monthly. # of antipsychotic medications reduced monthly. # of residents placed on the tracker each month.	All residents currently prescribed antipsychotics will have a medication review completed by September 2025 with a reduction of 15% of antipsychotics overall. Process for discussions with home and community coordinator will continue prior to admission.	