

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the food and beverages served to me.	C	% / LTC home residents	In-house survey / 2024	57.90	70.00	Working towards corporate target of 85% for indicator.	

Change Ideas

Change Idea #1 Ensure dedicated time during bi-monthly Food Committee meetings to collect and discuss food and beverage feedback from residents.

Methods	Process measures	Target for process measure	Comments
1. Set allotted time on the agenda for Food Committee to collect feedback on food and beverage options. 2. Follow-up on improvement and reassess action if needed based on feedback.	1. # of suggestions for improvement regarding food and beverage service from residents collected at Food Committee meetings on a bi-monthly basis. 2. # of suggestions from Food Committee meetings that are implemented.	There will be improvement in the results for satisfaction on food and beverage options and new processes will be in place by September 2025.	

Change Idea #2 Hold menu tasting events prior to each menu launch to obtain feedback on types of food to be incorporated into next menu cycle. Could potentially be in collaboration with Recreation Department.

Methods	Process measures	Target for process measure	Comments
1. Schedule menu tasting events twice a year (based on menu cycle schedule) and determine products to be tested. 2. Plan for event, ensure that home adheres to residents' nutritional plan of care when providing samples to residents. 3. Develop a method for residents to provide feedback.	1. # of participants at the menu event. 2. # of changes made to the menu implemented.	There will be improvement in results for food and beverage options and menu tasting events will be in place by September 2025.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I enjoy eating meals in the dining room.	C	% / LTC home residents	In-house survey / 2025	60.00	75.00	Working towards corporate target of 85% for this indicator.	

Change Ideas

Change Idea #1 Provide staff education on improving resident dining experience during mealtime.

Methods	Process measures	Target for process measure	Comments
Re-educate staff on pleasurable dining, including meal service policies, procedures, strategies, and expectations.	# of staff education sessions held to review policies, procedures, strategies, and expectations during mealtime towards improving resident dining experience. Can include in-services, orientations, and coverage during general staff meetings.	At least 2 education sessions with 75% of staff being trained will be held by September 2025.	

Change Idea #2 Ensure dedicated time during bi-monthly Food Committee meetings to collect and discuss dining experience feedback from residents.

Methods	Process measures	Target for process measure	Comments
1. Set allotted time on the agenda for Food Committee to collect feedback on dining experience. 2. Follow-up on improvement and reassess action if needed based on feedback.	1. # of suggestions for improvement regarding dining experience from residents collected at Food Committee meetings on a bi-monthly basis. 2. # of suggestions from Food Committee meetings that are implemented.	There will be improvement in the results for satisfaction on dining experience and process for collecting feedback will be in place by September 2025.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of recreation programs.	C	% / LTC home residents	In-house survey / 2024	60.80	70.00	Working towards corporate target of 85% for indicator.	

Change Ideas

Change Idea #1 Increase variety of recreation programs offered across units based on resident input via diverse suggestion/feedback channels.

Methods	Process measures	Target for process measure	Comments
1. Engage residents in program decision-making through monthly Program Planning Meetings at units and monthly Resident Council meetings. 2. If suggestion/feedback was provided, review actions taken and changes made in the subsequent Program Planning or Resident Council meeting (depending on source of suggestion/feedback). 3. Share and post Resident Council meeting minutes in common area. 4. Share recreation programming updates through different channels, including newsletters, announcements during meetings, program calendars).	1. # of recreation program suggestions/feedback provided by residents. 2. # of new recreation programs added to calendars based on resident feedback. 3. # of communications sent to residents with information about recreation programming (i.e., program calendars, newsletters, announcements during meetings).	At least 3 new programs will be implemented quarterly based on feedback by September 2025.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
If I need help right away, I can get it.	C	% / LTC home residents	In-house survey / 2024	74.50	80.00	Working towards corporate target of 85% for indicator.	

Change Ideas

Change Idea #1 Reduce call bell response times.

Methods	Process measures	Target for process measure	Comments
1. Incorporate on the spot monitoring by leadership walkabouts to observe response times. Conduct audits to establish baseline and assess improvements. 2. Follow up on results with staff and leadership team during monthly QI meetings to discuss how to improve response times.	1. # of call bell response time audits completed. 2. Average call bell response time for the past month.	1. A minimum of 20 call bell response time audits will be completed per month by June 2025. 2. Average call bell response times will improve across units by 15% by September 2025, which is expected to enhance residents' satisfaction with care experience.	

Safety

Measure - Dimension: Safe

Indicator #5	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	9.67	7.50	The home strives to keep performance below the 15% corporate target while continuously improving outcomes.	Arjo, Achieva, Physiotherapist

Change Ideas

Change Idea #1 Increased monitoring during shift change/report times.

Methods	Process measures	Target for process measure	Comments
1. Review and update current list of residents at high risk for falls to identify their needs. 2. Have two PSWs on the floor during shift report to monitor residents.	1. # of care plans of residents at higher risk for falls reviewed and updated. 2. # of falls during shift change/report times. 3. # of times two PSWs were present during shift report times to monitor residents.	1. 100% of care plans of residents at higher risk for falls will be reviewed and updated by September 2025. 2. # of falls during shift report time will continue to decrease, ideally averaging out at 0 by September 2025.	

Measure - Dimension: Safe

Indicator #6	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	8.81	8.50	The home strives to keep performance below the 17.3% corporate target while continuously improving outcomes.	Behavioural Support Ontario (BSO), MediSystem, Psychogeriatric Resource Consultant (PRC), Geriatric Mental Health Outreach Team (GMHOT)

Change Ideas

Change Idea #1 Decrease in the number of residents prescribed antipsychotics without a diagnosis through implementation of a regular reviewing and tracking process.

Methods	Process measures	Target for process measure	Comments
1. Review and track all residents who are on antipsychotics without diagnosis of psychosis. 2. Continue to review and document newly admitted residents on antipsychotics and strategize how to describe as appropriate.	1. % of residents who are on antipsychotics without diagnosis of psychosis reviewed at the end of each month, according to the RAI-MDS schedule. 2. % of residents newly admitted to the home on antipsychotics reviewed according to the RAI-MDS schedule. 3. # of residents deprescribed monthly.	1. 100% of care plans of residents who are on antipsychotics without diagnosis of psychosis will be reviewed and updated according to the RAI-MDS schedule by December 2025. 2. 100% of residents newly admitted to the home on antipsychotics will be reviewed according to the RAI-MDS schedule by December 2025.	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents with pressure ulcer worsened to a stage 2, 3, or 4.	C	% / LTC home residents	CIHI CCRS / 2024	0.56	0.50	The home strives to keep performance below the 2% corporate target while continuously improving outcomes.	MIP Inc., Solventum, Physiotherapist, Nursing Lead Outreach Team (NLOT)

Change Ideas

Change Idea #1 Staff education with focus on prevention of pressure injuries.

Methods	Process measures	Target for process measure	Comments
1. Review PURS score on a quarterly basis, according to the RAI-MDS schedule. 2. Continue to provide staff education on prevention of pressure injuries.	1. % of residents reviewed with PURS score of 3 or greater with interventions in place according to the RAI-MDS schedule. 2. # of education sessions provided to staff on prevention of pressure injuries.	Review of residents with PURS score of 3 or greater will continue on an ongoing basis with all identified residents (100%) being completed by November 2025. Staff will regularly receive education on prevention of pressure injuries and all staff will have received education by December 2025.	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents in daily physical restraints over the last 7 days	C	% / LTC home residents	CIHI CCRS / 2024	0.55	0.50	The home strives to maintain performance below the 2.5% corporate target while continuing to improve outcomes as possible.	Physiotherapist, Pharmacist, Home Medical Equipment (HME)

Change Ideas

Change Idea #1 Maintain current QI score for resident(s) with restraints by continuing with the process of reviewing restraint use on a quarterly basis and providing education on the home's least restraint policy.

Methods	Process measures	Target for process measure	Comments
1. Continue the process of reviewing care plans of resident(s) with restraints on a quarterly basis. 2. provide staff education on least restraint policy.	1. % of quarterly reviews completed according to the RAI-MDS schedule. 2. # of staff education (i.e., monthly committee meetings, orientation) on least restraint policy.	100% of quarterly reviews will be completed according to the RAI-MDS schedule by December 2025. 100% of front-line staff will have education on least restraint policy by November 2025	