

Experience

Measure - Dimension: Patient-centred

Indicator #1	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 / Sept 2024 -Oct 2025	68.60	75.00	Exceed 2024 LTC division results.	

Change Ideas

Change Idea #1 Increase staff awareness of call bell response times.

Methods	Process measures	Target for process measure	Comments
1. Complete call bell audits in each home area on each shift daily. 2. DOC/Designate to review call bell response times on a weekly basis. 3. communicate results to the leadership team on a weekly basis. 4. communicate results to frontline staff monthly. 5. Evaluate response time improvement."	1. Number of call bell audits completed 2. Reduction in average call bell response times."	1. Run digital call bell report from Tracera prior to initiating in person call bell audits and result sharing April 7th, 2025 2. Develop and initiate in person call bell audits on each unit by April 30th, 2025. 4. Run Tracera call bell report post initiation of call bell audits and result sharing June 2nd, 2025. 5. Evaluate need for continued audits June 2nd, 2025." 6. There will be a 15% improvement in response times by June 2025	

Change Idea #2 Review staffing and routines for all shifts.

Methods	Process measures	Target for process measure	Comments
1. Meet with all shifts to discuss survey results related to response times 2. Identify with floor, their preceived delays in call bell response times. 3. discuss action plan to address 4. Implement action plan to address 5. Follow up meeting with all shifts to review progress for improvement"	1. Number of staff that attended meeting to review response times. 2. The number of actionable items brought forward by care team. 3. Reduction in average call bell response times.	1. Staff meeting with PSWs will be fully completed by April 15th, 2025. 2. Create the action plan by April 30th, 2025. 3. Share action plan with unit staff on each home area by May 15th, 2025 3. Update current routines and create new ones for new positions by June 1st, 2025. 4. Schedule quarterly town hall meetings to review the progress in June, September, December.	

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 / Sept 2024 -Oct 2025	70.90	80.90	Increase current 2024 standing by 10%.	

Change Ideas

Change Idea #1 Implement pleasurable dining within the home.

Methods	Process measures	Target for process measure	Comments
1. Review policy with the leadership team. 2. Educate 100% of staff on the pleasurable dining experience. 3. Review with resident council expectations of pleasurable dining. 4. Roll out of pleasurable dining to each home area. 5. Evaluate success of the roll out.	1. Number of leadership members attended the meeting to review policy. 2. Number of staff educated on pleasurable experience. 3. Number of home areas pleasurable dining have roll out completed. 4. Number of audits completed.	1. Leadership meeting will held by April 30th, 2025. 2. 100% of education will be completed by May 30th, 2025. 3. Expectations will be reviewed with resident council by June 24th, 2025. 4. Roll out will take place on all home areas monthly starting July 1st, 2025 and ending August 31st, 2025. 5. Evaluations to be initiated by September 30th, 2025	

Measure - Dimension: Patient-centred

Indicator #3	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 / Sept 2024- Oct 2025	66.70	73.70	To continue to improve and strive toward 85% corporate target	

Change Ideas

Change Idea #1 Improve communication with the leadership team.

Methods	Process measures	Target for process measure	Comments
1. Leadership team to attend resident council to introduce their roles within the home. 2. Implement resident council concern form 3. Educate all managers on how to respond to department specific concerns 4. Meet with resident council to review the new form and how it will be implemented 5. Post completed concern forms on the resident council board to be reviewed by all residents in the home	1. Number of managers who attended the resident council meeting. 2. 100% of managers to be educated on the process by May 30th, 2025. Percentage of completed follow ups from resident council concerns.	1. Completed at resident council by April 30th, 2025. 2. Education to be completed by May 15th, 2025. 3. Process to be reviewed at resident council May 20th, 2025. 4. All concerns from resident council will follow this process as of May 20th, 2025.	

Change Idea #2 Increase communication to residents from the leadership team.

Methods	Process measures	Target for process measure	Comments
1. on admission ask residents if they have an email they would like to receive updates to. 2. Run a report of resident with a CPS score of 2 or below. 3. Ask residents with a CPS of 2 or below if they would like to add their email to our contact list. 4. Social worker will update email list with each new admission or expressed interest.	1. Number of residents added to the email list. 2. Number of residents with CPS score of 2 or below	1. All CPS scores report will be assessed by April 7th, 2025. 2. All residents with a CPS of 0-2 will be asked by the Social Worker if they want to be on the email list by April 30th. 3. Social worker will have email updated with each new admission or request with 24 hours of change.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family Satisfaction - I am satisfied with the Variety of food and beverage options for residents.	C	% / Family	In-house survey / Sept-Oct 2024	73.70	75.00	Improve satisfaction in comparison from previous year's results.	

Change Ideas

Change Idea #1 Improve family satisfaction with food and beverage options.

Methods	Process measures	Target for process measure	Comments
1. Attend family council to discuss improvement strategies. 2. Meet with family council to review the spring menu and highlight changes made by residents 3. Educate family council that food council meeting minutes are posted with all changes. 4. Initiate and maintain monthly specialty days.	1. Number of highlighted changes shared with family council. 2. Number of specialty days completed. 3. number of family council members educated on food council meetings	1. Meet with family council by April 30th, 2025. 2. 100% of family council members will have awareness about food council meetings by April 30, 2025 3. There will be at least 6 specialty food days held by October 2025.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Family satisfaction - I am satisfied with the food and beverages served to residents.	C	% / Family	In-house survey / Sept 2024 - Oct 2025	76.30	80.00	Continue to improve and strive to meet corporate target	

Change Ideas

Change Idea #1 Improve family satisfaction with food and beverages served.

Methods	Process measures	Target for process measure	Comments
1. Attend family council to discuss improvement strategies. 2. Meet with family council to review spring menu including snack options. 3. Post snack menu alongside meal selections. 4. Provide two options at afternoon and HS snack.	1. The number of snack options provided at snack times each season.	1. Meet with family council by April 15th, 2025. 2. Request to be added to the Family council agenda to provide families the opportunity to present suggestions for menu changes to the resident council by May 30th, 2025. 3. Initiate two options for snacks by June 1st, 2025.	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of care from doctors.	C	% / Family	In-house survey / Sept - Oct 2024	77.10	80.00	Improve satisfaction on comparison to previous results.	

Change Ideas

Change Idea #1 Improve family satisfaction with the quality of care from the doctors.

Methods	Process measures	Target for process measure	Comments
1. Attend family council to discuss improvement strategies. 2. Meet with physicians in the home to discuss designated times for families to meet with them. 3. Meet with family council to review the current process to meet with the doctors for concerns.	1. Percentage of improvement in satisfaction on the 2025 survey in comparison to the 2024 survey results.	1. Meet with family Council by April 5th, 2025. 2. Meeting with physicians to take place by April 30th. 2. Request with Family Council to be added to the agenda to review new process by May 30th 2025.	

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 Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	13.64	12.00	to continue to improve to theoretical best and perform better than corporate target 15%.	Achieva

Change Ideas

Change Idea #1 Implement use of the nordic chairs for residents that fall frequently.

Methods	Process measures	Target for process measure	Comments
1. Educate staff on the nordic chair. 2. At weekly huddles identify residents that frequently fall who would benefit from the use of the nordic chair. 3. Update care plans and notify staff. 4. Evaluate the use of the nordic chair for each identified resident on the next huddle.	1. Number of staff educated on the nordic chair. 2. Number of residents identified at weekly huddles. 4. Number of residents identified who benefitted from use of the nordic chair.	1. 100% of staff educated on the Nordic chair by June 1st, 2025 2. Discussion to be initiated into weekly falls meeting and fully implemented by June 19th, 2025. 3. Initiate reviews of residents using the Nordic chair July 10th, 2025.	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents with worsened ulcers stages 2-4	C	% / All inpatients	POC/PCC Audits / 2025/2026	5.70	2.00	To meet corporate standard.	Solventum/3M, Wounds Canada

Change Ideas**Change Idea #1** Reduce the prevalence of new and worsening wounds

Methods	Process measures	Target for process measure	Comments
1. Identify root cause of new and worsening wounds at weekly meetings. 2. Attend mini meetings with senior DOC and nursing consultant to review relevant information related to wounds in the home. 3. Collaborate with NP, NSWOC and SWAN trained nurses, and wound care champions. 3. Action identified strategies.	1. Number of actionable causes. 2. Number of strategies implemented. 3. Number of resolved wounds. 4. Number of mini meetings assigned to the home.	1. Identify root causes in weekly meetings by May 30th, 2025. 2. Mini meetings monthly beginning May 30th all resident wounds have healed, Reassess need for continued need for meetings when wounds are healed. 3. Review number of resolved wounds each quarter with committee day.	