

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Improve overall satisfaction score of resident & family survey	C	% / Survey respondents	In-house survey / January 1 to December 31	87.00	92.00	By improving communication and move in process in the home, we will improve overall satisfaction. We aim to increase our overall satisfaction by 5%.	

Change Ideas

Change Idea #1 Social Service Worker to offer and lead new family orientation

Methods	Process measures	Target for process measure	Comments
SSW will lead orientation session at least quarterly for all families of new residents	Number of new families participating; % increase in overall satisfaction by increasing the communication in the home and educating on who to reach out to with suggestions or feedback; evaluation forms with positive feedback from orientation session	One family orientation completed each quarter. Overall satisfaction will increase by relative 5%.	

Change Idea #2 Registered staff will communicate proactively with families and update them on any changes related to their loved ones

Methods	Process measures	Target for process measure	Comments
Registered staff to communicate with Families and PSWs on every resident change.	Decrease the # of complaints of not being informed in timely fashion; increase overall satisfaction score.	Better flow of communication to ensure all staff/families are informed of all resident care related changes as evidenced in Progress Notes. Aim for no complaints related to timely information transfer.	Improve the overall communication survey results

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident satisfaction in dining services	C	% / Residents	In-house survey / January 1 to December 31	77.00	80.00	To increase overall satisfaction with dining experience from 77% to 80%. Target set reflects small incremental increase due to this indicator being highly influenced by resident personal preferences as they relate to dining.	

Change Ideas

Change Idea #1 Increase resident feedback related to dining experience

Methods	Process measures	Target for process measure	Comments
Engage the cooks to engage more with the residents and hear feedback first hand.; Enhanced leadership presence in the dining rooms to complete auditing as per the audit schedule and to gain feedback about the meal at the time of service	# of audits completed and trends identified;3 of residents participating in food committee	100% of audits will be completed as per audit schedule; minimum one resident from each home area who can represent others	

Change Idea #2 Enhance snack service to reflect resident choices and be consistently offered

Methods	Process measures	Target for process measure	Comments
Obtain feedback from residents through food committee and return of snack audits.	Continue with snack cart audits with focus on returned items	To see improvement in resident experience for snack service evidenced by less returned items.	Aim to increase resident satisfaction with dining services

Change Idea #3 Enhance plate presentation for all meals.

Methods	Process measures	Target for process measure	Comments
Provide pictures of what plated meals should look like, create cost effective garnishes i.e. parsley or herbs; use plate space intentionally. Resident feedback, menu item tasting audits at food committee, staff education on why plate presentation matters.	Resident feedback on food tasting audits and resident councils.	Positive feedback as evidenced in audits and resident council food committee meetings with an overall increase in overall satisfaction with dining services.	

Safety

Measure - Dimension: Safe

Indicator #3	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 September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	12.71	12.00	Our home aims to reduce falls by relatively 5% in the QIP period.	

Change Ideas

Change Idea #1 Monthly audit of all falls to identify trends.

Methods	Process measures	Target for process measure	Comments
Review daily falls and tracking in spreadsheet for review.	% of residents who have fallen in last 30 days.	6% reduction in the number of residents who have fallen in last 30 days.	

Change Idea #2 Weekly Fall Huddles with interdisciplinary team reviewing residents who have fallen and residents who are at high risk for falls..

Methods	Process measures	Target for process measure	Comments
Weekly team members on neighbourhoods to review falls and risk for fall with review of plan of care for fall prevention strategies including daily rounding by PSWs.	# of residents reviewed each week.	All residents who fell will be reviewed each week.	

Change Idea #3 Post fall assessment will be completed with improved accuracy and follow up.

Methods	Process measures	Target for process measure	Comments
Education to registered staff on post fall review, assessment and care plan updates. Audit completion of post fall assessments and follow up completed.	Audits on post fall assessments completed with follow up in care plans.	90% of post falls reviews will be completed with required follow up.	