

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience survey results relating to the dining experience.	C	% / LTC home residents	In-house survey / Annual Resident Experience Survey	46.00	60.00	We are aiming at increasing overall satisfaction to reach a minimum of 60%.	

Change Ideas

Change Idea #1 Partner with the CLRI by utilizing concepts gained from the CHOICE+ Program. This program uses a relationship-centred approach to help team members improve the mealtime experience. The program helps ensure that people's preferences are respected, dignity is honoured, and the dining environment is positive.

Methods	Process measures	Target for process measure	Comments
Participating in the CLRI CHOICE+ Mealtime Experience in Long Term Care study	% of dining complaints that result in a documented improvement action % of mealtime observations where staff demonstrate at least 4 of 6 CHOICE+ relational practices.	By March 31, 2027, 95% of dining-related complaints will result in a documented improvement action Achieve 70% of mealtime observations with staff demonstrating at least 4 of 6 CHOICE+ relational practices	

Change Idea #2 Enhance methods of obtaining resident on methods to enhance the dining experience or to evaluated the methods trialed.

Methods	Process measures	Target for process measure	Comments
Utilizes Dining audits that measure dining experience and resident satisfaction at meals. illicit feedback from residents through routine Resident Food Committee and quality meetings.	# of audits completed per schedule. Positive responses based on audits Dining audits (review)	100% audits completed as per the schedule and over 80% positive feedback.	

Safety

Measure - Dimension: Safe

Indicator #2	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	21.71	12.00	Want to equal or better than provincial average	

Change Ideas

Change Idea #1 Enhance the falls prevention process.

Methods	Process measures	Target for process measure	Comments
Ensure that all identified risk factors from the falls risk assessments are translated into individualized interventions and reviewed weekly.	% of residents whose falls risk factors are translated into individualized falls prevention interventions and reviewed weekly.	Target 90-95% for process measures.	

Change Idea #2 Improve environmental safety and reduce fall risks.

Methods	Process measures	Target for process measure	Comments
Implement daily safety checks of resident rooms and common areas, ensuring hazards (clutter, poor lighting, unsafe footwear, equipment placement) are identified and corrected promptly	Percentage of daily environmental safety checks completed and documented for resident rooms and common areas	Target of 90-100% for this target measure.	

Change Idea #3 Reinforce timely Post-Fall Huddles.

Methods	Process measures	Target for process measure	Comments
Implement post-fall huddles within 24 hours of every fall to identify root causes and update individualized falls prevention interventions.	% of post-fall huddles completed within 24 hours of a resident fall.	90-100% for this target measure	

Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Reducing internally acquired pressure injuries	C	% / LTC home residents	In house data collection / 2026	3.00	2.00	Our goal is reduce our internally acquired pressure ulcers by 33% considering our small home population.	

Change Ideas

Change Idea #1 Enhance measures to prevent internally acquired pressure injuries.

Methods	Process measures	Target for process measure	Comments
Utilize risk assessments to determine risk of developing pressure injuries for all resident and review minimally quarterly with completion of LTCF. Develop individualized pressure injury prevention care plans related to specific risks identified. Ensure repositioning plans incorporated into the plan of care and completed by care staff as schedule	% of residents with a completed Pressure Ulcer Risk assessment on admission. % of residents with an individualized pressure injury prevention plan. % of residents repositioned accordingly to their care plan.	95-100% completion of Braden scale risk assessment 90-100% completion of individualized pressure injury prevention plan 85-95% of residents repositioned accordingly to their care plan.	