

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
improve resident satisfaction in relation to communication in the home.	C	% / LTC home residents	In-house survey / Annual Survey Done in July	61.00	71.00	We aim to have a relative 10% improvement our overall satisfaction related to communication in the home.	

Change Ideas

Change Idea #1 Enhance consistent two way communication through standardized huddles and weekly Woodhaven updates.

Methods	Process measures	Target for process measure	Comments
Leadership will conduct structured weekly rounding on every neighbourhood using a standardized leadership rounding tool to capture compliments, concerns and ideas from residents. families and staff and logging all items into a centralized tracker.	% of concerns acknowledged within 3 business days Median number of days to resolve concerns logged in the Follow-Up Tracker Number of documented leadership rounding encounters completed each week.	>90% of submissions acknowledged within 3 business days by Q2 2026. Median time to resolution <10 days by Q3 2026.	

Change Idea #2 Implement a standardized, Home-wide shift-exchange communication process to improve staff consistency and ensure residents receive accurate and timely information across all shifts.

Methods	Process measures	Target for process measure	Comments
Implement a consistent communication tool for all shift exchanges using an SBAR-style format. The tool will capture: Key resident status updates Outstanding follow-up actions Safety concerns Resident or family communication needs Any new feedback or concerns raised during the shift	# of monthly leadership spot audits during handover completed and % of shift exchanges documented using the standardized tool.	>95% compliance with the standardized shift-exchange tool by Q3 2026. 100% of frontline staff trained on the new process by Q2 2026.	

Change Idea #3 Implement IMAGINE person-centered communication training for frontline staff to enhance empathy-based communication, improve responsiveness, and ensure consistent closing-the-loop practices with residents and families

Methods	Process measures	Target for process measure	Comments
1) Deliver IMAGINE Person-Centered Training to All Frontline Staff 2) Roll out Communication Education; Teach staff the standardized follow-up approach to ensure residents and families receive clear responses after raising a	% of frontline staff trained in IMAGINE person-centered communication education.	100% of frontline staff trained by Q3 2026	

Safety

Measure - Dimension: Safe

Indicator #2	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 September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	11.62	18.00	CIHI Data stating home is sitting at 25.9% (11.62% as stated is inaccurate). Home wants to reduce to 18.00% as our target.	

Change Ideas

Change Idea #1 The home will implement a comprehensive Antipsychotic Reduction Program.

Methods	Process measures	Target for process measure	Comments
Conduct weekly meetings with BSO leads and RAI coordinator to reduce to below provincial average.	Percentage of residents receiving antipsychotic medication who have a documented monthly interdisciplinary antipsychotic review.	At least 90% of residents receiving antipsychotics will have a documented interdisciplinary review completed each month.	

Change Idea #2 The RAI Coordinator will perform quarterly audits on the utilization of antipsychotic medications before data submission, aiming to verify the accuracy of MDS coding.

Methods	Process measures	Target for process measure	Comments
RAI Coordinator will audit antipsychotic usage prior to data submission.	% of residents on antipsychotics reviewed during audits.	100% of residents on anti-psychotics are tracked and monitored through the auditing process.	

Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average	2.67	2.30	Home would like to strive towards the provincial average and understanding the rolling four quarters it would take time to meet our target.	

Change Ideas

Change Idea #1 Enhancement of Skin and Wound Knowledge and education for staff

Methods	Process measures	Target for process measure	Comments
Implement a structured education initiative for PSWs focused on safe and effective turning and repositioning techniques, the appropriate use of support surfaces and repositioning equipment (e.g., slide sheets, turning aids, pressure-relieving mattresses, and offloading devices), and early recognition of worsening pressure injuries. In parallel, provide targeted training for nursing staff on identifying, assessing, and treating pressure injuries, including appropriate referral processes and completion of comprehensive skin and wound assessments.	# of educational opportunities offered to staff and staff attendance.	All staff will be educated on skin and wound assessments.	

Change Idea #2 Introduce monthly Interdisciplinary Wound Rounds

Methods	Process measures	Target for process measure	Comments
Scheduled Monthly rounds with PSW, RN, dietitian, PT/OT, and wound leads to review worsening 2 to 4 pressure ulcers along with auditing their plan of care.	% of residents with stage 2–4 pressure injuries reviewed during monthly wound rounds.	100% compliance of monthly rounding.	