

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who respond positively to the dining experiences (e.g., the atmosphere, environment, and customer service aspects).	C	% / LTC home residents	In house data collection / April - October 2025	85.00	90.00	To promote dining experience, the first-year baseline was 93% satisfaction, but the home is looking to further establish a firm baseline collection. Therefore, the 2025 target is set at 85% satisfaction and audits will continue.	

Change Ideas

Change Idea #1 Conduct monthly meal audit on residents satisfied with their dining experiences.

Methods	Process measures	Target for process measure	Comments
Interprofessional team members will conduct monthly meal audits as scheduled and submit the results to the Food Services Manager/Supervisor.	Number of scheduled meal audits conducted.	Conduct at least 60 scheduled meal audits by October 31, 2025, with the audits being conducted on a monthly basis and submitted to the Food Services Manager/Supervisor.	

Change Idea #2 Provide training on professional meal services, customer service skills and collaboration for Personal Support Works (PSWs) and Dietary Aids (DAS) to promote pleasant dining experiences for residents.

Methods	Process measures	Target for process measure	Comments
The nursing managers and the Food Services Manager/Supervisor will provide training to Personal Support Workers (PSWs) and Dietary Aids (DAs) on professional meal services and customer service skills to create a collaborative, pleasant dining experience for residents.	Percentage of full-time and part-time PSWs and DAs who will receive training on professional meal services, customer service skills, and a collaborative, pleasant dining experience.	Ensure that 90% of full-time and part-time PSWs and DAs receive training on professional meal services, customer service skills, and creating a collaborative, pleasant dining experience by April 30, 2025.	

Change Idea #3 Create and implement action plans based on the monthly meal audit results. This initiative aims to pinpoint specific areas where the dining experience can be improved. This approach ensures that any issues are systematically identified and addressed, leading to continuous improvement in the dining experience.

Methods	Process measures	Target for process measure	Comments
Nursing Managers and Food Service managers/Supervisors will collaboratively create and implement action plans based on the monthly meal audit feedback, prioritizing and implementing them accordingly.	Share the summary of meal audit results and action plans and their implementation (if applicable) with interprofessional team members at the Divisional Quality Committee (DQC) meeting quarterly.	Share the summary of action plans and implementation with the interprofessional team members in the DQC meeting quarterly by December 31, 2025.	

Change Idea #4 Gather feedback from interprofessional team members (Meal Auditors) on improving dining experiences for residents.

Methods	Process measures	Target for process measure	Comments
Meal Auditors (interprofessional team members) will compare the current meal audit observations with the previous month to identify areas of improvement and/gaps, document on the monthly meal audit form.	Number of meal auditors will compare the current meal audit observation with the previous months and document it on the monthly meal audit form.	Ensure 10 meal auditors compared the current meal audit observation with the previous month and documented it on the meal audit form quarterly.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who respond positively to the statement: "There are a variety of enjoyable recreational activities for me to choose from (e.g., games, outings, events, etc.)"	C	% / LTC home residents	In-house survey / January - December 2025	81.00	85.00	To promote a variety of small group programs focused on Mandarin-speaking residents, allowing them to feel comfortable, person-centred care, and supported while encouraging communication.	

Change Ideas

Change Idea #1 Conduct three (3) Mandarin-speaking group activities each month by the activation members.

Methods	Process measures	Target for process measure	Comments
Activation members will collaborate with the Activation Manager on a monthly basis to schedule and plan upcoming Mandarin-speaking group activities.	Number of Mandarin-speaking group activities conducted in 2025.	Conduct a total of 30 scheduled Mandarin-speaking group activities by December 31, 2025.	Residents with an updated Cognitive Performance Scale (CPS) score of 0-2 will be invited to participate in these Mandarin-speaking group activities. The activities will be conducted across different floors.

Change Idea #2 Gather verbal feedback from residents who participated in the Mandarin-speaking group activities immediately per session to improve their experience.

Methods	Process measures	Target for process measure	Comments
The Activation Worker will assess the resident's satisfaction with the session (satisfied, neutral, or dissatisfied) and gather any verbal suggestions or feedback.	Percentage of Mandarin-speaking residents participating in the group activity who are asked to provide verbal feedback each session.	Ensure that 90% of Mandarin-speaking residents participating in the activity are asked to provide verbal feedback each session.	

Change Idea #3 Compile feedback and analyze results from residents to identify areas for improvement.

Methods	Process measures	Target for process measure	Comments
The activation Workers will compile feedback and analyze results from residents every month.	Percentage of verbal feedback collected and compiled each month.	Compile, analyze and create a summary report summarizing the finding by December 31, 2025.	

Change Idea #4 Collaborate with Resident Council Representatives (RCR) and Family Council Representatives (FCR) to modify the program based on feedback.

Methods	Process measures	Target for process measure	Comments
The Activation Manager will hold quarterly meetings with Resident Council and Family Council to discuss feedback and suggestions for program improvement.	Number of meetings held with RCR and FCR.	Hold three (3) meetings with RCR and FCR by December 31, 2025.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who respond positively to the statement: "Are you involved or aware of your medications/medication changes (e.g., taking meds, refusing, etc.)?"	C	% / LTC home residents	In-house survey / January - December 2025	79.00	82.00	To improve residents' awareness of their medication and promote their involvement.	

Change Ideas

Change Idea #1 Enhance the workflow process to involve the cognitively capable residents (Cognitive Performance Scale (CPS) score between 0 and 2) about medication changes.

Methods	Process measures	Target for process measure	Comments
The nursing management team will re-establish a workflow process to outline the roles and responsibilities of RN/RPN and when and how to involve cognitively capable residents in medication changes.	The workflow process to involve cognitively capable residents in medication changes will be re-established.	Re-establish the workflow process to involve cognitively capable residents in medication changes by March 31, 2025.	

Change Idea #2 Arrange training for nurses to ensure that the cognitively capable residents are involved in understanding the medication changes.

Methods	Process measures	Target for process measure	Comments
Training will be provided to the nurses on when and how to involve and inform the cognitively capable residents about understanding the medication changes.	Percentage of full-time and part-time nurses who receive training.	Achieve 90% attendance for full-time and part-time nurses in the training by April 30, 2025.	

Change Idea #3 Ensure the cognitively capable residents are aware of the medication change and receive health teaching on its purpose, dose, route, schedule, and possible side effects.

Methods	Process measures	Target for process measure	Comments
Nurses will inform the cognitively capable residents about medication changes and provide health teaching on the medication's purpose, dose, route, schedule, and possible side effects.	Percentage of cognitively capable residents who are informed of medication changes and receive health teaching on medication's purpose, dose, route, schedule, and possible side effects.	Ensure 90% of cognitive capable residents are informed about medication changes and receive health teaching on the medication's purpose, dose, route, schedule, and possible side effects by December 31, 2025.	

Change Idea #4 Document health teaching in electronic health record - PointClickCare (PCC)/Progress Notes after informing the cognitively capable residents about the medication change, including details of its purpose, dose, route, schedule, and side effects.

Methods	Process measures	Target for process measure	Comments
Nurses will document the health teaching provided to the cognitively capable residents on the PCC/Progress Note/Health Teaching template.	Percentage of health teaching that is documented in the PCC/Progress Note/Health teaching template.	Ensure at least 95% of health teaching is documented in the PCC/Progress Note/Health teaching template by December 31, 2025.	