

Experience

Measure - Dimension: Patient-centred

| Indicator #1 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|-------------------|---|---------------------|--------|---|------------------------|
| Percentage of families who respond "Yee Hong has an effective communication process in place to share and address your concerns, complaints, requests and offer compliments | C | % / LTCH Families | In house data collection / 2025 Satisfaction Survey | 95.00 | 97.00 | Our team is committed to maintaining high performance in effective family communication, ensuring concerns are addressed in a timely and collaborative manner as a core component of person-centred care. | |

Change Ideas

Change Idea #1 Consistent implementation of Standardized Family Concern/Complaint Acknowledgment & Follow-Up Protocol involving all departments

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|----------|
| Consistently implement a mandatory 3-step protocol for all staff receiving a family concern: 1. Listen & Acknowledge (within 24 hours), 2. Investigate & Assign (to appropriate lead), 3. Follow Up & Close Loop (with family). | Percentage of concerns has been addressed and resolved with the family and is documented as completed within 10 calendar days. | • 90% of concerns have documented follow-up closure with the family within 10 days in 2026 involving all departments. | |

Change Idea #2 Enhance Proactive Communication through Structured "Family Check-In" Calls.

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|----------|
| a. Introduce a schedule for monthly proactive check-in calls by the assigned Nurses, Social Workers, or ADRCs for family members b. Use a standardized script/question guide to solicit feedback, updates, and any unmet needs before they escalate. c. Document the call summary in the Progress Note and any actionable items in the resident's care plan. | <ul style="list-style-type: none"> Percentage of resident families who receive a scheduled monthly proactive check-in call. Number of potential issues identified and addressed proactively through these check-ins (tracked monthly). | <ul style="list-style-type: none"> 85% of families receive a monthly check-in call by December 2026. Identify and act on a minimum of 5 proactive issues per quarter across the home. | |

Change Idea #3 Create and Promote a Clear, Multi-Channel "Family Communication Guide."

| Methods | Process measures | Target for process measure | Comments |
|--|---|--|----------|
| a. Develop a visually clear, multi-language guide (pamphlet & poster) outlining: Who to contact for different issues (care, billing, activities), how to contact them (phone, email, in-person hours), and what to expect (response timelines). b. Distribute at admission and post in common areas. | <ul style="list-style-type: none"> Percentage of new admissions where the Family Communication Guide is reviewed and provided within the first week. | <ul style="list-style-type: none"> 100% of new families receive the guide within 7 days of admission. | |

Change Idea #4 Establish a "Family Feedback Forum" for facilitating communication and collaboration

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|----------|
| <ul style="list-style-type: none"> Publish a brief "You Spoke, We Acted" summary after each forum, highlighting decisions and actions taken. | <ul style="list-style-type: none"> Percentage of action items generated from forums that are completed within 90 days. | <ul style="list-style-type: none"> Hold a minimum of 4 forums in the fiscal year December 2026. 80% of forum action items are completed within 90 days. | |

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 | 6.97 | 6.00 | The goal is to reduce the fall-related negative impact. | |

Change Ideas

Change Idea #1 Arrange in-person Fall prevention and management training for interprofessional team members, including Personal Support Workers (PSWs), Activation Workers (AWs), Housekeeping staff (HS), and Nurses, focusing on increasing safety awareness, post-fall root cause analysis and fall prevention equipment.

| Methods | Process measures | Target for process measure | Comments |
|---|---|--|----------|
| <ul style="list-style-type: none"> Nursing managers provide training to PSWs, AWs, HS, and Nurses on increasing safety awareness, post-fall root cause analysis and fall prevention equipment. | <ul style="list-style-type: none"> The percentage of full-time and part-time PSWs and AWs, HS, and nurses who will receive training on fall prevention and management. | <ul style="list-style-type: none"> 90% of full-time and part-time PSWs and AWs, HS, and nurses received training on fall prevention and management by April, 2026 | |

Change Idea #2 Enhance Proactive Communication through Structured "Family Check-In" Calls.

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|----------|
| <ul style="list-style-type: none"> •Ensure care plans include specific, actionable interventions utilizing the RNAO "Preventing Falls and Reducing Injury from Falls" Clinical Best Practice Guideline. | <ul style="list-style-type: none"> •Percentage of residents identified as high fall risk who have an individualized, actionable Fall Prevention Care Plan documented in their electronic health record. | <ul style="list-style-type: none"> •100% of high-risk residents have a comprehensive, updated, individualized Fall Prevention Care Plan by Dec 2026. | |

Change Idea #3 Improve environmental safety through regular "Fall Hazard" rounds.

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|----------|
| <p>a. Establish a monthly "Safety Round" checklist for each unit, inspecting for hazards (e.g., clutter, poor lighting, wet floors, improper bed heights and equipment placement). b. Assign the RN team leads to conduct the rounds. c. Log identified hazards in a central maintenance tracking system and monitor time-to-resolution.</p> | <ul style="list-style-type: none"> • Percentage of identified high-priority environmental hazards is resolved within 72 hours of reporting. | <ul style="list-style-type: none"> •90% of identified high-priority environmental hazards are resolved within 72 hours of reporting by Dec 2026. | |