

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who respond to the question "There are a variety of enjoyable recreational activities for me to choose from (e.g. outings, games, events, etc.)" in the annual resident satisfaction survey.	C	% / LTC home residents	In-house survey / Annual satisfaction survey October 2025	87.00	90.00	To improve resident satisfaction with the variety and availability of activities offered, as measured by the annual resident satisfaction survey.	Behaviour Support Ontario, Early Blooms Daycare, Yee Hong Volunteers

Change Ideas

Change Idea #1 Increase both the number of hours and the frequency of activities by offering additional activation hours throughout the week.

Methods	Process measures	Target for process measure	Comments
a. Secure resources for extra hours through external or internal funding b. Develop activity programs that can be completed after hours or on weekends. c. Utilize technology or other innovative ideas to provide more opportunities for residents and families, or other non-activation staff, to have activities together	a. Extra resources received from either external or internal funding to support increased activation hours b. Number of additional activity programs created that can be facilitated after hours or weekends c. New innovative ideas or technologies are implemented to provide activities.	a. Resources secured to support increased hours of activation on or before July 31, 2026 b. At least 3 additional programs created on or before September 31, 2026 c. At least 1 new idea or technology introduced to residents on or before July 31, 2026	

Change Idea #2 Increase the types and categories of activities by getting more input from residents

Methods	Process measures	Target for process measure	Comments
a. Hold focus groups for residents per floor b. Create an inventory of the suggestions gathered through focus groups c. Hold a demonstration of the activities and voting.	a. Number of focus groups held. b. Completed inventory of newly suggested activities c. Top 3 new activities trialled and voted for by the residents.	a. At least 4 focus groups held on or before June 30, 2026 b. Inventory of new suggested activities released and voted for by the residents on or before July 31, 2026 c. Top 3 new activities are incorporated into the activity programs on or before August 31, 2026	

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	8.40	7.90	To reduce percentage of resident who fell in 30 days leading up to their assessment	

Change Ideas

Change Idea #1 Strengthen early identification of fall risks for all new admissions and readmissions to ensure timely implementation of individualized fall prevention strategies during the highest-risk transition period.

Methods	Process measures	Target for process measure	Comments
<p>a. Complete a standardized fall risk assessment within 24 hours of admission or readmission. b. Conduct an interdisciplinary review (RN/RPN, PSW, physiotherapy/OT as available) within the first 72 hours to validate fall risk factors and prevention strategies by implementing and utilizing recommendations from the RNAO ""preventing falls and reducing injury from falls"" Clinical Best Practice Guideline. c) Ensure individualized fall prevention strategies are documented in the care plan and communicated to frontline staff during shift reports by implementing and utilizing recommendations from the RNAO ""preventing falls and reducing injury from falls"" Clinical Best Practice Guideline.</p>	<p>a. % of new admissions/readmissions with a comprehensive fall risk assessment completed with interprofessional collaboration within 24 hours, including identification of individual risk factors utilizing RNAO ""preventing falls and reducing injury from falls"" Clinical Best Practice Guideline. b. % of new admissions/readmissions with individualized fall prevention interventions documented within 72 hours that are clearly linked to assessed risk factors, informed by interprofessional input, and reflected in the care plan/Kardex utilizing RNAO ""preventing falls and reducing injury from falls"" Clinical Best Practice Guideline.</p>	<p>a. At least 90%-95% of new admissions/readmissions will have a completed fall risk assessment within 24 hours by December 31, 2026. b. At least 90% of new admissions/readmissions will have individualized fall prevention strategies documented in the care plan within 72 hours</p>	

Change Idea #2 Increase staff knowledge, consistency, and accountability in fall prevention through targeted education and role-based expectations.

Methods	Process measures	Target for process measure	Comments
<p>a. Provide focused fall prevention education to nursing and PSW staff, emphasizing: - early risk identification - individualized interventions - reporting near-misses and changes in condition promptly b. Incorporate fall prevention expectations into orientation for new staff during shadowing period c. Review fall trends and analysis during staff huddles and meetings (PSW meetings; Nursing meetings)</p>	<p>a. % of nursing and PSW staff who receive physiotherapy-led fall prevention education or reinforcement based on resident risk, post-fall analysis, or identified trends. b. % of post-fall huddles and monthly meetings that include review of individualized fall prevention strategies for high-risk residents and documented follow-up actions.</p>	<p>a. greater than 80% of nursing and PSW staff will complete annual fall prevention education by Nov 2026 than the current rate of 30% who receive physiotherapy led education. b. =80% of staff huddles will include review of fall prevention strategies identified from the RNAO ""preventing falls and reducing injury from falls"" Clinical Best Practice Guideline for each high-risk resident, by Dec 2026</p>	