

Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I am aware that I can offer suggestions to improve care and services"	C	% / LTC home families	In house data, NHCAHPS survey / Most recent consecutive 12-month period	81.00	86.00	Increase Percentage of residents who responded positively to the statement: "I am aware that I can offer suggestions to improve care and services"	Family and Resident Council

Change Ideas

Change Idea #1 Ensures that families are continuously made aware of their ability to contribute feedback and participate in enhancing the quality of care.

Methods	Process measures	Target for process measure	Comments
1. During the admission process, Social Worker (SW) will inform residents and their families about the appropriate contacts and procedures for providing suggestions to improve care and services. 2. On a quarterly basis, nursing staff will inform residents and their families of the appropriate contacts and methods for providing suggestions related to care and services. Nurses will actively solicit feedback and document any suggestions received. 3. At the annual and admission care conferences, the Nursing Manager will reiterate the appropriate contacts and methods for residents and families to share suggestions related to care and services, and document.	1. Percentage of resident and their families inform about appropriate contact and procedure providing suggestions to care and services. 2. Percentage of quarterly care plan reviews with documented evidence that residents and families were informed of the appropriate contacts and methods for providing suggestions related to care and services. 3. Percentage of residents and families were informed of the appropriate contacts and methods for providing suggestions related to care and services during the admission or annual care conference.	1. 100% of resident and their families inform about appropriate contact and procedure providing suggestions to care and services. 2. At least of 80% quarterly care plan reviews with documented evidence that residents and families were informed of the appropriate contacts and methods for providing suggestions related to care and services. 3. At least 70% of residents and families were informed of the appropriate contacts and methods for providing suggestions related to care and services during the admission or annual care conference	

Change Idea #2 Enhance Feedback Channel Visibility

Methods	Process measures	Target for process measure	Comments
1. Post the home's management team contact information in the main lobby. 2. The suggestion box will be checked weekly by receptionist and share with the respective department who will follow up.	2. Percentage of suggestion that were collected weekly by the receptionist and forwarded to the appropriate department for follow-up within 2 weeks.	1. Home's management team contact information will be posted in the lobby by April 31 2026. 2. At least 80% of suggestion that are collected weekly by the receptionist and forwarded to the appropriate department for follow-up within 2 weeks.	

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	8.92	8.40	Reduce the Percentage of residents who fell in the last 30 days	Pharmacist,, Behavioural Supports Ontario (BSO) mobile team,, Pain management consultant, NPSTAT, Geriatric Psychiatrist

Change Ideas

Change Idea #1 Conduct a comprehensive review of all residents who fall to identify pattern/trend and root cause of falls

Methods	Process measures	Target for process measure	Comments
1.ADRC will conduct a comprehensive monthly analysis of fall data to identify trends and patterns. 2.ADRC will present the analysis and related recommendations with staff at floor meetings. 3. After care review, ADRC will share the fall prevention for high risk residents at the monthly inter-professional team meetings 4. The care plan will be updated by the primary nurse.	1. Percentage of monthly fall data reports completed timely. 2. Percentage of falls reviewed at the floor meetings. 3.Percentage of falls discussed at the monthly interprofessional team meetings. 4.Percentage of care plans updated after the fall have been reviewed	1. 90% of monthly fall data reports completed and analyzed (e.g., time of day, location, risk factors, etc.) by the 15th day of the following month. 2. At least 80% of falls are reviewed at floor meetings. 3. 100% of falls were discussed at the monthly interprofessional team meetings. 4. 100% of care plans for high-risk residents are updated within 48 hours after the care review.	

Change Idea #2 Implement fall prevention for residents with repeated falls.

Methods	Process measures	Target for process measure	Comments
<p>1. ADRC will conduct thorough care reviews for frequent fallers (residents who fall two or more times a month) to assess root causes and identify appropriate interventions. 2. ADRC will provide updates to staff and interprofessional team regarding frequent fallers with updated fall prevention strategies. 3. Capable residents and their families will be informed of the identified root causes of the frequent falls and the current fall prevention strategies in place. Feedback obtained from both capable residents and family will be documented. If necessary, a Special Care Conference will be scheduled to discuss fall prevention measures and involve all relevant parties in creating a tailored plan. 4. Appropriate fall prevention technologies and equipment, such as the Automatic Braking System for wheelchairs will be utilized where applicable to reduce fall risk and enhance safety for residents.</p>	<p>1. Percentage of care reviews of the frequent fallers (=2 falls per month) completed. 2. Percentage of frequent fallers updated interventions were shared with staff and inter-professional team. 3. Percentage of capable residents and families were informed about root causes and strategies in place. 4. Percentage of residents identified as high-risk who receive appropriate fall prevention technologies (i.e. ABS)</p>	<p>1. 100% of residents with frequent fall care reviews were completed. 2. 100% achieved in reporting updates regarding current fall prevention strategies for frequent fallers during both floor meetings and monthly interprofessional team meetings. 3. 100% of capable residents and families are informed about the root causes of falls and current fall prevention strategies. 4. 100% of high-risk residents will be assessed for the use of appropriate fall prevention technologies (e.g., ABS for wheelchairs) and other equipment where applicable.</p>	

Change Idea #3 Staff engagement and education

Methods	Process measures	Target for process measure	Comments
<p>1. Each month, the RN Team Lead will post the total number of falls on every floor and highlight any trends. 2. Educational on proper use of fall prevention equipment will be provided to staff. 3. Host an annual Fall Prevention Awareness Event to emphasize the importance of fall prevention, engage staff and recognize their efforts to prevent falls while also promoting best practices.</p>	<p>1. Percentage of units receiving monthly fall data updates 2. Percentage of staff trained in the use of fall prevention equipment. 3. Percentage of staff participating in the event</p>	<p>1. 100% of units receive monthly updates. 2. At least 100% of nursing staff are trained on the proper use of fall prevention equipment by December 2026. 3. At least 50% of nursing staff attend or engage in the Annual Fall Prevention Awareness Event.</p>	