Experience

Measure - Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of positive Resident Satisfaction Survey scores specific to question "Resident satisfaction with overall quality of care and service".	C	% / LTC home residents	In-house survey / January 2025 to December 2025	79.00	80.00	Previous resident satisfaction survey score was 79% and our target for current satisfaction is a minimum of 80%.	SJHS-LTC

Change Ideas

Change Idea #1 Provide a forum (survey) for residents to express satisfaction with quality of care.

Methods	Process measures	Target for process measure	Comments
Continue to include question on annual survey: Are residents satisfied with quality of care services?	Number of resident satisfaction surveys conducted annually.	To complete one resident satisfaction survey before Dec 30, 2025.	

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of education sessions provided to the Resident and Family Councils.	C	Number / LTC home residents	In house data collection / April 2025 to March 2026	CB	2.00	Skill Development: Enhance PFA and resident council knowledge and competencies to participate effectively in committees and initiatives.	SJHH, SJHC

Change Ideas

Change Idea #1 Survey residents and families on education topics that will help them gain skill, knowledge and confidence in participating in initiatives and projects.

Methods	Process measures	Target for process measure	Comments
Connect with residents and families, through councils and other, to determine: which education sessions would you like to know more about in order to build skill, engagement and confidence level in your involvement with quality improvement initiatives?	Number of surveys conducted to identify topics of education/interest to develop resident/family engagement.	To complete 2 surveys to identify education topics by October 30, 2025.	

Change Idea #2 Provide education sessions and mentorship program for residents and families to enhance competency.

Methods	Process measures	Target for process measure	Comments
Develop curriculum based on resident/family input and feedback and offer sessions.	Number of education sessions provided to residents/families.	To provide 2 education sessions to residents/families by Dec 31, 2025.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of active volunteers providing recreational and social opportunities.	C	Number / Other	In house data collection / April 2025 to March 2026	74.00	100.00	Prior to COVID, there was a larger number of volunteers (182) offering more activities to residents.	

Change Ideas

Change Idea #1 Promote volunteer services through internal and external communication.

Methods	Process measures	Target for process measure	Comments
Post seeking/request for volunteers through internal communication memos, posters throughout building and requests at post secondary schools and through social media.	Number of postings per year promoting volunteer services.	To post 5 notices per year.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of volunteers providing 1:1 recreational and social opportunities, for high risk isolation residents.	C	Number / Other	In house data collection / April 2025 to March 2026	3.00	15.00	Impact: Improve resident centered care outcomes and organizational policies.	

Change Ideas

Change Idea #1 Identify residents that are at high risk for social isolation and identify volunteers interested in volunteering one on one with residents in isolation.

Methods	Process measures	Target for process measure	Comments
Identify residents with no family as risk for isolation. Connect with volunteers to determine interest in working with residents that scored high risk for isolation.	Number of interested volunteers identified to visit high risk isolation residents.	To recruit 15 volunteers to visit high risk isolation residents.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of new recreational activities led by volunteers.	C	Number / Other	In house data collection / April 2025 to March 2026	1.00	8.00	Impact: Improve resident centered care outcomes and organizational policies.	

Change Ideas

Change Idea #1 Survey residents and volunteers for preferred, new recreational activities.

Methods	Process measures	Target for process measure	Comments
Connect with residents and volunteers to determine: Residents, which new recreational activities would you like to see? Volunteers, which new recreational activity would you be interested in running?	Two surveys conducted annually to then match volunteers leading activities and residents interested in activities.	To complete 2 surveys to identify preferred activities and volunteers by February 2026.	

Safety

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of education sessions provided to staff regarding a healthy reporting structure (Just Culture) and the importance of reporting racial and ethnic slurs.	C	Number / Staff	In house data collection / April 2025 to March 2026	CB	4.00	We recognize the importance of a safe workplace for all staff, including psychological safety. We will develop education sessions to emphasize the importance of reporting workplace violence specifically to ethnic and racial slurs.	

Change Ideas

Change Idea #1 Provide education and build staff confidence on the importance of reporting workplace violence specifically racial and ethnic slurs.

Methods	Process measures	Target for process measure	Comments
Develop "Importance of Reporting workplace violence-psychological safety" (ethnic and racial slurs) education module. Staff participate in education module. Develop and implement education module session feedback survey.	Number of education sessions to staff on the importance of reporting ethnic and racial slurs.	To provide 4 education sessions to staff on the importance of reporting racial and ethnic slurs.	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of staff incident reports reporting Health and Safety/Violence in the workplace specifically to racial and ethnic slurs.	C	Number / Staff	In house data collection / April 2025 to March 2026	CB	CB	We will enhance our data collection on workplace violence that will now include psychological safety as it is related to racial and ethnic slurs.	

Change Ideas

Change Idea #1 Collect data on types of staff incidents that are related to racial and ethnic slurs.

Methods	Process measures	Target for process measure	Comments
Revise staff incident reports to include racial and ethnic slurs. Update database to include new type of incidents. Complete investigations regarding ethnic and slur incidents. Review data at health and safety committee, manager and leadership meetings.	Percentage of documented resident behaviours related to ethnic and racial slurs are reported on staff incident reports.	Achieve 25% of documented resident behaviours related to ethnic and racial slurs are reported on staff incident reports.	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (senior leadership, management, staff) who have completed relevant equity, diversity and inclusion and antiracism education.	C	% / Staff	In house data collection / April 2025 to March 2026	CB	20.00	We will continue to support staff by offering EDI based training in addition to the mandatory education on our LMS.	

Change Ideas

Change Idea #1 Identify appropriate EDI and antiracism education for different roles.

Methods	Process measures	Target for process measure	Comments
Research appropriate EDI training and education sessions. Identify training for the different roles (staff and management). Identify training to be either in-person, on-line or a mix of both.	Percentage of staff attending additional EDI and antiracism training	20% of staff will complete additional EDI and antiracism training.	

Measure - Dimension: Safe

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of pain assessment audits developed to measure compliance with reassessment process.	C	Number / LTC home residents	In house data collection / April 2025 to June 2025	CB	1.00	We have not collected data on ineffective pain relief with reassessment time frames but recognize the importance of reassessment in a timely manner to address resident's ongoing pain concern and to meet regulatory compliance requirements. Completing audits will ensure compliance and identify areas for improvement.	

Change Ideas

Change Idea #1 Enhance resident pain comfort by completing audits to ensure compliance with process.

Methods	Process measures	Target for process measure	Comments
Run a focus group with pain leads and identified clinical members to identify audit questions and framework. Trial audit on 1 unit, request feedback and then roll out audit on 2 units.	Number of pain audits created	One pain audit created	

Measure - Dimension: Safe

Indicator #10	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents overall health comfort improving for those experiencing “worsening pain” by trialing different non-pharmacological or pharmacological interventions in identified time frame.	C	% / LTC home residents	In house data collection / July 2025 to March 2026	CB	85.00	We have not collected data on ineffective pain relief with reassessment time frames but recognize the importance of reassessment in a timely manner to address resident’s ongoing pain concern and to meet regulatory compliance requirements.	

Change Ideas

Change Idea #1 Develop a pain assessment process to capture assessment and reassessment timeframes.

Methods	Process measures	Target for process measure	Comments
Run a focus group with clinical team to develop timeframes according to best practice. Provide education on timeframes and referrals, to clinical team involved with assessing and reassessing pain, recommending interventions and treating. Review at high risk rounds those identified with worsening pain.	Percentage of assessment/reassessment timeframes being met.	Achieve 85% compliance with reassessment process in Q2-Q4.	