

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1, 2024, to September 30, 2025 (Q3 to the end of the following Q2)	15.67	14.00	Au Château will reduce the rate of potentially avoidable emergency department (ED) visits from 15.67% to 14.00% through early identification of clinical deterioration, strengthened in-home clinical management, and improved advance care planning. Avoidable ED transfers can be disruptive and may expose residents to hospital-related risks such as delirium, infection, and functional decline. Continued improvement in this area will enhance resident safety, comfort, and continuity of care..	

Change Ideas

Change Idea #1 Early Detection of Resident Condition Changes (SBAR)

Methods	Process measures	Target for process measure	Comments
-Implement the SBAR communication tool for contacting on-call clinicians (RN -> NP/MD). -Integrate SBAR prompts/template within PointClickCare for consistency	Percentage of staff trained in SBAR.	95% of Registered Staff trained by the end of July 31, 2026.	Strengthening structured communication supports early detection of clinical deterioration and reduces unnecessary ED transfers.

Change Idea #2 Advance Care Planning Implementation & Review

Methods	Process measures	Target for process measure	Comments
Advance Care Planning (ACP) completed at admission, Review ACP during Annual Care Conferences Revisit ACP following any hospital transfer	Percentage of residents with ACP reviewed at their annual care conference.	80% of Residents reviewed by November 30th, 2026.	Strengthening ACP ensures resident wishes guide in-home management and reduces unnecessary ED transfers.

Change Idea #3 Review and Strengthen In-Home Clinical Management

Methods	Process measures	Target for process measure	Comments
Implement NP/Physician on-call escalation protocol	Percentage of on-call situations supported by a documented and accessible escalation protocol.	100% of shifts/units have the escalation protocol available.	Clear escalation pathways support timely in-home intervention and reduce avoidable transfers

Change Idea #4 Family & Staff Education on Transfer Outcomes, Risks and Benefits

Methods	Process measures	Target for process measure	Comments
Provide education sessions outlining when hospital transfers are clinically appropriate.	Attendance and feedback scores from education sessions.	85% of participating family members satisfied with the information provided.	Improving understanding of transfer implications support shared decision-making aligned with resident goals of care.

Change Idea #5 Structured Post-Transfer Reviews

Methods	Process measures	Target for process measure	Comments
Conduct root cause analysis (RCA) within 72 hours of every ED transfer Identify trends (time of day, unit, diagnosis) Trial a tracking system for ED visits and follow-up actions.	Number of post-transfer reviews completed per quarter.	90% of residents will have an RCA within 72 hours post-transfer every quarter.	Timely review strengthens system learning, identifies preventable patterns, and supports fall, hydration, and behavioural risk mitigation strategies.

Change Idea #6 Enhance Infection Prevention and Treatment

Methods	Process measures	Target for process measure	Comments
Continue the implementation of UTI & Dehydration Protocols for residents who present with symptoms or identified risk factors.	Percentage of residents assessed using the standardized UTI and Dehydration Protocols when symptoms or risk factors are identified.	95% of residents will be assessed using the protocols when symptoms and risk factors are identified.	This change idea supports early identification and timely management of infection and dehydration related risks, both of which are common contributors to potentially avoidable ED transfers. Consistent use of the UTI and Dehydration Protocols promotes standardized clinical assessment, reduces unnecessary testing or hospital visits, and ensures residents receive prompt in-home interventions such as hydration and monitoring. Strengthening protocol adherence also enhances documentation quality, supports safer clinical decision-making, and aligns with best practice guidelines for infection prevention and hydration management in long-term care.

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	94.76	100.00	Au Château will achieve and sustain 100% completion of mandatory Equity, Diversity, Inclusion, and Anti-Racism education for all staff—executive, management, and frontline. Also, maintain this standard annually through consistent onboarding and compliance monitoring. Providing culturally safe, inclusive, and equitable care is foundational in long-term care. Achieving full annual completion ensures a shared understanding of equity principles, reduces unconscious bias, strengthens culturally responsive care, and supports a more inclusive and respectful workplace culture.	

Change Ideas

Change Idea #1 Make Annual EDI Training Mandatory

Methods	Process measures	Target for process measure	Comments
Update policy to require annual EDI education for all roles.	Measured by the percentage of staff with current EDI completion	100% staff current by December 31, 2026.	Making EDI education an annual mandatory requirement strengthens organizational accountability and ensures all staff maintain current knowledge related to equity, diversity, inclusion, and anti-racism. Having leadership complete the training first promotes a supportive learning culture and models the expectations for the rest of the team. Annual training supports consistent application of equity principles, reduces unconscious bias, and reinforces culturally safe and inclusive care practices across the Home.

Change Idea #2 Offer Multiple Training Formats

Methods	Process measures	Target for process measure	Comments
Provide triple format deliver: online (Surge learning), micro-sessions (15 min huddles), and in-person workshops (case scenarios).	Measured by percentage of staff rating format of training as clear and accessible.	More than 75% of staff feedback indicates that the training formats are clear, accessible, and meet learning preferences.	Providing EDI training in multiple formats—such as online modules, in-person sessions, and hybrid options, improves accessibility and accommodates different learning preferences and staff schedules. Offering flexible formats increases the likelihood of meaningful engagement with the material, promotes stronger knowledge retention, and supports a more inclusive and learner-centered approach to mandatory education.

Change Idea #3 Onboarding Integration

Methods	Process measures	Target for process measure	Comments
Require EDI training within 30 days of hire	Percentage of new hires completing EDI within 30 days.	100% completion within 30 days.	Integrating training into the onboarding workflow improves completion rates, supports consistent organizational expectations, and promotes a respectful and inclusive workplace culture. Protected time ensures staff are set up for success while maintaining safe staffing levels

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	54.17	70.00	<p>Au Château will increase positive responses to the statement "I feel I have a voice and am listened to by staff" from 54% to 70.0% through structured resident engagement activities, leadership listening rounds, and staff training in active listening and client centered communication. Currently, only 54% of residents report feeling heard and listened to, indicating that nearly half may feel unsure whether their perspectives influence decisions about their care or daily living.</p> <p>This aim focuses on strengthening communication between residents and staff by creating consistent opportunities for residents to express their views and ensuring staff demonstrate meaningful, responsive listening behaviours. The focus extends beyond simply gathering feedback; it emphasizes how staff acknowledge, respond to, and act on what residents share, fostering a culture where residents feel valued, respected, and empowered in their daily experience.</p>	

Change Ideas

Change Idea #1 Establish Safe Reporting Mechanisms.

Methods	Process measures	Target for process measure	Comments
Encourage supportive, non-judgemental language when a concern is raised, such as: "Thank you for telling me, I will help you with this." Track, log and analyze safety concerns and near miss data quarterly to identify themes or trends. Conduct regular management walk-throughs to reinforce visibility, openness, and accessibility of leadership for staff, residents and families.	Percentage of staff who report awareness and confidence in using safe reporting mechanisms.	By March 2027, 90% of staff will report awareness and confidence in using safe reporting mechanisms for incidents, safety concerns, or near misses.	Total Surveys Initiated: 48 This change idea supports a culture where staff feel comfortable reporting concerns without fear of blame or retaliation. Increased reporting leads to earlier identification of risks, improved resident safety, and strengthened learning across the Home.

Change Idea #2 Strengthen Awareness of Residents' Right to Speak Up

Methods	Process measures	Target for process measure	Comments
Review and update current policy language. Develop a clear, accessible "Right to Speak Up/Your Home, Your Voice" statement. Display bilingual statement posters in all common areas, hallways, care areas, and the front entrance.	Percentage of common areas displaying the bilingual "right to speak up" statements.	100% of common areas display the updated statement.	Visible, consistent communication of resident rights helps reinforce psychological safety and supports residents in feeling empowered to raise questions or concerns.

Change Idea #3 Provide Staff Training on Client-Centred Service & Customer Service Excellence

Methods	Process measures	Target for process measure	Comments
Source training package and add it to Surge learning including: active listening, client-centred communication, resident rights, respectful and empathetic communication, professional courtesy and tone.	Percentage of staff who complete the customer service/client-centred communication training module.	95% of staff complete the annual customer service training module.	Providing staff with training in client-centred service and communication reinforces respectful, consistent, and professional interactions. Strong customer-service skills support psychological safety, encourage residents to speak up, and help create a culture where residents feel valued, respected, and heard. This training strengthens resident experience, reduces miscommunication, and supports a positive, service-focused organizational culture.

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	62.50	84.00	<p>Au Château will increase the percentage of residents who respond positively to the statement "I feel safe to speak up without fear of consequences" from 62.50% to 84.00% through strengthened feedback systems, enhanced staff training, and visible leadership engagement. Feeling safe to speak up is foundational to resident-centred care, as it enables residents to raise concerns, share honest feedback, and trust that their voices will be heard and acted upon.</p> <p>This aim is focused on strengthening the Home's culture of psychological safety by ensuring residents feel respected, supported, and confident that expressing concerns will not lead to negative consequences. It recognizes that safety to speak up extends far beyond having a complaints process in place, it requires consistent trust, transparency, and follow-through in every interaction</p>	

Change Ideas

Change Idea #1 Promote Resident Voice

Methods	Process measures	Target for process measure	Comments
Reinforce resident rights during admission, ensuring residents and families understand their right to speak up without fear of consequences.	Percentage of new residents/families who received and discussed resident rights and the 'Right to Speak Up' at admission.	95% of new residents/families receive and review resident rights and the statement during admission or during their first care conference.	Total Surveys Initiated: 48 Promoting resident voice at admission ensures residents understand their rights early and feel empowered throughout their stay. Clear, visible messaging reinforces psychological safety and supports a culture where residents feel comfortable raising concerns or providing feedback.

Change Idea #2 Strengthen Resident Voice Through Participation at Quality Improvement Committee Meetings

Methods	Process measures	Target for process measure	Comments
Extend another invitation to Resident Council representative to attend and participate at Quality Improvement (QI) Committee meetings on a quarterly basis.	Number of QI Committee meetings attended by a Resident Council representative per reporting period.	Resident Council representation at 75% of scheduled QI Committee meetings.	Including a Resident Council representative at QI Committee meetings strengthens resident empowerment, transparency, and meaningful involvement in organizational decision-making. This approach reinforces psychological safety by demonstrating that resident voices shape improvements and are taken seriously without fear of consequences. It also supports improved trust, communication, and alignment between residents and leadership, directly contributing to stronger performance on the survey question, "I feel safe to speak up without fear of consequences."

Change Idea #3 Enhance Anonymous Feedback Opportunities for Residents

Methods	Process measures	Target for process measure	Comments
Provide resident-only anonymous feedback options, such as locked suggestion boxes or confidential drop boxes located in accessible, private area in the Home.	Number of anonymous resident feedback submissions received per quarter (indicator of comfort/safety in speaking up).	At least 5 anonymous resident submissions per quarter.	This change idea supports psychological safety by offering residents a confidential way to express concerns, opinions, or suggestions without fear of consequences. Exclusive resident use ensures their voices are prioritized and protected. Regular review and follow-up demonstrate accountability, increase trust, and show residents that their input leads to meaningful change. Anonymous feedback mechanisms also help uncover issues that residents may hesitate to raise directly, contributing to a safer and more responsive care environment.

Safety

Measure - Dimension: Safe

Indicator #5	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	23.20	17.00	<p>Au Château will reduce the percentage of long-term care residents who experienced a fall in the last 30 days from 23.2% to 17.0% by implementing individualized care plans for high-risk residents, completing quarterly fall-risk assessments and reassessments after each fall, and enhancing staff training in fall-prevention techniques. Falls remain one of the leading causes of injury, loss of mobility, and hospitalizations among long-term care residents.</p> <p>Reducing falls improves resident well-being, confidence, independence, and overall quality of life. By targeting a measurable reduction, this SMART Aim supports a structured, evidence-based approach that addresses key physical, environmental, and procedural risk factors while promoting a culture of safety and proactive care across the Home.</p>	

Change Ideas

Change Idea #1 Individual Fall Risk Assessment

Methods	Process measures	Target for process measure	Comments
Continue assessing all residents quarterly using a standardized fall-risk assessment tool.	Percentage of residents who received a quarterly fall-risk assessment using the standardized tool.	100% of residents assessed quarterly using the standardized fall-risk tool.	Quarterly screening ensures timely identification of residents at increased risk and supports proactive care planning to prevent future falls.

Change Idea #2 Implementation of Individualized Care Plans for High-Risk Residents

Methods	Process measures	Target for process measure	Comments
Develop individualized fall-prevention care plans that include clear risk factors, behavioural triggers, mobility limitations, and tailored interventions. Monitor, evaluate, and adjust strategies based on resident response, changes in condition, and fall occurrences. Review care plans at quarterly conferences and after each fall.	Percentage of high-risk residents with care plans containing clearly defined, individualises strategies and interventions.	95% of care plans for high-risk residents include tailored strategies/interventions.	Individualized care planning supports proactive fall-prevention efforts and ensures staff have clear direction to mitigate risk.

Change Idea #3 Staff Training on Fall Prevention

Methods	Process measures	Target for process measure	Comments
Provide annual education to staff on: risk factors, safe transfer and mobility techniques, early intervention strategies, and environmental scanning. Use Surge Learning, in-person refreshers, and scenario-based practice to strengthen skills	Percentage of staff who complete fall-prevention training.	95% of staff complete fall-prevention training within the reporting period.	Training ensures staff have the skills and knowledge to identify risk early and deliver safe, consistent fall-prevention care.

Change Idea #4 Post Fall Reviews and Feedback.

Methods	Process measures	Target for process measure	Comments
Continue to implement the RNAO Post-Fall Assessment to identify root causes and contributing factors. Implement corrective strategies based on findings and revise care plans accordingly.	Percentage of falls for which the RNAO Post-Fall Assessment is completed.	100% of falls have a completed RNAO Post-Fall Assessment.	Systematic post-fall assessments support early learning, corrective actions, and prevention of recurrence.

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	31.58	30.50	<p>The Home has set a target of 30.50%, representing a modest but meaningful reduction from the current performance of 31.58%. This target reflects our commitment to safe, evidence-informed prescribing practices while recognizing the complexity of resident needs and the importance of gradual, clinically appropriate deprescribing.</p> <p>A reduction to 30.50% is achievable through continued emphasis on non-pharmacological interventions, enhanced behavioural assessment, consistent interdisciplinary review, and strengthened medication oversight processes such as MAUD quarterly reviews and weekly RAPS monitoring. This target supports safe deprescribing while maintaining resident comfort, dignity, and behavioural stability. By aiming for a gradual reduction rather than rapid change, the Home can sustain progress, support staff in using alternatives effectively, and ensure deprescribing remains safe, person-centred, and consistent with best practice.</p>	

Change Ideas

Change Idea #1 Continue and Reinforce Regular Medication Reviews.

Methods	Process measures	Target for process measure	Comments
Conduct 3-month medication reviews (TMMR) for all residents, ensuring antipsychotic use is evaluated for clinical appropriateness. Complete MAUD quarterly reviews specifically for residents on antipsychotics without a diagnosis of psychosis.	Percentage of residents without psychosis on antipsychotics whose medications receive documented review for appropriateness.	90% of residents without psychosis have appropriate review and documented adjustments or clinical rationale.	Regular medication reviews ensure antipsychotics are used only when clinically justified and monitored safely. The MAUD process guides deprescribing decisions and supports safer prescribing practices.

Change Idea #2 Multidisciplinary Care Planning and Family Engagement

Methods	Process measures	Target for process measure	Comments
Identify and document behavioural triggers, risk factors, and early warning signs. Implement and record non-pharmaceutical interventions such as environmental modifications, comfort strategies, therapy involvement, and activity-based approaches. Inform families about the risks of antipsychotics and alternative care approaches; incorporate their input during care planning. Conduct weekly behavioural rounds to review active cases and adjust interventions. Align behavioural strategies with BSO and other external supports when needed.	Percentage of residents with behavioural symptoms who have at least one documented non-pharmaceutical intervention in their care plan.	95% of residents with behavioral symptoms have at least one non-pharmaceutical intervention documented.	Integrating multidisciplinary input and increasing family engagement ensures that behavioural care plans are individualized, non-pharmacological approaches are exhausted before medications are used, and families remain informed partners in care.

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average	3.77	3.25	<p>Au Château will reduce the percentage of long-term care residents with Stage 2–4 pressure ulcers whose wounds worsen during their stay from 3.77% to 3.25% by implementing systematic risk assessments for all residents, ensuring early identification of at-risk skin areas, and developing individualized care plans with evidence-based interventions such as regular repositioning, pressure-relieving devices, and optimal nutrition and hydration. Standardized wound monitoring and documentation, regular multidisciplinary review meetings, and active engagement of residents and families in care decisions will further support early intervention and effective wound management. Preventing the worsening of pressure ulcers improves resident comfort, quality of life, and clinical outcomes, while demonstrating delivery of high-quality, safe, and person-centred care. A measurable improvement ensures accountability for early identification, proactive interventions, and adherence to best practices and regulatory expectations, ultimately reducing avoidable harm and strengthening overall care quality.</p>	

Change Ideas

Change Idea #1 Standardized Risk Assessment

Methods	Process measures	Target for process measure	Comments
Implement Pressure Ulcer Risk Screening (PURS) on admission, and quarterly for all residents.	Percentage of residents with PURS completed on admission and quarterly.	95% of residents screened on admission and quarterly	Consistent screening ensures timely interventions, supports compliance with best-practice standards, and reduces the likelihood of pressure injuries worsening during the resident's stay. Clear scheduling and documentation also improve interdisciplinary communication and monitoring

Change Idea #2 Repositioning Program & Pressure Redistribution Devices

Methods	Process measures	Target for process measure	Comments
Reinforce individualized turning schedule (e.g., q2h repositioning) documented and charted in POC. Ensure appropriate pressure-reducing devices are available and in use.	Percentage of at-risk residents with documented turning schedules in POC. Percentage of at-risk residents using appropriate pressure-reducing equipment.	95% of at-risk residents have appropriate pressure-relieving equipment in use and documented.	Reinforcing individualized turning schedules and ensuring appropriate pressure-relief devices are in place supports consistent prevention strategies for at-risk residents. Reliable use of mattresses, cushions, heel protectors, and other equipment helps reduce pressure exposure and enhances resident comfort. Documenting interventions in POC supports accountability, audit readiness, and alignment with evidence-based care.

Change Idea #3 Weekly Wound Rounds and Quarterly Meetings

Methods	Process measures	Target for process measure	Comments
Conduct weekly interdisciplinary wound rounds using a standardized assessment tool. Provide staff education on wound care protocols, staging, and documentation expectations.	Percentage of at-risk or wound-affected residents reviewed during weekly wound rounds.	95% of at-risk residents reviewed in weekly wound rounds.	Standardized interdisciplinary wound rounds enable thorough assessment, timely identification of deterioration, and coordinated care planning. Regular education on wound care protocols helps strengthen staff skills and ensures adherence to best-practice guidelines. Reviewing at-risk and affected residents consistently ensures early intervention and reduces the probability of wounds worsening.

Change Idea #4 Nutrition Optimization

Methods	Process measures	Target for process measure	Comments
Refer all residents with Stage 2+ pressure injuries to the Dietitian. Implement protein-rich diets, supplements, and hydration plans as indicated.	Percentage of residents with Stage 2+ pressure injuries receiving Dietitian referrals. Percentage of residents with Stage 2+ wounds started on nutritional interventions (e.g. protein supplements).	95% of residents with Stage 2+ pressure injuries receive Dietitian referral within 48–72 hours. 90% begin recommended nutritional interventions (if applicable).	Timely dietician referrals and protein supplementation help address underlying nutritional factors that contribute to poor wound healing. Nutrition optimization is an essential component of comprehensive wound management and supports improved recovery outcomes. Ensuring residents with Stage 2+ pressure injuries receive prompt nutritional interventions promotes better healing trajectories and reduces risk of wound progression

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents in daily physical restraints	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	3.13	2.82	<p>Au Château will reduce the percentage of long-term care residents placed in daily physical restraints from 3.13% to 2.82% by implementing regular assessments of residents' fall and behavioural risk, expanding the use of alternative strategies such as environmental modifications and increased supervision, strengthening person-centred care planning, and conducting ongoing monitoring and multidisciplinary case reviews.</p> <p>Reducing reliance on restraints promotes resident safety, autonomy, dignity, and overall well-being. A measurable reduction demonstrates the team's commitment to evidence-based alternatives, proactive risk management, and accountability to person-centred care and regulatory requirements.</p>	

Change Ideas

Change Idea #1 Comprehensive Restraint Assessment

Methods	Process measures	Target for process measure	Comments
Conduct post-implementation reviews of all new restraint orders within 24–48 hours. Implement a Least-to-Most Restrictive Protocol supported by a standardized checklist for initiating restraints. Review all existing restraints for: clinical indication informed consent documentation of alternatives tried	Percentage of new restraint orders reviewed within 24–48 hours for clinical indication, consent, and documentation completeness.	100% of new restraint orders reviewed within 24–48 hours.	This change idea ensures all restraints are clinically justified, properly documented, and only implemented after less restrictive alternatives are trialed. Early review supports safety, regulatory compliance, and reduction of unnecessary restraint use

Change Idea #2 Individualized Care Planning

Methods	Process measures	Target for process measure	Comments
Develop and update individualized care plans for residents with behavioural risks. Review and revise care plans following any significant change in condition or behaviour.	Percentage of residents with behavioural needs whose care plans include documented behavioural triggers and individualized alternative interventions.	93% of residents with behavioral needs have updated care plans including behavioural triggers and alternative interventions.	Individualized care planning supports proactive management of behaviours and reduces reliance on restraints. Comprehensive, updated care plans guide consistent staff practice and ensure person-centred approaches are implemented

Change Idea #3 Behavioural Support Collaboration

Methods	Process measures	Target for process measure	Comments
Develop a decision tree outlining when and how to submit referrals to internal and external behavioral supports (e.g.. BSO).	Percentage of completed behavioural referrals supported by the decision tree.	90% of behavioural referrals are submitted appropriately and in alignment with the decision tree criteria.	Collaboration with behavioural supports, supported by a clear decision tree ensures timely intervention, reduces escalation, and offers structured alternatives to physical restraint use. Staff clarity improves consistency and promotes earlier, safer behavioural management.