

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)	35.88	35.00	Through implementation of our change ideas, the home expects an improvement over the next 6 months.	Pain & Symptom Management consultant, Psychogeriatrician, NLOT

Change Ideas

Change Idea #1 To reduce unnecessary hospital transfers, through the use on on-site Nurse Practitioner,

Methods	Process measures	Target for process measure	Comments
Educate Registered Staff to consult NP first before calling attending physician and families.	The number of transfers to ED who returned within 24 hours (not admitted).	Decrease of 2% by the end of the year.	

Change Idea #2 Build Capacity and improve overall clinical assessment skills of Registered staff through education supported by the Nurse Practitioner.

Methods	Process measures	Target for process measure	Comments
Educate/re-educate registered staff on clinical skills to determine what can be treated within the home and not requiring a transfer to the ED department.	The number of residents whose transfers were a result of family or resident request. The number of transfers to ED who returned within 24 hours (not admitted).	Decrease of 2% by the end of the year. All admission packages will include palliative care information by mid year.	

Change Idea #3 Educate residents, families and staff about the benefits of and approaches to preventing ED visits.

Methods	Process measures	Target for process measure	Comments
Complete and implement the use of the PPS assessment. Educate staff, residents and families on palliative approach and end of life.	The number of residents whose transfers were a result of family or resident request. The number of transfers to ED who returned within 24 hours (not admitted).	Decrease of 2% by the end of the year. All admission packages will include palliative care information by mid year.	

Change Idea #4 Education on palliative approach and end of life for staff, residents and families.

Methods	Process measures	Target for process measure	Comments
Utilize information brochures and handbooks. Discuss palliation and end of life plans at annual care conferences.	The number of residents whose transfers were a result of family or resident request.	All admission packages will include palliative care information by mid year. Decrease of 2% of ED visits by end of the year.	

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	CB	100.00	All staff to have Equity, Diversity, inclusion and anti-racism training.	Educational & Research Institutions such as CLRI; local cultural or ethnic community centers; LGBTQ2S+ organizations; Indigenous organizations or Elders; Disability Advocacy groups

Change Ideas

Change Idea #1 To facilitate ongoing feedback or open door policy with the management team.

Methods	Process measures	Target for process measure	Comments
Celebrate culture and diversity events; educational opportunities.	Number of staff educated on Culture and Diversity. Number of new employees trained on Culture and Diversity.	100% of staff will be educated on topics of Culture and Diversity. 100% of new staff will be trained on Culture and Diversity.	

Change Idea #2 To include Cultural Diversity as part of CQI meetings.

Methods	Process measures	Target for process measure	Comments
Training and education though Surge and live events.	Number of times Cultural Diversity is part of the agenda during CQI meetings.	100% of all CQI meetings will have Cultural Diversity discussions on the agenda.	

Change Idea #3 To ensure assessment on admission of language, faith, gender preference for care etc.).

Methods	Process measures	Target for process measure	Comments
Culturally familiar foods on the menu. Flexible accommodations for religious observances.	Number of Cultural celebrations completed in the home.	Cultural celebrations take place monthly depending on the calendar.	

Change Idea #4 All staff to have annual AODA training.

Methods	Process measures	Target for process measure	Comments
Review Surge training to ensure all staff complete training.	Surge training for all existing and new staff.	100% of all staff complete AODA training.	

Experience

Measure - Dimension: Patient-centred

Indicator #3	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	CB	92.15	Target: 88%. Current performance is 85.94%. Improvement of 2% to move towards the company average.	Elder Abuse Prevention Ontario; Advocacy Centre for the Elderly (ACE)

Change Ideas

Change Idea #1 To increase our goal from 85.94% to 88%.

Methods	Process measures	Target for process measure	Comments
Add resident right #29 to standing agenda for discussion on a monthly basis by program manager during resident council meetings.	100% of Resident Council meetings will start with reviewing Resident Right #29.	100% of all Resident Council meetings will include review of Resident right #29.	

Change Idea #2 Engage residents in meaningful conversations, care conferences and Resident's Council meetings. Focus on Resident Right #29 "every resident has the right to raise concerns or recommend changes in policies and services on behalf of themselves or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else".

Methods	Process measures	Target for process measure	Comments
Review resident right at admission and annual care conferences with residents and families.	100% of Resident Council meetings will start with reviewing Resident Right #29. Review of resident right #29 will be added to the admission process and annual care conference.	100% of all Resident Council meetings will include review of Resident right #29. 100% of all admissions and Annual care conferences will include Resident Right #29 review.	

Change Idea #3 Resident Services Coordinator will complete wellness checks on residents.

Methods	Process measures	Target for process measure	Comments
Resident Services Coordinator visits with residents.	Resident Services Coordinator will visit all residents to ensure they are aware of residents rights.	100% of all residents will be visited every 6 months by Residents Services Coordinator and ask if they have any issues for follow up.	

Safety

Measure - Dimension: Safe

Indicator #4	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	16.15	15.80	Target based on moving towards Company benchmark of 15.5%.	Pharmacist consultant

Change Ideas

Change Idea #1 To facilitate a falls huddle for each fall that occurs.

Methods	Process measures	Target for process measure	Comments
Interdisciplinary team huddles on floor to review reasons for fall and to mitigate the risk of further falls, including injury.	Fall huddles after each fall.	100% interdisciplinary falls huddles for each fall 100% of high risk resident have a care plan review and with each fall.	

Change Idea #2 Ensure staff understand the 4P's of resident needs to decrease preventable falls.

Methods	Process measures	Target for process measure	Comments
Education for all staff of the 4 P's (Pain, Positioning, Personal items, Personal needs).	Completion of 4 P training for all care staff.	100% or all PSW's will have the 4 P training.	

Change Idea #3 To reduce the number of falls in the home.

Methods	Process measures	Target for process measure	Comments
Education and re-educate registered staff on the completion of the post fall analysis. PT/OT referrals as required. Use of falls aides to prevent injury, hip protectors, floor mats, bed and chair alarms. During shift report, review residents who are high risk for falls, frequent falls. PSW's to do their charting outside high risk resident rooms to enhance fall monitoring.	Number of PT/OT referrals for fall risk. Number of residents on the restorative programs and number successfully discharged from the restorative program.	100% of staff will complete Surge training. 100% or referrals will have interventions put in place. Maximum number of residents are enrolled in restorative program.	

Change Idea #4 During admission process, review with resident and family their history of falls and put interventions in place.

Methods	Process measures	Target for process measure	Comments
Review of history of falls, and review of care plans with families and residents if able.	Number of families and residents who share fall history during admission process.	100% of admissions will have a fall assessment completed with accompanying interventions.	

Change Idea #5 Implement recreation activities to engage residents (timing of falls).

Methods	Process measures	Target for process measure	Comments
In collaboration with programs, review and implement different activities during peak fall times in the evenings.	Number of activities planned and scheduled during evenings.	Programs will be scheduled on the activation calendar all evenings throughout the month.	

Measure - Dimension: Safe

Indicator #5	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	1.46	1.43	Target is aimed to exceed corporate benchmark of 2% and to improve our current performance by 2%.	NSWOC, Medline Wound Consultant

Change Ideas

Change Idea #1 To reduce the percentage of residents who develop, or experience worsening pressure injuries.

Methods	Process measures	Target for process measure	Comments
Registered staff to complete wound rounds with the wound care champion to enhance knowledge on wound care management.	Number of pressure related injuries which have been resolved.	100% of residents with PURs 3 or greater will have a comprehensive assessment completed.	

Change Idea #2 During admission/readmission process, complete a comprehensive review of resident status, and risk level for alteration in skin, and develop plan of care.

Methods	Process measures	Target for process measure	Comments
All admissions/readmissions at risk of alteration in skin will have a care plan developed. Refer to PT and OT for review of any seating issues.	Number of care plans completed re: skin integrity upon admission/readmission. Number of seating assessments completed.	100% of all admissions/readmissions will have a routine assessment completed by the Wound care champion and will be referred to PT/OT if required.	

Change Idea #3 Prompt identification and documentation of worsening pressure injuries.

Methods	Process measures	Target for process measure	Comments
Ensure annual Surge training for Skin and wound care management is completed.	Number of registered staff and PSWs who have completed education.	100% of all registered staff and 100% of PSWs have completed the education.	