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)	26.85	23.00	Through implementation of our change ideas, the home expects an overall improvement over the next year.	

Change Ideas

Change Idea #1 Use of SBAR - Registered nurse to communicate to physician and NP, a comprehensive resident assessment, to obtain direction prior to initiating an ER transfer.

Methods	Process measures	Target for process measure	Comments
Education/re-education to registered staff on the continued use of SBAR tool a standardize communication between clinicians.	Number of communication process used in the SBAR format, between clinicians per month; number of staff educated. Increased SBAR documentation and improved communication within clinical team.	80% of communication between physicians, NP and registered staff will occur in SBAR Format by December 2026.	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx Pharmacy ands MDs to provide education to registered staff on topics.

Change Idea #2	Build capacity and improve overall clinical assessment skills of Registered Staff; through education supported by NP.		
Methods	Process measures	Target for process measure	Comments
Conduct needs assessment from Registered Staff to identify clinical skills and assessment that will enhance their daily practice.	Percentage of registered staff who complete needs assessments. Completion records for education as a result of needs assessment. Improved confidence and decision making from Registered staff related to clinical assessment. Number of education sessions with Registered staff.	100% of registered staff to complete a needs assessment and ED transfer education.	

Change Idea #3	During care conferences, discussion with resident and families, regarding advance care planning, resident and family focused centered care.		
Methods	Process measures	Target for process measure	Comments
Educate residents and families about the benefits of and approaches to preventing ED visits. The home's attending NP/MD will review and collaborate with the registered staff on residents who are at high risk for transfer to ED, based on clinical and psychological; develop care plans with early identification signs and treatment plans.	The number of residents whose transfers were a result of family or resident request. Number of staff who demonstrated education application via documentation quarterly. The number of ER transfers averted monthly. Number of transfers to ED who returned within 24 hours.	Decrease by 1% until goal is achieved by reviewing all process measures in a quarterly basis.	

Change Idea #4	DOC to review ED tracker, for the common reasons for transfer to ED - review in Nursing practice meetings, to develop strategies to prevent future ED visits		
Methods	Process measures	Target for process measure	Comments
Utilization of internal hospital tracking tool and analyze each transfer status. ED transfer audit will be completed and reviewed monthly by nursing leadership (DOC, ADOC). Reports will be reviewed at quarterly PAC meetings; and standing agenda in nursing practice meeting	The number of residents whose transfers were a result of family or resident request. Number of staff who demonstrated education application via documentation quarterly. The number of ER transfers averted monthly. Number of transfers to ED who returned within 24 hours;	Decrease by 1% until goal is achieved by reviewing all process measures in a quarterly basis;	

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	100.00	100.00	Through implementation of our change ideas, the home expects an overall improvement over the next year.	Surge Education

Change Ideas

Change Idea #1 To increase diversity training through Surge education or live events.

Methods	Process measures	Target for process measure	Comments
Training and/or education through Surge education or live events. Introduce diversity and inclusion as part of the new employee onboarding process.	Number of staff education on Culture and Diversity. Number of new employee trained of Culture and Diversity.	100% of staff educated on topics of Culture and Diversity.	

Change Idea #2 To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace.

Methods	Process measures	Target for process measure	Comments
Celebrate culture and diversity events and educational opportunities.	Number of Celebration completed in the home.	One celebration event per quarter will be completed in the home.	

Change Idea #3 To include Cultural Diversity as part of CQI meetings.

Methods	Process measures	Target for process measure	Comments
Monthly quality meeting standing agenda- review the number of programs, education completed.	Number of reviews of Cultural Diversity.	100% of CQI meetings will speak to cultural diversity.	

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	88.33	90.00	Through education, the Home expects to have an increase understanding of this criteria over the next 6 months.	Surge Education

Change Ideas

Change Idea #1 Engaging residents in meaningful conversations, and care conferences, that allow them to express their opinions. Review "Resident's Bill of Rights" more frequently, at residents' Council meetings monthly. With a focus on Resident Rights #29. "Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themself 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
Add resident right #29 to standing agenda for discussion on monthly basis by Program Manager during Resident Council meeting. Re-education and review to all staff on Resident Bill of Rights specifically #29 at department meetings monthly by department managers.	Percentage of Resident Council meetings will have Residents' Bill of Right #29, added at each monthly review. Council will have added Residents' Bill of Rights #29 for review.	100% of resident Council meeting will have Residents' Bill of Right #29, added at each monthly review by way of Standing Agenda for resident council. Council will have added Residents' Bill of Rights #29 for review.	Total Surveys Initiated: 60

Change Idea #2 Review the concern process in the home on admission and during annual care conferences.			
Methods	Process measures	Target for process measure	Comments
Review of the concern process with resident and family with within the admission and care conferences.	Percentage of families and residents who receive information about the concern process within the admission process and care conferences.	100% of families and residents will receive information on the concern process within the admission process and care conferences.	

Change Idea #3 Social worker will complete wellness checks with residents.			
Methods	Process measures	Target for process measure	Comments
Social worker will respond to referrals in a timely manner and visit with residents	Percentage of social work referrals will be followed up on.	100% of social work referrals will be followed up on.	

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	21.96	19.00	Target is based on corporate averages. We aim to meet or exceed, corporate goal.	PT/OT, CareRx Pharmacy Consultant

Change Ideas

Change Idea #1 To facilitate a Weekly Fall Huddles on each unit with the interdisciplinary team.

Methods	Process measures	Target for process measure	Comments
Weekly interdisciplinary team huddles on resident home area to review resident plan of care, to mitigate the risk of falls or injury related to falls.	Number of weekly huddles in home areas.	2-5 weekly huddles in home areas.	

Change Idea #2 Establishing documentation/charting buddies, PSW complete documentation near high fall risk resident's. Purposeful rounding, for resident at high risk for falls.

Methods	Process measures	Target for process measure	Comments
To increase training and/or education of Falls program; work with home areas to develop a Charting Buddy Program.	Percentage of staff participates in charting buddy program.	100% of staff participates in charting buddy program.	

Change Idea #3 Create activity bins for resident to assist with engagement.

Methods	Process measures	Target for process measure	Comments
Work in collaboration with Programs and the Quality Manager to create an activity bin to assist with engagement to reduce falls in the home.	Time to complete an activity bin and monitor trends to identify a reduction in falls.	Complete an activity bin by April 30, 2026 and monitor trends to identify a reduction in falls.	

Measure - Dimension: Safe

Indicator #5	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	22.54	20.00	Through education and new programs, we aim to improve our overall outcomes for the next year.	External BSO, Psychogerontology, Psychogerontology, CareRx

Change Ideas

Change Idea #1 Residents who are prescribed antipsychotics for the purpose of management of responsive expressions, will have a quarterly review for the potential of reduction or the discontinuation of medication. Utilization of the tracking tool.

Methods	Process measures	Target for process measure	Comments
Utilization of antipsychotic medication tracker for de-prescribing.	Percentage of residents prescribed antipsychotics medications over the number of residents who have received a medication review in the last quarter.	100% of residents prescribed antipsychotics medications over the number of residents who have received a medication review in the last quarter.	

Change Idea #2 Development of plans of care, with non-pharmacological approach - identification of triggers and interventions.			
Methods	Process measures	Target for process measure	Comments
Referral to internal and external BSO for comprehensive assessment - Implementation of DOS, with change in responsive expressions, analysis of the DOS, with review of plan of care	Percentage of referrals for BSO which are followed up on.	100% of referrals for BSO which are followed up on.	

Change Idea #3 Gentle Persuasive approaches (GPA) training/education, establish GPA trainers and educators in the home.			
Methods	Process measures	Target for process measure	Comments
GPA training to be held in the home.	Percentage of staff receive GPA training.	100% of full time nursing and PSW staff receive GPA training.	

Measure - Dimension: Safe

Indicator #6	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	2.61	2.50	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	NSWOC, Medline Wound Care, ET Nurse

Change Ideas

Change Idea #1 Home to collaborate with NSWOC to provide in home and virtual consults.			
Methods	Process measures	Target for process measure	Comments
Registered staff to complete wound rounds with the NSWOC to enhance knowledge on wound care management.	Percentage of Registered staff who have completed education.	100 % of Registered staff to be educated.	

Change Idea #2 RD review of nutritional and hydration status of residents.			
Methods	Process measures	Target for process measure	Comments
Work in collaboration when RD review's nutritional and hydration status of residents to identify needs.	Percentage of RD referrals received will be followed up on.	100% of RD referrals received will be followed up on.	

Change Idea #3 Prompt Identification and documentation of worsening pressure injuries.			
Methods	Process measures	Target for process measure	Comments
Arrange education for Registered staff and PSW, with NSWOC, Medline wound consultant.	Percentage of Registered staff and PSW's who have completed education.	100% of Registered staff & 100% of PSW will have completed education.	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents who develop worsening pain	C	% / LTC home residents	CIHI CCRS / July 1-Sept 30, 2025, Q2	10.12	8.00	Through education and new programs, we aim to improve our overall outcomes for the next year.	CareRx, BIM, External BSO

Change Ideas

Change Idea #1 Enhancement of the end of life, palliative care program.			
Methods	Process measures	Target for process measure	Comments
Conduct thorough assessment of the resident, palliative care, end of care. Palliative care education with staff, including the completion of PPS score, current medication regiment. Involve the interdisciplinary team, family and resident with care planning decisions.	Percentage of assessments and staff education.	100% residents who are palliative and end of life will have assessments completed and 100% of full time registered staff and PSW's will complete education.	

Change Idea #2 Utilization of pain tracker to monitor the use of prn analgesics.			
Methods	Process measures	Target for process measure	Comments
Utilization of trackers, for prn use, comprehensive pain assessment completed and review of routine analgesic.	Percentage of medication reviews related with analgesic change to reduce worsening pain.	100% of medication reviews will be reviewed as they relate to analgesic changes.	

Change Idea #3 Consultation with the NP/Pharmacist consultant/BSO RN/BSO PSW/PT/PTA.			
Methods	Process measures	Target for process measure	Comments
Resident who trigger for worsening pain will have a comprehensive review completed with NP and Pharmacist consultant/BSO RN/BSO PSW/PT/PTA.	Percentage of referrals completed by the interdisciplinary team.	100% of referrals will be followed up on by the interdisciplinary team.	