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)	26.25	22.25	At/Below the provincial Average, Through implementation of our change ideas, the home expects an improvement over the next quarter.	Nurse Practitoner, Behavioral Services ontario, PRCs, Medical Director ,ET nurse, Psychogeriatrician's, external pain specialist.

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
1) Educate residents and families about the benefits of and approaches to preventing ED visits at care conferences.	1) The number of residents whose transfers were a result of family or resident request / # of residents transferred	1) Decrease by 1% until goal is achieved by reviewing all process measures in a quarterly basis	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx Pharmacy ands NP 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 Nurse Practitioner

Methods	Process measures	Target for process measure	Comments
2) Nurse Practitioner on site will provide education theoretically and at bedside.	2) % of nursing staff who complete needs assessments. Completion records for education as a result of needs assessment. / # of nursing staff	2) 100% Staff education completed for staff on-site	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx Pharmacy ands NP to provide education to registered staff on topics

Change Idea #3 Utilization of the PPS Palliative Performance Score assessment to determine disease progression			
Methods	Process measures	Target for process measure	Comments
3) Sustain quarterly PPS assessment, implementation of use and education for staff on palliative approach and end of life.	3) number of residents / # of PPS assessments completed quarterly	3) 100% Staff education completed for staff on-site.	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx Pharmacy ands NP to provide education to registered staff on topics

Change Idea #4 Implementation of the Nursing PLEDGE Initiative program to build capacity and improve overall clinical assessment skills of Registered Staff by supporting mentorship of nurses, enhancing quality of care and workforce stability.			
Methods	Process measures	Target for process measure	Comments
Senior Registered Staff will provide mentorship, education to enhance the clinical knowledge of Registered Staff regarding physical assessment skills, documentation (PCC and SBAR), communication with physicians and families and the management of interventions/treatments to minimize avoidable ED visits	Number of Registered staff who initiated an avoidable transfer to ED over the Number of Registered staff who participated in the initiative.	80% of ED visits were assessed appropriately based on resident outcome and transferred to the ED by December 31, 2026	

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 education, the Home expects to have an increase understanding of this criteria over the next 6 months	Surge Education; BSO; Cultural based organization in the community, Rec Manager, Nursing leadership

Change Ideas

Change Idea #1 To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace

Methods	Process measures	Target for process measure	Comments
1) Celebrate culture and diversity events	1) 8 Celebrations to be completed in the home for 2026	1) # of celebrations completed in 2026/# of target celebrations for 2026	

Change Idea #2 Sustaining a culture board, of the cultures of the resident and team members in the home

Methods	Process measures	Target for process measure	Comments
2) Introduce diversity and inclusion as part of the new employee onboarding process;	2) 100% of new employee trained of Culture and Diversity;	2) 100% of new employee trained of Culture and Diversity; # of new staff completed/# of new staff hired	number of new employee trained on Culture and 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	86.67	90.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	Surge Education; nursing leadership, Rec Manager, frontline staff, residents, external volenteers

Change Ideas

Change Idea #1 To increase our goal by 2% from 90% in 2025 to 92% in 2026. In 2025 our percentage was 97.92% which surpassed our goal of 90% as compared to previous year that was 86%.

Methods	Process measures	Target for process measure	Comments
1) Adding 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;	1) 100% of all department standing agendas will have Residents' Bill of Right #29 added, for review by March 31 2026.	1) 100% of all staff and all residents attending resident council meetings will have completed the education on resident Bill of Rights #29	Total Surveys Initiated: 30

Change Idea #2 Bill of rights included in admission package.			
Methods	Process measures	Target for process measure	Comments
2) 100% of admissions packages will include the resident bill of rights	2) 100% of admissions will receive an admission packages	2) # of admissions / # of admission packages provided	

Change Idea #3 Engaging residents & families in meaningful conversations during care conferences			
Methods	Process measures	Target for process measure	Comments
3) Review of reporting policies with resident and family during care conferences	3) 100% of care conferences will review the reporting polices.	3) # of care conferences / # of care conferences with reporting polices reviewed.	

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	16.39	15.00	Target is based on corporate averages. We aim to meet or exceed, corporate goal.	PT; NP; Physician, Pharmacist consultant; Family member

Change Ideas

Change Idea #1 To reduce the number of falls in the home

Methods	Process measures	Target for process measure	Comments
1) During shift report review resident high risk for falls, frequent falls, Head injury routines and has fallen.	1) # of shift reports documented with falls / # of shift reports	1) 100% of shift reports will have a falls documented with discussion.	

Change Idea #2 To facilitate a monthly Huddles on each unit; with the interdisciplinary team

Methods	Process measures	Target for process measure	Comments
2) Monthly interdisciplinary team huddles on resident home area to review resident plan of care, to mitigate the risk of falls or injury related to falls;	2) Number of monthly meeting in each unit/ # of months in the year	2) 100% of on-site staff participation on Falls each Month huddle in each unit	

Change Idea #3 Purposeful rounding, for resident at high risk for falls

Methods	Process measures	Target for process measure	Comments
3) Identify through falls tracker when the most frequent falls are month to month to heighten purposeful rounding during identified high right time frames.	# of residents who have fallen / # of residents	Falls lead adjusts interventions to time frames identified to be high risk as per falls tracker identification	

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	2.21	2.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	NP, MD, Medline, ET nurse, Wound Care champion; PT/OT

Change Ideas

Change Idea #1 Conducting audit of resident surface (bed/w/c), for the appropriate surface for pressure relieving

Methods	Process measures	Target for process measure	Comments
1) Develop a list of resident who PURS is 3 or greater, review plan of care, for the appropriate pressure relieving devices, review of surfaces in place	1) Number of changes to surface/ # of air surfaces	1) 100% of resident with PURs 3 or greater, comprehensive assessment completed,	

Change Idea #2 Skin and Wound lead attending accredited wound care lead education			
Methods	Process measures	Target for process measure	Comments
2) Utilization of skin and wound tracking tool, to analysis the pressure related injuries in the home - and the development of plan of care	2) Number of pressure related injuries which have resolved/# number of pressure injuries	2) 100% of resident with stage 1 or greater will have routine assessment completed	

Change Idea #3 Quarterly education on Identification and documentation of skin integrity			
Methods	Process measures	Target for process measure	Comments
3) Arrange education for Registered staff and PSW, with Medline wound care consultant, wound care lead and nurse practitioner	3) Number of Registered staff and PSW who have completed education/ # of registered and PSW staff	3) 100 % of Registered staff to be educated100% of PSW	

Measure - Dimension: Safe

Indicator #6	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 to sept 30, 2025 (Q2)	9.29	7.10	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	NP, Physician, Pharmacist consultant; Family member

Change Ideas

Change Idea #1 Utilization of pain tracker, to monitor the use of prn analgesic			
Methods	Process measures	Target for process measure	Comments
1) Utilization of trackers, for prn use, compressive pain assessment completed	1) of residents on pain tracker / # of residents	1) 100% of resident experiencing pain will have comprehensive pain assessment completed	

Change Idea #2 Admission, comprehensive assessment of pain, and how this has been managed previously, and the goal for pain management			
Methods	Process measures	Target for process measure	Comments
2) Resident who trigger for worsening pain will have a comprehensive pain review completed with MD/NP	2) Number of medication reviews with analgesic change / # of medication reviews	2) 100% of resident experiencing pain will have comprehensive pain assessment completed	

Change Idea #3 Provide non pharma-logical interventions in the plan			
Methods	Process measures	Target for process measure	Comments
3) Conduct a care conference to discuss non pharma-logical interventions	3) # of residents having worsening pain / # of non pharma-logical interventions implemented based on care conferences	3) 100% of residents experiencing worsening pain will have a care conference to discuss the review of the worsening pain with the interdisciplinary team involved.	