

## 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)	31.67	26.00	To decrease current percentage by 5% as the home has been facing staffing challenges (increase usage of agency) which is effecting the homes ability to meet provincial target	Care Rx, Pain and symptom management consultant, SB Clinical Consultant, Medigas, Medline, NP,

### Change Ideas

Change Idea #1 Build capacity and improve the overall clinical assessment of the Registered Staff; through education on the most common frequent reasons for transfers to the ED

Methods	Process measures	Target for process measure	Comments
Conduct an education needs assessment with the Registered Staff to identify clinical skills and assessments to enhance their daily practice. Review of the ED tracker	Once the learning needs and trends from the ED tracker have been identified, the home's educator, Nursing management team, and Nurse Practitioner will work in collaboration to set up the education venue and content	100 % of the Registered Staff will be educated on the clinical topics identified by the education needs assessment and identified ED transfer tracker trends by March 31 /27	

Change Idea #2 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 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	Consistent decrease in avoidable ER visits by the home as per the Ministry potentially avoidable ED visit quarterly report.	The current home's rate is 31.67 %. The home projects to decrease avoidable ED visits to 26% by March 31 /27	

Change Idea #3 Advance care planning discussion during interdisciplinary care conferences

Methods	Process measures	Target for process measure	Comments
1. Educate residents and families about the benefits of and approaches to preventing ED visits. 2. Support early recognition of residents at risk for ED visits by providing preventive care and early treatment for common conditions leading potentially avoidable ED visits.3. Education to the interdisciplinary team related to advance care planning including resident's wishes related to CPR, Active management and hospital transfers. 4. Education and utilization of Palliative Performance Score (PPS) to determine disease progression	1. The number of residents whose transfers were a result of family or resident request. 2. The number of ER transfers averted monthly. 3. Number of transfers to ED who returned within 24 hours 4. Number of avoidable ED visits	The current home's rate is 31.67 %. The home projects to decrease avoidable ED visits to 26% by March 31 /27.	

## 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	SB Nursing Consultant

### Change Ideas

Change Idea #1 To increase diversity training for staff through Surge education and live events

Methods	Process measures	Target for process measure	Comments
Introduce equity, diversity, inclusion, and anti-racism as part of the new employee onboarding process, and continue with the annual Surge education and live events the home will schedule bi annually in fiscal 26-27.	100% of staff will be trained in relevant equity, diversity, inclusion, and anti-racism education.	100% of existing and new staff will be educated on topics of equity, diversity, inclusion, and anti-racism by March 31/27.	

Change Idea #2 All employees to be trained in relevant equity, diversity, inclusion, and anti-racism in the year.

Methods	Process measures	Target for process measure	Comments
Include equity, diversity, inclusion, and anti-racism as part of the home's departmental committees' standing agenda items. The goal is to maintain a consistent forum to review applicable topics, thus increasing the expertise and knowledge of the staff.	100 % of the home's committee agendas' will include a standing agenda item on one of the following topics equity, diversity, inclusion, and anti-racism	100 % of the home's committees will discuss at each of their meetings one of the following topics; equity, diversity, inclusion, and anti-racism by March 31/27.	Departmental leads to ensure these topics are covered at each meeting.

Change Idea #3 The home will partner with external stakeholders to assist with equity, diversity, inclusion, and anti-racism education.

Methods	Process measures	Target for process measure	Comments
The home will develop partnerships with community-based focusing on equity, diversity, inclusion, and anti-racism. The objective is to increase the resources available and the inclusion of subject matter experts to support the home's education program on these topics.	The number of events led by external organizations/stakeholders.	100 % completion of the bi-annual education conducted by external stakeholders on equity, diversity, inclusion, and anti-racism in fiscal 26-27.	

## 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	98.04	98.04	Target is based on corporate average. We aim to meet and exceed corporate goals and benchmarks.	SB Nursing Consultant , Admission lead

### Change Ideas

**Change Idea #1** To maintain our current performance of 98%. Engaging residents in meaningful conversations, and care conferences, have forums that allow residents to express their opinions. Review "The 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 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
Include the review of the resident's bill of rights to the home's committee standing agendas for discussion monthly. The Program Manager to review the Resident's Bill of Rights during Resident Council meetings.	100% of all department standing agendas will include the Residents' Bill of Rights for review by March 31/27. 100% of all staff will have education via department meetings on Resident Bill and Surge Learning by March 31/27. The resident Council will review the Residents' Bill of Rights ( 2-3 per meeting ) The resident bill of rights will be reviewed at the family townhall meetings, during the admission process, and at annual care conferences.	100% of staff will have completed the resident Bill of Rights education, including Right #29. 100 % of the resident council meetings, will review the resident bill of rights, 2-3 per meeting, including right #29. 100 % of all family town hall meetings will review the resident bill of rights, 2-3 per meeting, including right #29.	Total Surveys Initiated: 102

**Change Idea #2** Review the complaint process of the home on admission and during the annual care conference with residents and SDM's.

Methods	Process measures	Target for process measure	Comments
During admission and annual care conferences, the complaint process will be reviewed with the residents and/or SDMs and documented in the "CONFERENCE - Interdisciplinary Team Care Conference (IDTC)" assessment.	Number of care conferences in which the complaint process was reviewed per month.	100% of the admission and annual care conferences, will include the review of the complaint process.	

## 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	17.74	15.50	Target is based on corporate average. We aim to meet and exceed corporate goals and benchmarks.	SB Nursing Consultant , NP, physician and CareRX Pharmacy Consultant

### Change Ideas

Change Idea #1 Complete Weekly Fall Huddles after each fall for each unit with the interdisciplinary team.

Methods	Process measures	Target for process measure	Comments
Complete a weekly meeting with unit staff regarding ideas to help prevent risks of falls or injury related to falls.	Number of weekly meetings in each unit per month.	100% of staff participation on Falls Weekly huddle in each unit by March 31/27.	

**Change Idea #2** In collaboration with the Falls committee, the Falls lead, and the interdisciplinary team will meet monthly to review medium to high-risk residents and review both non-clinical and clinical interventions. This review will also include the resident's plan of care, environmental assessment, Pharmacist/MD/NP for medication reviews, and PT for physio regimen. Residents and SDMs will be active participants in this process.

Methods	Process measures	Target for process measure	Comments
Monthly clinical falls review meetings.	The number of residents reviewed monthly who are at medium and high risk for falls.	100 % completion of all monthly clinical falls review meetings.	

**Change Idea #3** Resident list of FRS of 3 or greater, offer fracture and injury prevention medication.

Methods	Process measures	Target for process measure	Comments
Education provided to registered staff on fracture and injury prevention. Involve restorative care lead.	Number of medication changes (addition of fracture prevention medication) and non-pharmacological interventions.	100 % of the Reg staff to be educated on fracture and injury prevention by December 31/26.	

## 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	6.56	6.56	We currently are below corporate average and aim to continue meet and exceed corporate goals and benchmarks.	SB Nursing Consultant , NP, physician and CareRX Pharmacy Consultant

## Change Ideas

**Change Idea #1** The MD, NP, BSO internal and external (including the Psychogeriatric Team), and other members of the interdisciplinary team, will meet monthly to review newly admitted and existing residents on antipsychotic medication for diagnosis and indication for use. This will also be a standing item in the CQI/PAC quarterly meeting agenda.

Methods	Process measures	Target for process measure	Comments
Monthly meetings with the interdisciplinary team with a focus on Antipsychotic use and interventions for the reduction/tapering of antipsychotic medication usage. Review data during CQI and PAC meetings.	Number of meetings held monthly by interdisciplinary team. Number of antipsychotics reduced as a result monthly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics.	100% of newly admitted residents will have been reviewed for the appropriateness of antipsychotic use. 100 % completion of the monthly interdisciplinary meetings and quarterly CQI/PAC meetings antipsychotic data review.	

**Change Idea #2** 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 tracking tool (antipsychotic).

Methods	Process measures	Target for process measure	Comments
The BSO lead and the nursing team will ensure that residents who receive antipsychotics for responsive expressions with have their medication, and plan of care reviewed, quarterly by the interdisciplinary team (including resident and family).	Number of residents on antipsychotic medications whose care plans have been reviewed on a quarterly basis.	100 % of the residents on antipsychotic medications, will have their quarterly reviews completed.	

**Change Idea #3** Development of plans of care, with non-pharmalogical approach - identification of triggers and interventions.

Methods	Process measures	Target for process measure	Comments
Review of the plan of care for non-pharmacological approaches, and triggers leading to Personal expressions.	The number of residents whose plans of care have been reviewed for both non-pharmacological and trigger interventions.	100 % of the residents on Antipsychotics, will have their care plans reviewed for both non-pharmacological and trigger interventions.	

**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	6.90	2.30	At/below provincial Average and through implementation of change ideas	ET nurse, Medline Skin care and Wound management, SB Nursing Consultant , NP, physicians, Align and BIM physiotherapist

**Change Ideas**

Change Idea #1 All nursing staff will be able to identify stage 1 pressure ulcers and utilize preventative measures.

Methods	Process measures	Target for process measure	Comments
Education will be given to staff regarding prevention of pressure injuries and how skin care and preventative measures can be used to circumvent and reduce pressure injuries.	% of residents with worsened pressure ulcer.	100% nursing staff will be able to identify stage one pressure injury and will implement preventive measures by December 2026.	

Change Idea #2 In collaboration with the skin and wound committee, the wound lead, and the interdisciplinary team will meet monthly to review medium to high-risk residents and review both non-clinical and clinical interventions. This review will also include the resident's plan of care, environmental assessment, Pharmacist/MD/NP for medication reviews, and PT for physio regimen. Residents and SDMs will be active participants in this process.

Methods	Process measures	Target for process measure	Comments
Monthly clinical skin and wound review meetings.	The number of residents reviewed monthly who are at medium and high risk for pressure injuries (PURS score of 3 or greater).	100 % completion of all monthly clinical skin and wound review meetings.	