

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)	17.41	17.00	1) Maintain below the provincial Average; 2) Through implementation of our change ideas, the home expects an improvement over the next year.	NP; BSO; PRCs: RNAO BP Consultant; MD

Change Ideas

Change Idea #1 To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner; education to families; education to staff; Use of SBAR communication strategies; root cause analysis of transfers. 2) Registered in charge nurse to communicate to physician and NP, a comprehensive resident assessment, to obtain direction prior to initiating an ER transfer 3) Build capacity and improve overall clinical assessment to Registered Staff; through education of the most common transfers to ED 4) During care conferences, discussion with resident and families, regarding advance care planning (Resident and Family focused centered care) 5) Utilization of the PPS (Palliative Performance Score) to determine disease progression-revision of care plan.

Methods	Process measures	Target for process measure	Comments
1) Education and re-education will be provided to registered staff on the continued use of SBAR tool and support standardize communication between clinicians. 2) 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 3) Nurse Practitioner on site will provide education theoretically and at bedside. 4) 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.	1) Number of communication process used in the SBAR format, between clinicians per month 2) The number of residents whose transfers were a result of family or resident request. The number of ER transfers averted monthly. Number of transfers to ED who returned within 24 hours 3) based on needs assessment. 4) Improved confidence and decision making from Registered staff related to clinical assessment.	1) 100% of communication between physicians, NP and registered staff will occur in SBAR Format by May 2026 2) Decrease by 1% until goal is achieved by reviewing all process measures in a quarterly basis 3) reduction of ED visits by December 31st 2025.	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx Pharmacy and MDs to provide education to registered staff on topics

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

Change Ideas

Change Idea #1 To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace 2) To increase diversity training through Surge education or live events 3) To include Cultural Diversity as part of CQI meetings team members in the home

Methods	Process measures	Target for process measure	Comments
1) Training and/or education through Surge education or live events; 2) Continue to introduce diversity and inclusion as part of the new employee onboarding process 3) Celebrate culture and diversity events; educational opportunities 4) Monthly quality meeting standing agenda- review the number of programs, education completed.	1) Number of staff education on Culture and Diversity; 2) Number of new employee trained on Culture and Diversity.	100% of staff educated on topics of Culture and Diversity.	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	87.97	90.00	Target is based on corporate averages. We aim to exceed corporate goals, and benchmarks.	

Change Ideas

Change Idea #1 To increase our goal from 87% to 90%. 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 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" 2) Review of the Whistleblower policy 3) Review the Concern process in the home on admission and during annual care conference.

Methods	Process measures	Target for process measure	Comments
1)Add resident right #29 to standing agenda for discussion on monthly basis by program Manager during Resident Council meeting. 2)Re-education and review to all staff, Resident Bill of Rights specifically #29 at department meetings monthly by department managers. Review of policy with resident and family with admission and care conferences.	1)100% of all department standing agendas will have Residents' Bill of Right #29 added, for review by December 2026. 2)100% of all staff will have education via department meetings on Resident Bill of Rights #29 by December 2026. 3)100% of resident Council and family council meetings will have Residents' Bill of Right #29, added at each monthly review by Dec 2026. 4)Review of policies added to the admission process, and care conference annually.	100% of all staff, residents and families will have completed the education on resident Bill of Rights #29	Total Surveys Initiated: 133 Training will be provided via meeting, SURGE learning, staff huddles, family and resident council meetings

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	15.63	15.50	Target is based on corporate averages. We aim to meet or exceed, corporate goal	PT; NP

Change Ideas

Change Idea #1 To facilitate a Weekly Fall Huddles on each unit; with the interdisciplinary team 2) Monthly collaboration with Falls committee, and external resources for the development of the resident's plan of care, nursing team to complete environmental assessment of resident rooms and bathrooms. Consult pharmacist/MD/NP for medication review, and PT for physio regiment. Review with family and resident for their goals, 3) Injury prevention - review of FRS, ensure appropriate medication prescribed for prevention of bone density loss 4) Comprehensive post fall analysis, in the development of resident plan of care.

Methods	Process measures	Target for process measure	Comments
1) Complete a weekly meeting with unit staff regarding ideas to help prevent risk of falls or injury related to falls 2) Increase training and/or education of Falls program 3) Resident list of FRS of 3 or greater, offer fracture prevention medication 4) Education and re-education provided to registered staff on the completion of post fall analysis.	1) Number of weekly meeting in each unit 2) number of staff participants on the weekly falls meeting 3) Number of medication changes (addition of fracture prevention medication) 4) Number of environmental and pharmacist referrals 5) Number of residents on restorative care program	100% of staff participation on Falls Weekly huddle in each unit	

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	1.16	1.10	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	NSWOC, NP, MD, Medline consultants

Change Ideas

Change Idea #1 Provide education and re-education on wound care assessment and management. Education provided by Medline consultant, regarding Remedy skin products and wound care products. 2) Referral to NSWOC for in home and virtual consults 3) Monthly review in Quality meeting of resident with Pressure related injuries, review of care plan, progression/lack of healing of pressure injury 4) RD review of nutritional status of residents

Methods	Process measures	Target for process measure	Comments
1) Arrange education for Registered staff and PSW, with Medline consultant and/or NSWOC 2) 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 3) Utilization of skin and wound tracking tool, to analysis the pressure related injuries in the home - and the development of plan of care.	1) Number of Registered staff and PSW's educated. 2) Number of changes to surface, number of plans of care updated 3) Number of pressure related injuries which have resolved or improved.	100 % of Registered staff to be educated, 100% of PSW's. 100% of resident with PUR's 3 or greater, comprehensive assessment completed. 100% of resident with stage 3 or greater or stalled wounds will have routine assessment completed by NSWOC	