

## Access and Flow

### Measure - Dimension: Efficient

Indicator #2	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)	37.78	36.90	Through implementation of our change ideas, the home expects an improvement of 2% by the end of the year.	NLOT, Nurse Practitioner

### 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
Registered staff to review potential transfers to the hospital with NP prior to sending to ED and wherever applicable utilize the NLOT team for diagnostics and outpatient resources.	Number of NP referrals and NLOT referrals to be reviewed monthly Quality Meetings, quarterly at PAC meetings and annually.	100% of NP and NLOT referral will be reviewed.	

Change Idea #2 Build capacity and improve overall clinical assessment skills of Registered Staff; through education supported by NLOT and NP.

Methods	Process measures	Target for process measure	Comments
Nurse Practitioner on site will provide education theoretically and at bedside. NLOT will be utilized to provided education to the registered team to improve assessment skills through education sessions and demonstration.	Number of education sessions with Registered Staff and number of attendees.	100% Registered staff will attend education session by December 2026.	

Change Idea #3 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.	Number of transfers to hospital by the Registered team, Physician and Families.	100% of hospital transfers will be review monthly.	

## Equity

### Measure - Dimension: Equitable

Indicator #3	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 12 months.	

### 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	Number of staff education on Culture and Diversity	100% of staff educated on topics of Culture and Diversity	

Change Idea #2 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 for the month.	Number of Celebrations completed in the home for the month, quarterly and annually.	100% CQI Meetings will review Culture and Diversity.	

## Change Idea #3 Source out External organizations to assist with education.

Methods	Process measures	Target for process measure	Comments
The home will reach out to community resources to increase the education within the home for the residents and team alike.	Number of external providers that provided education or live events	100% of the external community resources will be collaborated with by the home.	

## Experience

### Measure - Dimension: Patient-centred

Indicator #4	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	90.00	92.15	Target is based on Resident Satisfaction Survey Corporate Average.	

### Change Ideas

**Change Idea #1** 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"

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.	Number of meetings signed off by Residents Council with Bill #29 reviewed.	100% of Resident Council meeting minutes will include Bill #29.	Total Surveys Initiated: 100

**Change Idea #2** Review the Zero "Tolerance of Abuse/Neglect" and "Whistleblower" Policy with all staff members employed in the home.

Methods	Process measures	Target for process measure	Comments
Policies - Zero tolerance to abuse, and Whistleblower education conducted through SURGE or Live event.	100 % of all staff will have education via SURGE or live event on Zero tolerance of abuse/neglect and Whistleblower policy.	100% of all staff will have Zero tolerance of abuse/neglect and Whistleblower policy reviewed by end of year.	

## Change Idea #3 Review the Concern and Complaint process in the home on admission and during annual care conference

Methods	Process measures	Target for process measure	Comments
Reviewing the concern complaint policy and procedure to be added as a standing agenda item at both resident and family council meetings. To ensure residents and families understand the process and feel free to bring forward concerns and complaints.	Number of Care Conferences that reviewed the Concern and Complaint process.	100% of Care Conference on admission and annually will have reviewed the Concern and Complaint process.	

## Safety

### Measure - Dimension: Effective

Indicator #1	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 September 30, 2026 (Q2)	7.33	7.00	Target is based on corporate averages of 8.5%. We aim to exceed the corporate goal.	NLOT

### Change Ideas

Change Idea #1 Utilization of pain tracker, to monitor the use of prn analgesic.

Methods	Process measures	Target for process measure	Comments
Utilization of tracker, will enable the team to ensure that increased usage of PRN's is reviewed for the potential of routine medication.	Number of referral to the NP for medication changes related to PRN usage.	100% PRN's identified on the tracker for constant usage will be reviewed.	

Change Idea #2 RAI will ensure residents that triggers worsened pain from IntraRai will have a pain medication reviewed.

Methods	Process measures	Target for process measure	Comments
Resident who trigger for worsening pain will have a comprehensive medication review completed by MD/NP as referred to by the RAI consultant.	Number of Pain referrals to NP/MD.	100% triggered for worsened pain will be reviewed by MD/NP	

Change Idea #3 Residents on admission will have a review of past history of pain how pain was managed previously, and the goal for pain management.

Methods	Process measures	Target for process measure	Comments
Collecting data from admission assessment related to pain and expectation of pain and care plan interventions appropriate.	Number of admissions and care plans completed every month related to pain.	100% admitted residents will have their pain be reviewed.	

### Measure - Dimension: Safe

Indicator #5	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	8.62	8.30	Target is based on corporate averages of 15%. We aim to exceed the corporate goal.	Back In Motion, Arjo

### 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 areas to review high risk for fall residents and interventions to mitigate the risk of falls or injury related to falls.	Number of weekly meeting in each unit and staff participants.	100% of staff participation on Falls Weekly huddle in each unit.	

Change Idea #2 Do a comprehensive review of all residents that have triggered and are high risk.

Methods	Process measures	Target for process measure	Comments
Evaluate the high risk and triggered fall residents when they are going to bed and are they being toileted first after meals	Number of completed audits and care plans updated with interventions from gaps identified	100% Care Plans updated according the gap analysis completed	

Change Idea #3 Develop and implement falls committee to review care planned interventions and their appropriateness monthly.

Methods	Process measures	Target for process measure	Comments
Formulate falls committee to meet monthly review current interventions and update with appropriate interventions.	Number of Falls committee meetings.	100% Care plan interventions will be reviewed.	