

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)	38.03	36.50	We are Working towards provincial average with realistic achievable targets	

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
Utilization of inhouse NP twice week and engagement with NLOT Team as needed	Total hours of NP worked on site	All scheduled hours for NP worked on site	Utilize Nurse Practitioner, to provide education to registered staff on topics

Change Idea #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.

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 risk factors.	The number of residents whose transfers were a result of family or resident request. Number of staff who demonstrated education application via documentation. 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	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx Pharmacy to provide education to registered staff on topics to reduce ED visits.

Change Idea #3 Involvement BSO/psychogeriatric team with resident's who have responsive expression to avoid transfer to ED

Methods	Process measures	Target for process measure	Comments
Care plan for resident with responsive expression to include indication of triggers and interventions	Number of referrals made to BSO team and management of personal expression	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	CB	100.00	All staff will receive education upon hire and annually through Surge learning	

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
Training and/or education through Surge education	Number of staff education on Culture and Diversity;	100% of staff educated on topics of Culture and Diversity	80-100% staff education on 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	Number of CQI meetings including cultural diversity on agenda	100% CQI meetings will include culture and diversity on agenda	

Change Idea #3 To increase diversity training through hosting culture and diversity events in the home

Methods	Process measures	Target for process measure	Comments
Celebrate culture and diversity events in the home	Number of events held	The home will host 1 event per quarter	

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	90.00	93.00	Goal to achieve above current 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.	All Resident Council meetings will include Resident Bill of Rights #29	All meetings in 2026-27 year	Total Surveys Initiated: 100

Change Idea #2 Review of the Whistleblower policy

Methods	Process measures	Target for process measure	Comments
Review of policy with resident and family on admission and at care conferences	Number of admissions and care conferences that include a review of whistleblower policy	All admissions and admission/annual care conferences in the 2026-27 year will include a review of whistleblower policy	

Change Idea #3 Review how to report a concern process in the home on admission and during annual care conference

Methods	Process measures	Target for process measure	Comments
Review of policy with resident and family during admission and care conferences	Review of policies added to the admission process and annual care conference	All admissions and admission/annual care conferences will include review of how to report a concern in the 2026/27 year	

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	9.82	9.40	The home is currently performing better than provincial average. The goal is to maintain or improve from current performance	

Change Ideas

Change Idea #1 Implementation of Interdisciplinary post fall reviews

Methods	Process measures	Target for process measure	Comments
During daily risk management meeting all falls are discussed to include the root cause and implementation of additional interventions as required	Number of falls that had a interdisciplinary review completed	100% of falls will be reviewed	

Change Idea #2 All falls will be tracked for analysis

Methods	Process measures	Target for process measure	Comments
Review fall tracker monthly with the interdisciplinary falls committee	Number of falls that occurred and are documented on the tracker	100% of falls are inputted on the tracker	

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

Methods	Process measures	Target for process measure	Comments
Residents at high risk for falls will have purposeful rounding intervention in place. Education will be provided to all staff on purposeful rounding and how everyone can take part in preventing falls.	Number of high risk for falls residents who have purposeful rounding intervention in place. Number staff educated on purposeful rounding.	100% of residents who are at high risk for falls will have purposeful rounding in place and identified in care plan	

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	2.88	2.79	Our performance for wounds has gone up slightly, we will be continuing this measure this year and focus on lowering the performance to the absolute target.	

Change Ideas

Change Idea #1 Prompt identification and documentation of worsening pressure injuries by registered staff

Methods	Process measures	Target for process measure	Comments
Provide education to registered staff and PSW staff on early recognition of pressure injuries and preventative interventions.	Number of pressure related injuries which have resolved. Number of staff educated on early identification and interventions for pressure injuries.	All psw and registered staff will receive education by December 2026	

Change Idea #2 Identification of resident at risk for alteration in skin will have preventative interventions in place

Methods	Process measures	Target for process measure	Comments
All residents with PURS score 3 or higher will have an interdisciplinary review completed for preventative interventions including turning/repositioning, therapeutic surfaces, skin care and nutritional optimization	All residents with PURS score 3 or higher will have evidence of preventative interventions in care plan	100% of residents with PURS 3 or higher will have evidence of preventative interventions in care plan	

Change Idea #3 To improve tracking and monitoring for all pressure injuries for improved trend analysis to guide improvement initiatives at monthly quality meetings

Methods	Process measures	Target for process measure	Comments
Utilization of skin and wound tracking tool, to analyze the pressure related injuries in the home for trends to guide program quality improvement initiatives monthly	Number of pressure injuries identified on tracker monthly	100% of wounds are identified on the tracker	The tracker will be reviewed monthly with the skin and wound program