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)	12.18	12.00	1) Maintain below the provincial Average; 2) Through implementation of our change ideas, the home expects an improvement over the next year.	NP; MD; BSO; PRCs: MD, internal BSO

Change Ideas

Change Idea #1	To reduce unnecessary hospital transfers, through the use of Nurse practitioner and physician communication. Education to families; education to staff through the use of SBAR, and physical assessment. 2) Build capacity and improve overall clinical assessment to Registered Staff; through education of the most common transfers to ED 3) Discussions about advance care planning on admission and care conferences 4)Utilization of the PPS (Palliative Performance Score) to determine disease progression.

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 needs. 3) The MD on site will provide education theoretically and at bedside. 4) 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 5) Care plan for residents with responsive expression - indication of triggers and interventions	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. Number of staff who demonstrated education application via documentation quarterly. The number of ER transfers averted monthly. Number of transfers to ED who returned within 24 hours; 3) Improved confidence and decision making from Registered staff related to clinical assessment. 4) Increased SBAR documentation and improved communication within clinical team.	1) Maintain below the provincial Average. 2) Through implementation of our change ideas, the home expects an improvement over the next year.	Practitioner, other stake holders such as Medigas, CareRx Pharmacy ands 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	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 facilitate ongoing feedback or open door policy with the management team; 4) To include Cultural Diversity as part of CQI meetings	

Change Ideas

Change Idea #1 To increase diversity training through Surge education or live events; 2) To facilitate ongoing feedback on open door policy

Methods	Process measures	Target for process measure	Comments
1) Training and/or education through Surge education or live events; 2) 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 employees trained on Culture and Diversity.	100% of staff educated on topics of Culture and Diversity by Dec 2026	1) number of new employee trained of Culture and Diversity 2) Goal is 100% of all staff will receive training annually

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	88.28	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 88% 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 themself or others to the organization without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else"; 2) Review of the Whistleblower policy

Methods	Process measures	Target for process measure	Comments
1)Continue to discuss resident right #29 on monthly basis, during Resident Council meeting 2)Re-education and review with all staff Resident Bill of Rights specifically #29 at department meetings monthly 3)Review of whistleblower policy with resident and family on admission and care conferences	1)90% 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, SURGE online education, or group huddles on Resident Bill of Rights #29 by December 2026. 3)90% of resident Council will have Residents' Bill of Right #29, added at each monthly review by Dec 2026. 4)Review of policies during admission process, and care conference annually.	100% of all staff, residents and families will have completed education on resident Bill of Rights #29	Total Surveys Initiated: 128 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	15.02	15.00	Target is based on corporate averages. We aim to meet or exceed, corporate goal and benchmark.	NP, MD, PT, PTA

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 room and bathroom, 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) to 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 2) number of staff participants on the weekly falls meeting; 3) Number of medication changes (addition of fracture prevention medication)	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	1.82	1.50	Target is based on corporate averages. We aim to met corporate goals, and 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 related to 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 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 educated. 2) Number of pressure related injuries which have resolved or improved.	Target is based on corporate averages. We aim to met corporate goals, and benchmarks.	100 % of Registered staff to be educated, 100% of PSW. 100% of resident with PURs 3 or greater, comprehensive assessment completed. 100% of resident with stage 3 or greater or stalled wounds will have routine assessment completed by NSWOC