

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)	31.08	29.00	Movement towards provincial average with realistic achievable target	

Change Ideas

Change Idea #1 Use of SBAR -Registered in charge nurse to communicate to physician and NP, a comprehensive resident assessment, to obtain direction prior to initiating an ER transfer

Methods	Process measures	Target for process measure	Comments
Education/re-education to registered staff on the continued use of SBAR tool a standardize communication between clinicians.	Number of communication process used in the SBAR format, between clinicians per month; number of staff educated.	Decrease by 1% until goal is achieved by reviewing all process measures in a quarterly basis	

Change Idea #2 Development of IV program in the home

Methods	Process measures	Target for process measure	Comments
Educate Registered Staff on the IV Therapy	Number of IV therapy/treatments completed with in the home	50% Staff education completed	

Change Idea #3 To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner

Methods	Process measures	Target for process measure	Comments
Recruitment of NP	Number of NP recruited and hours worked on-site	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	100.00	100.00	Maintain education provided to all staff on hire and annually	

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 or live events;	Number of staff education on Culture and Diversity;	100% of staff educated on topics of Culture and Diversity	

Change Idea #2 Include Cultural and Diversity and our CQI meetings

Methods	Process measures	Target for process measure	Comments
Celebrate culture and diversity events; educational opportunities	Number of celebrations in the home	1 event per quarter (4 events in a year)	

Change Idea #3 Create a culture board; of the residents and team members in the home

Methods	Process measures	Target for process measure	Comments
Post a world map for both resident and team members to identify their roots	Number of resident and team members participated	75% of participation	

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	95.00	96.00	Current performance exceeding corporate average therefore goal is to improve by 1 %	

Change Ideas

Change Idea #1 Review the 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 with admission and care conferences	Review of policies added to the admission process, care conference	100% of all staff and residents and families will have completed the education on resident Bill of Rights #29	Total Surveys Initiated: 100

Change Idea #2 Review of the Whistleblower policy

Methods	Process measures	Target for process measure	Comments
Policies -Zero tolerance to abuse, and Whistleblower posted in the home	Review of policies added to the admission process, annual care conference	100% of all staff and residents and families will have completed the education on resident Bill of Rights #29	

Change Idea #3 Enhance therapeutic communication

Methods	Process measures	Target for process measure	Comments
Education staff on therapeutic communication	Number of staff educated on therapeutic education	100% of staff will complete therapeutic education	

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	14.92	14.50	Current performance below provincial average therefore goal to improve by 2%	

Change Ideas

Change Idea #1 To facilitate a Bi-Weekly Fall Huddle; with the interdisciplinary team

Methods	Process measures	Target for process measure	Comments
Bi-Weekly interdisciplinary team huddles on resident home area to review resident plan of care, to mitigate the risk of falls or injury related to falls;	Number of bi-weekly meetings	100% of staff on-duty participation on bi-weekly fall huddle	

Change Idea #2 To reduce the number of falls in the home

Methods	Process measures	Target for process measure	Comments
During shift report review resident high risk for falls, frequent falls,	number of staff participants at shift change discussion	100% of staff participation at shift change	

Change Idea #3 Collaboration with recreation, to implement recreation activities, to engage residents (analysis to when falls are occurring to develop timing)

Methods	Process measures	Target for process measure	Comments
Monthly collaboration with the Fall committee, (during Quality meeting), to review the resident's plan of care (identification of the triggers, related to the fall) referrals to MD/NP for medication reviews, PT for physio regiment/programming	Number of quality monthly meetings recreation attends	100% recreation attendance at quality monthly meetings	

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	13.76	13.50	Current performance below provincial average therefore goal to improve by 1%	

Change Ideas

Change Idea #1 The MD, NP, BSO internal and external (including Psychogeriatric Team), with nursing staff will meet monthly to review newly admitted residents on antipsychotic medication for diagnosis and indication for use. This is standing item in CQI/PAC quarterly meeting agenda.

Methods	Process measures	Target for process measure	Comments
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;	Number of residents prescribed antipsychotics medications over the number	100% of residents who are prescribed antipsychotic medications will receive a 3 month review to determine potential for reduction in dosage or discontinuing antipsychotics.	

Change Idea #2 Residents who are prescribed for the purpose of management of responsive expressions, will have a quarterly review, for the potential of reduction or discontinuation of medication

Methods	Process measures	Target for process measure	Comments
BSO lead and nursing team will ensure residents who receive antipsychotic for responsive expressions will have their medication, plan of care reviewed, quarterly by the interdisciplinary.	Number of residents prescribed antipsychotic medication over the number of residents who have received medication review in the last quarter	100% of residents on a antipsychotic to receive a quarterly medication review	

Change Idea #3 During admission conference, review with families, reason for prescribing antipsychotic medication, intervention effective in management of responsive expression

Methods	Process measures	Target for process measure	Comments
Obtain history with families and residents on the reason of use of antipsychotics	Number of admission care conferences with discussions of antipsychotics usage	100% of new admissions on antipsychotics will have discussion at admission conference regarding reason of use	

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	1.76	1.75	Current performance below provincial average therefore goal to improve by 0.5%	

Change Ideas

Change Idea #1 During admission process, complete comprehensive review of resident status, and risk level for alteration in skin, and develop plan of care

Methods	Process measures	Target for process measure	Comments
Review of resident status, with pressure related injuries during Quality meetings (case by case review) review of plan of care, progression/stalled/deteriorating pressure injuries,	Number of pressure related injuries which have resolved	100% of admissions to the home to have pressure injury assessment completed	

Change Idea #2 RD review of nutritional and hydration status of residents

Methods	Process measures	Target for process measure	Comments
Develop list of residents who are at a high risk of nutritional and hydration status	Number of residents identified as high risk	100% of residents at high risk are identified	

Change Idea #3 Prompt Identification and documentation of worsening pressure injuries

Methods	Process measures	Target for process measure	Comments
Annual Surge education - Skin and wound care management	Number of care staff that have completed education	100% of care staff have completed education	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents in daily physical restraints	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	0.56	0.00	Goal to achieve no restraint use	

Change Ideas

Change Idea #1 Utilization of alternative to restraints

Methods	Process measures	Target for process measure	Comments
Family and resident engagement, health teaching provided on the risk associated with restraints, and alternative interventions	Number of restraints being used in the home (reason)	100% of staff to completed education	

Change Idea #2 Utilization of alternative to restraints

Methods	Process measures	Target for process measure	Comments
Medication review (potential side affects of medications causing restlessness and agitation)	Number restraints successfully removed from the home	100% of resident medications reviewed for potential side affects	

Change Idea #3 Utilization of alternatives to restraints

Methods	Process measures	Target for process measure	Comments
Annual education with staff on use and risk of restraints	Number of staff completed education	100% of staff completed education	