

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)	25.62	24.25	Through implementation of our change ideas, the home expects an improvement over the next 6 months and aim to hit the target by end of year.	paramedic plus program, Nursing PLEDGE program from OHAH

Change Ideas

Change Idea #1 Registered staff will use the SBAR tool to communicate to physician, NP and on call physicians providing a comprehensive resident assessment, to obtain direction prior to initiating an ER transfer

Methods	Process measures	Target for process measure	Comments
Ongoing expectations will be educated to registered staff on the continued using of the SBAR tool to facilitate effective communication between clinicians.	The number of SBAR tools used vs the number of ED transfers to the hospital.	80% of communication between physicians, NP and registered staff will occur in SBAR Format by May 2026	

Change Idea #2 DOC / ADOC to review ED tracker, for analysis / trends and reason for transfers to ED - review in Monthly Nursing Clinical meetings, to develop strategies to prevent future ED visits

Methods	Process measures	Target for process measure	Comments
Monthly review of internal hospital tracking tool to analyze each transfer to the ED for trends and analysis.	All ED transfers to hospital will be analyzed monthly for trends vs the number of action plans developed for reducing ED visits.	100% of residents who attend the ED will be reviewed monthly for trends and analysis.	

Change Idea #3 Development of IV program in the home

Methods	Process measures	Target for process measure	Comments
Education to all Registered Nurses working in the home on IV insertion and clinical monitoring.	Number of Registered Nurses working in the home that have be educated on IV insertion and clinical monitoring.	100% of Registered Nurses in the home will have IV training by December 2026	

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 by end of the year.	

Change Ideas

Change Idea #1 To increase diversity training through Surge education and home policies during the onboarding of new staff.

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 through Surge Learning	

Change Idea #2 To continue to include Cultural Diversity as part of CQI meetings.

Methods	Process measures	Target for process measure	Comments
Continue to discuss Culture and Diversity as a topic on the CQI agenda.	Number CQI meetings that discuss Cultural and Diversity over the number of CQI meetings during the year.	100% of CQI meetings to include discussions on Cultural and Diversity.	

Change Idea #3 Ensure that all new employees understand the culture, diversity and anti-racism.

Methods	Process measures	Target for process measure	Comments
Introduce diversity and inclusion as part of the new employee onboarding process through SURGE learning.	Number of new employees trained on Culture, Diversity and anti-racism.	100% of all new employees will have completed SURGE education on Culture, Diversity and Anti-racism.	

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	87.91	93.00	Target is based on an increase of 5% by end of year.	

Change Ideas

Change Idea #1 Residents will feel comfortable expressing their feedback, needs and concerns with all staff without fear of consequences.

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 resident council meetings that reviewed Bill #29.	100% of resident counsel meetings will have Residents Bill of Rights on the standing agenda by April 2026.	Total Surveys Initiated: 91

Change Idea #2 The process for reporting concerns in the home will be reviewed during admissions with residents and Families as part of the admission checklist.

Methods	Process measures	Target for process measure	Comments
The process for reporting concerns in the home will be reviewed during admissions with residents and Families as part of the admission checklist.	Number of completed admission checklist that include review of the concerns process.	100% of all new residents and families will be educated on the process for reporting a concern during the admission process.	

Change Idea #3 Social Service worker will complete a post admission survey that reviews the complaint process with residents and families.

Methods	Process measures	Target for process measure	Comments
Social worker will meet with new residents and speak to families post admission to review the process for reporting concerns to the home as part of the post admission survey.	Number of post admission surveys that will review the process for reporting a complaint in the home.	100% of all new admissions and families will have the process for reporting a concern reviewed in the post admission survey by the Social Service Worker.	

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 / PCC insights CIHI - 4 quarter average	7.14	7.00	Target is based on corporate averages. We aim to maintain or exceed, corporate goal.	pain consultant, Paramedic plus program

Change Ideas

Change Idea #1 Residents who are triggering worsening pain will have their care plans interventions reassessed monthly for effectiveness.

Methods	Process measures	Target for process measure	Comments
Clinical team and pain committee to review residents care plans with current interventions for effectiveness and implement new interventions.	Number of care plans reviewed monthly	100% of residents who are triggering worsening pain will have their care plans reviewed monthly.	

Change Idea #2 Ongoing Utilization of PRN pain tracker, to monitor the use of prn analgesic given to residents.

Methods	Process measures	Target for process measure	Comments
Review the pain tracker daily for PRN usage and notify Nurse Practitioner or Physician of potential pain medication changes.	Number NP referrals for pain medication changes every month.	100% of residents that have utilized PRN for 3 consecutive days will have the pain medication reviewed by the Nurse Practitioner or Physician.	

Change Idea #3 On admission a Comprehensive pain assessment will be completed, history of pain, and strategies for managing pain implemented in the care plan.

Methods	Process measures	Target for process measure	Comments
Comprehensive Pain Assessment will be completed upon admission as well a pain history and pain management strategies will be obtained on admission and will reflect in the care plan.	Number of comprehensive pain assessments, pain history and strategies on admission will be reviewed monthly.	100% of resident admitted to the home will have a comprehensive pain assessment completed, pain history and pain strategies noted in the care plan.	

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	24.74	20.50	Target is based on corporate averages. We aim to meet or exceed, corporate goal.	

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 area to review resident plan of care, to highlight high risk resident to mitigate the risk of falls or injury related to falls;	Number of weekly meeting in each unit.	100% of staff participation on Falls Weekly huddle in each unit.	

Change Idea #2 Residents who have been identified as having a FRS of 4 or more will be referred to the Falls Clinical Lead / team.

Methods	Process measures	Target for process measure	Comments
Residents with a FRS of 4 or more will be reviewed monthly by the Falls Team to discuss and review strategies and implementation of Falls Prevention measures.	The number of residents referred to Falls Lead resulting from having a FRS of more than 4.	100% of residents with a FRS of more than 4 will be reviewed by the Falls Lead / Team monthly.	

Change Idea #3 During the admission process review previous history of falls and potential falls risks with residents and families.

Methods	Process measures	Target for process measure	Comments
Review with family and residents at the time of admission history of falls to assess criteria for specific individualized Falls prevention programming.	Number of Falls history reviewed for Falls prevention programming on admission.	100% of residents will be assessed for Falls Prevention needs at the time of admission.	