

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)	30.00	28.80	1) At/Below the provincial Average; 2) Through implementation of our change ideas, the home expects an improvement over the next year	NP, BSO, PRC, MD's

Change Ideas

Change Idea #1 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
1) 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 risks; develop care plans with early identification signs and treatment plans. 2) Conduct needs assessment from Registered Staff to identify clinical skills and assessment that will enhance their daily practice.	The number of PSW and Reg. staff educated on STOP and WATCH. 2) The number of ER transfers averted monthly. 3) The number of ER transfers to ED who returned within 24 hours.	90-100% staff education completion rates. 2) Decrease ED visits by 1% each quarter until goal is achieved by reviewing all process measures.	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx Pharmacy and MDs to provide education to registered staff on topics.

Change Idea #2 Implementation of clinical Pathways for UTI, shortness of breath and congestive heart failure.

Methods	Process measures	Target for process measure	Comments
Education with registered staff and interdisciplinary team on clinical pathways. Education for PSW/reg. staff on STOP and WATCH.	The percentage of registered staff and interdisciplinary team educated on clinical pathways. Education for PSW/reg. staff on STOP and WATCH.	90-100% staff education completion rates Decrease ED visits by 1% each quarter until goal is achieved by reviewing all process measures.	Utilize Nurse Practitioner, other stake holders such as Medigas,CareRx Pharmacy ands MDs to provide education to registered staff on topics.

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; and standing agenda in nursing practice meeting.	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; and standing agenda in nursing practice meeting.	Decrease ED visits by 1% each quarter until goal is achieved by reviewing all process measures.	Utilize Nurse Practitioner, other stake holders such as Medigas,CareRx Pharmacy ands MDs to provide education to registered staff on topics.

Change Idea #4 Development of IV program in the home.

Methods	Process measures	Target for process measure	Comments
Build capacity of registered staff through IV education Opportunities.	# of Staff receiving IV training.	Minimum of 5 registered staff are educated in IV training.	External trainer will be conducting IV training.

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	Through education the Home expects to have an increase understanding of this criteria over the next 6 months	SURGE learning, BSO, Cultural organizations in the community

Change Ideas

Change Idea #1 To increase understanding of ADOA requirements.

Methods	Process measures	Target for process measure	Comments
Completion of all staff on ADOA education through 24/7 portal.	Percentage of staff completing education on AODA.	100% of staff educated on AODA by the end of June.	

Change Idea #2 To increase diversity training through Surge education or live events.

Methods	Process measures	Target for process measure	Comments
Education will be offered through SURGE learning and/or live events for all staff.	% of staff completing diversity training in SURGE or live events.	100% of staff will complete diversity training in SURGE by the end of June and upon hire.	

Change Idea #3 Creation of a culture board and events reflecting the resident and staff population in the home.

Methods	Process measures	Target for process measure	Comments
Feature specific cultures represented in the home through special events and culture board.	Number of cultural specific events. Development of a culture board.	Offer 3 culture specific events in the year. Development of a culture board by the end of June.	

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	97.00	98.00	Through education, the Home expects to have an increase understanding of this criteria over the next 6 months	SURGE learning

Change Ideas

Change Idea #1 Engaging residents in meaningful conversations, that allow them to express their opinions.

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.	Percentage of resident Council meeting will have Residents' Bill of Right #29, added at each monthly. Increase awareness of resident in the resident bill of rights in particular right #29.	100% of resident council meeting minutes have reviewed resident bill of rights # 29. To increase the response from 97.5% to 98% by the next resident satisfaction survey to the question "I can express my opinion without fear of consequences.	Total Surveys Initiated: 100

Change Idea #2 Add resident right #29 to resident council agenda.

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.	Agenda item resident right # 29 will be added to resident council meeting agenda.	100% of resident Council meeting will have Residents' Bill of Right #29, added at each monthly meeting and discussed.	

Change Idea #3 Incorporate resident Bill of Rights to the monthly staff general staff meetings to highlight resident rights with a focus on Resident Right # 29.

Methods	Process measures	Target for process measure	Comments
Add Resident Rights as a standing item to monthly general staff meetings.	Percentage of general staff meetings have a standing agendas to focus on Residents' Bill of Right #29 added, for review monthly.	100% of general staff meetings have a standing agendas to focus on Residents' Bill of Right #29 added, for review monthly.	3-4 resident rights will be reviewed on a monthly basis at the general staff meeting.

Change Idea #4 A copy of the resident bill of rights will be offered to residents/POA at the annual care conference for review.

Methods	Process measures	Target for process measure	Comments
Review of policy with resident and family with admission and at annual care conferences.	Percentage of residents/families will be provided a copy of the resident bill or rights at care conferences.	100% of residents/families will be provided a copy of the resident bill or rights at care conferences.	

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	13.89	13.61	The Home exceeds the corporate average of 15.5% .Target is based on the Home and aiming to improve by 2%	PT , NP, MD, Pharmacy consultant

Change Ideas

Change Idea #1 To reduce the number of falls in the home and injury prevention - review of FRS, ensure appropriate medication prescribed for prevention of bone density loss.

Methods	Process measures	Target for process measure	Comments
Resident list of FRS of 3 or greater, offer fracture prevention medication.	Number of residents with a FRS score of 3 or greater on fracture prevention medication.	100% of resident with a FRS score of 3 or greater are on fracture prevention medication.	

Change Idea #2 Enhance the restorative care program in the home (provide education on how residents qualify for the program).

Methods	Process measures	Target for process measure	Comments
Education on restorative care program and residents that would qualify.	Number of residents that qualify for restorative care Number of staff trained on restorative care.	100% of residents that qualify for a restorative care program are involved. 100% of staff receive training on restorative care.	Engage the physiotherapy provider for training.

Change Idea #3 Create activity bins, for resident to assist with engagement to reduce falls

Methods	Process measures	Target for process measure	Comments
Identify residents that are a high risk for falls that would benefit from engagement to reduce falls.	# of residents engaged in independent activity to deter falls.	100% of residents identified to benefit from independent activity will be engaged.	

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	16.39	16.06	The Home exceeds the corporate average of 17.5% .Target is based on the Home and aiming to improve by 2%	NP, BSO, OHAH, Ontario Shores for Mental Health Sciences, Alzheimer's Society

Change Ideas

Change Idea #1 1) During admission conference, review with families, reason for the prescribing of antipsychotic medication, interventions effective in management of responsive expressions (if admission from another LTC home, inquire if care plan can be sent for review, review of Behavioral assessment provided by Ontario Home at Health).

Methods	Process measures	Target for process measure	Comments
Provide education to families and resident on the use risks related to antipsychotic medication.	Number of residents prescribed antipsychotics medications over the number of residents who have received a medication review in the last quarter. Number of resident, to which the antipsychotic was decrease, or de-prescribed/discontinued.	100% of newly admitted residents will have been reviewed for the appropriateness of antipsychotics use. 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 Gentle Persuasive approaches (GPA) training/education will offered, as well as GPA recharge training.

Methods	Process measures	Target for process measure	Comments
GPA training and Recharge training to be held in the home by the internal trainer.	Number of staff receiving education on GPA. % of staff receiving recharge training,	100% of GPA trained staff will complete GPA recharge training. A Minimum of 2 GPA training sessions will be offered to untrained staff.	The Home now has an internal trainer.

Change Idea #3 Engage Alzheimer's society educational opportunities for staff, families and residents.

Methods	Process measures	Target for process measure	Comments
Arrange education through the Alzheimer's society.	# of sessions offered to staff, family and residents.	At least 1 session will be offered to education staff, family and residents through the Alzheimer's society.	This change idea will be dependent on the availability of the Alzheimer's Society outreach service.

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	5.92	5.80	Target is based on a goal of improvement by 2%	NP, MD's, Medline, Wound Consultant, PT

Change Ideas

Change Idea #1 Education of nursing staff on identification and treatment of pressure injuries.

Methods	Process measures	Target for process measure	Comments
Arrange education for Registered staff and PSW, with Medline and/or wound consultant. Completion of Annual Surge education - Skin and wound care management staging wounds.	Percentage of staff completing Annual Surge education - Skin and wound care management staging wounds. The number of education sessions provided to registered staff and PSW from 3rd parties. Reduce the percentage of resident who develop, or experience worsening pressure injury.	100% of registered staff complete Annual Surge education - Skin and wound care management staging wounds. A minimum of 2 session provided by a 3rd party on pressure ulcers or related topics. Reduce percentage to meet the corporate benchmark of 2% by Q4.	The home will engage with the wound care consultant, NLOT team and Medline for education.

Change Idea #2 Identification of resident at risk for alteration in skin.

Methods	Process measures	Target for process measure	Comments
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.	Number of PURS assessments completed. Number of care plans reviewed and updated.	100% of PURS assessments will be completed as scheduled. 100% of care plans will be reviewed and updated as necessary by end of Q2.	

Change Idea #3 Prompt Identification and documentation of worsening pressure injuries through the skin and wound tracker.

Methods	Process measures	Target for process measure	Comments
Utilization of the Skin and tracker, and analysis of the data.	Number of pressure related injuries which have resolved and Number of visits in home and virtually by the wound consultant.	100% of resident with stage 3 or greater will have routine assessment completed by wound consultant. Reduce percentage to meet the corporate benchmark of 2% by Q4.	