

## 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)	39.01	37.00	Through implementation of our change ideas, the home expects an improvement over the next 12 months.	

### 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.	80% of communication between physicians, NP and registered staff will occur in SBAR Format by July 2026.	

**Change Idea #2** Build capacity and improve overall clinical assessment skills of Registered Staff; through education supported by NP and clinical leadership.

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.	Improved confidence and decision making from Registered staff related to clinical assessment. Number of education sessions with Registered staff.	80-100% Staff attendance with clinical education education.	

Change Idea #3 During care conferences, discussion with resident and families, regarding advance care planning (Resident and Family focused centered care)

Methods	Process measures	Target for process measure	Comments
The clinical team will address goals of care during annual care conferences and hold PRN care conference when needed to review goals of care prior deterioration of the health condition of the residents and as health condition changes.	Track the number of code status changes from the admission care conferences/annual care conference/PRN care conferences.	100% of goals of care reviewed at care conferences.	

Change Idea #4 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	The number of residents whose transfers were a result of family or resident request. Number of transfers to ED who returned within 24 hours.	100% of the hospital transfers will be tracked, trended and reviewed.	

## 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 will continue to increase understanding of this criteria over the next 6 months	

### Change Ideas

Change Idea #1 To increase diversity training through Surge education or live events.

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 Creation of culture board, of the cultures of the resident and team members in the home.

Methods	Process measures	Target for process measure	Comments
Culture board to be created, displayed and updated monthly.	Number of boards changed every quarter.	100% of the boards changed every month.	

Change Idea #3 External organizations to assist with education, reach out to community resources to assist the home.

Methods	Process measures	Target for process measure	Comments
Celebrate culture and diversity events; educational opportunities the home will endeavor to reach out to the community and invite organizations to share their culture and educated the home on diversity.	Number of Celebration completed in the home	100% of the educational sessions will be reviewed for level of success in the home.	

## 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	80.42	82.00	We aim to maintain or exceed our current goals, benchmarks.	

### Change Ideas

**Change Idea #1** To increase our goal by 2% from 92.15%. 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 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. Re-education and review to all staff on Resident Bill of Rights specifically #29 at department meetings monthly by department managers;	Number of resident Council meeting that review Residents' Bill of Right #29.	100% Resident Council meeting minutes will review Bill of Rights number 29 each meeting.	Total Surveys Initiated: 189

Change Idea #2 Review the Concern process in the home on admission and during annual care conferences.

Methods	Process measures	Target for process measure	Comments
The home will review the concern complaint process at each admission and annually at care conferences to ensure that both the residents and the family understand to process and feel free to bring concerns/complaints forward.	The number of conferences that are held each quarter with the concern, complaint process reviewed.	100% of the concern/complaint process will be reviewed at admission care conference and annual care conferences.	

Change Idea #3 Social worker, completing wellness checks with residents.

Methods	Process measures	Target for process measure	Comments
The Social Worker will ensure that all residents are seen on quarterly basis, following incidents and the need is referred to the Social Worker.	Number of wellness check points to be reviewed at monthly quality and quarterly PAC meetings	80-100% of residents will feel supported for wellness.	

## 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	10.00	8.50	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	

### Change Ideas

Change Idea #1 Utilization of pain tracker, to monitor the use of prn analgesic.

Methods	Process measures	Target for process measure	Comments
Utilization of tracker, will enable the team to ensure that increased usage of PRN's is reviewed for the potential of routine medication.	Number of referral to the NP for medication changes related to PRN usage.	100% PRN's identified on the tracker for constant usage will be reviewed.	

Change Idea #2 Consultation with the Pain consultant/NP/Pharmacist consultant/BSO/RPN/PSW/PT/PTA.

Methods	Process measures	Target for process measure	Comments
ADOC to ensure that referrals are being sent to external consultants as appropriate.	Number of referrals completed Pain specialist/consultant.	100% of pain referrals will have a medication review.	

## Change Idea #3 Provide adjacent and non paralogical interventions in the plan of care

Methods	Process measures	Target for process measure	Comments
Pain Committee will review Care planned interventions to ensure they are still effective monthly.	Hold monthly Pain Committee meeting to review and make adjustments in the plan of care that are non-pharma logical. Number of meetings and changes reviewed monthly quality meetings and PAC.	100% of residents with worsened pain will have their care plan reviewed for non-pharma logical interventions	

**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	19.35	17.50	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 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 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, will be reviewed monthly and residents meeting this criteria reviewed by the NP/MD and will be offered fracture prevention medication.	Number of medication changes (addition of fracture prevention medication).	100% of Residents will have medication review every quarter.	

Change Idea #3 Purposeful rounding for the PSW including the 4P's.

Methods	Process measures	Target for process measure	Comments
Purposeful rounding is incorporated into the new PSW job routines, reinforced with walk abouts, audit POC documentation. Near misses and witnessed falls will be reported to the Registered team and documented in PCC under risk management report.	Number of reported near misses, and witnessed falls.	100% of near misses and witnessed falls will be reported and reviewed.	