

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)	19.18	17.00	Through education, the Home expects to have an increase understanding of this criteria over the next 6 months	Canadian Nurse Practitioner Services

Change Ideas

Change Idea #1 To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner

Methods	Process measures	Target for process measure	Comments
Increase utilization of NP to assess residents who have changes occurring.	Number of NP assessments completed for residents who are considering a transfer to hospital	100% of hospital transfers occurring during Nurse Practitioner hours will be completed in consultation with the nurse practitioner.	

Change Idea #2 Support early recognition of residents at risk for ED visits. by providing preventive care, building capacity and overall skills of registered staff with NP support and early treatment for common conditions leading potentially avoidable ED visits.

Methods	Process measures	Target for process measure	Comments
Conduct needs assessment from Registered Staff to identify clinical skills and assessment that will enhance their daily practice. Nurse Practitioner on site will provide education theoretically and at bedside.	Number of staff who have received education regarding early recognition of clinical changes	100% of registered staff will receive education from the nurse practitioner regarding early recognition of clinical deterioration.	

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	Number of monthly quality meetings where the ED tracker is reviewed and analyzed	100% of monthly quality meetings will have a review of the ED tracker, where trends are analyzed and action plans are developed.	

Change Idea #4 Increase the consistent and appropriate use of in-home diagnostic imaging (X-ray, laboratory, ultrasound) to manage residents in place and prevent avoidable ED transfers.

Methods	Process measures	Target for process measure	Comments
Continue the use of diagnostic assessments in the home, to prevent transfer to ED (x-ray, laboratory, ultrasounds), ensuring that staff, residents and families are aware of the available resources.	Percentage of residents and families who receive education on in-home diagnostic services.	100% of residents and families will receive education on available in-home diagnostics prior to transfer to the emergency department.	

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	98.92	100.00	Through education, the Home expects to have an increase understanding of this criteria over the next 6 months	

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 To facilitate ongoing feedback or open door policy with the management team

Methods	Process measures	Target for process measure	Comments
Use of an open door policy will encourages residents, families and staff to approach managers to discuss concerns, ideas, or experiences related to workplace equity, diversity, inclusion and anti-racism	Staff feedback regarding whether they feel safe and supported when raising concerns	10% improvement in staff perception of psychological safety on work life survey	

Change Idea #3 Creation of culture board, of the cultures of the resident and team members in the home

Methods	Process measures	Target for process measure	Comments
Celebrate culture and diversity events; educational opportunities	Number of Celebrations completed in the home	1 celebration will be completed each quarter.	

Change Idea #4 Spiritual assessment to be completed on admission in consultation with the resident and family member on their language, faith, traditions, language preference, and family roles.

Methods	Process measures	Target for process measure	Comments
The spiritual assessment will be used as a tool to plan activities/events that celebrate cultural diversity in tandem with resident preferences.	# of residents who have a spiritual assessment completed within 14 days of admission to the home.	100% of residents will have a spiritual assessment completed within 14 days of admission.	

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	89.00	92.00	Target is based on corporate averages. We aim to meet or exceed corporate goals. Current indicator is 88.93%	Ontario Association of Residents Councils

Change Ideas

Change Idea #1 Review ""Residents' Bill of Rights"" more frequently, at residents' Council meetings and departmental 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;	# of all department standing agendas & resident council meetings where Residents' Bill of Right #29 has been added.	100% of departmental and resident council meetings will have Residents' Bill of Rights #29 added as a standing agenda item by June 1st 2026.	Total Surveys Initiated: 100

Change Idea #2 Review of the Whistleblower policy and the Concern process in the home on admission and during annual care conference

Methods	Process measures	Target for process measure	Comments
Review of whistleblower policy and concern/investigation process with resident and family during admissions and care conferences	# of admissions and care conferences where whistleblowing and the concern process is discussed.	100% of admissions and care conferences will have a discussion on whistleblowing and the concern process.	

Change Idea #3 Through recruitment of a social worker, who will complete wellness checks with residents

Methods	Process measures	Target for process measure	Comments
Home will implement social worker visits with new and existing residents	Number of social work referrals that have been actioned within 7 business days.	100% of social work referrals will be responded to within 7 business days.	

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	15.79	14.75	Target is based on corporate averages. We aim to exceed the corporate goal.	BiM Health, Align Home Healthcare, Canadian Nurse Practitioner Services, CareRX, Residents Council

Change Ideas

Change Idea #1 Re-establish the restorative care program in the home

Methods	Process measures	Target for process measure	Comments
The team will recruit a restorative lead to oversee a restorative care philosophy.	Recruitment of a restorative care lead	One restorative care lead will be implemented at the home within 6 months.	

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, offer fracture prevention medication	Number of medication changes (addition of fracture prevention medication	100% of residents who are identified with a FRS of 3 or above will be offered medications to aid in reduction of fracture risk	

Change Idea #3 Home will develop a program that supports purposeful rounding for all residents identified at high risk for falls

Methods	Process measures	Target for process measure	Comments
Research and educate staff on purposeful rounding as a falls prevention measure.	# of residents at high risk for falls who are on a purposeful rounding program	100% of residents who are high risk for falls will have purposeful rounding implemented as part of their plan of care.	

Change Idea #4 Collaboration with recreation, to implement recreation activities, to engage residents as a proactive approach to preventing falls

Methods	Process measures	Target for process measure	Comments
Through analysis of fall patterns, residents who are identified to have a pattern to their falls will be referred to the program department to implement resident specific programming to prevent falls.	# of referrals to programs department for residents who have a pattern to falls	100% of residents identified has having a pattern of falls will be referred to the programs department	

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	1.67	1.50	Target is based on corporate averages. We aim to exceed corporate goals	Medline, Canadian Nurse Practitioner Services, BiM Health

Change Ideas

Change Idea #1 Home to collaborate with NP/NSWOC to provide in home consults

Methods	Process measures	Target for process measure	Comments
---------	------------------	----------------------------	----------

Registered staff to complete wound rounds with the NP/NSWOC to enhance knowledge on wound care management	Number of Registered staff and PSW who have completed education with the NP/NSWOC.	100 % of Registered staff and PSWs will receive skin & wound education by the NP/NSWOC	
---	--	--	--

Change Idea #2 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
---------	------------------	----------------------------	----------

All residents admitted to the home will have a comprehensive review of their skin condition and plan of care implemented to mitigate risks.	Number of newly admitted residents who are at risk for skin breakdown who have a plan of care developed to prevent skin breakdown.	100% of new admissions who are at risk of skin breakdown will have a care plan in place for prevention of skin breakdown	
---	--	--	--

Change Idea #3 To reduce the percentage of resident who develop, or experience worsening pressure injury through Identification of residents 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 residents with a PURS score of 3 or higher who have been assessed for a pressure reduction surface as part of their plan of care	100% of residents with a PURS of 3 or more will be assessed for pressure reduction surfaces 100% of admissions to the home to have pressure injury assessment completed	

Change Idea #4 Prompt Identification and documentation of worsening pressure injuries

Methods	Process measures	Target for process measure	Comments
Registered staff to receive education on identification and management of worsening skin conditions, including collaborating with the appropriate members of the interdisciplinary team (MD, NP, Dietician, NSWOC, S&W Lead, Specialists, etc.) when it has been identified that the skin condition is worsening	Number of referrals sent to interdisciplinary team when wounds are identified as worsening	100% of residents will receive referrals to the appropriate team members when staff discover worsening skin conditions.	

Measure - Dimension: Safe

Indicator #6	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 / May 2026 to April 2027	8.51	7.50	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	Care RX Pharmacy, BiM Health, Palliative Pain & Symptom Management Consultant, Canadian Nurse Practitioner Services

Change Ideas

Change Idea #1 Enhancement of the end of life, palliative care program

Methods	Process measures	Target for process measure	Comments
Staff will receive re-education on pain management and the palliative care philosophy. This will be done through collaboration with the regional palliative pain and symptom management consultant.	Number of staff provided education on pain management and the palliative care philosophy	100% of staff will have education on pain management and the palliative care philosophy	

Change Idea #2 Comprehensive assessment of pain on admission

Methods	Process measures	Target for process measure	Comments
Conduct thorough assessment of the resident, palliative care, end of life care during the admission process. Review will include: Completion of PPS score, current medication regimen, past effective and ineffective interventions, and include involvement from the interdisciplinary team, family and resident with care planning decisions.	Number of new admissions who have a comprehensive pain assessment completed on admission, with care plan development	100% of new admissions will have a comprehensive pain assessment completed with care plan interventions developed	

Change Idea #3 Consultation with the Pain consultant/ NP/Pharmacist consultant/BSO RPN/PSW/PT/PTA

Methods	Process measures	Target for process measure	Comments
Referral will be sent to the palliative pain and symptom management consultant for all residents who continue to have pain, despite exhaustion of available interventions.	Number of referrals completed Pain specialist/consultant	100% of residents with unmanaged pain will have a referral sent to the palliative pain and symptom management consultant	

Change Idea #4 Provide adjacent and nonpharmacological interventions in the plan and provide education on the nonpharmacological interventions/approaches

Methods	Process measures	Target for process measure	Comments
Residents who have been identified to have pain will have nonpharmacological interventions included in their plan of care.	Number of residents who have pain who have at least one care plan intervention that is nonpharmacological.	100% of resident experiencing pain will have at least one nonpharmacological intervention included in the plan of care	