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)	27.71	26.00	At/Below the provincial Average; Through implementation of our change ideas, the home expects an improvement over the next 12 months.	Amplifi, Behavioural Support Outreach

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.	Percentage of communication process used in the SBAR format, between clinicians per month; number of registered staff educated.	100% of communication between physicians, NP and registered staff will occur in SBAR progress notes Format by December 2026.	Utilize Nurse Practitioner, other stake holders such as Medigas/Vital Aire/Medpro, CareRx Pharmacy ands MDs to provide education to registered staff on topics.

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

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.	Percentage of staff who complete needs assessments. Completion records for education as a result of needs assessment.	100% of staff will complete a needs assessment and will have education by the Nurse Practitioner.	

Change Idea #3 Implementation of more fulsome education for UTI, Shortness of Breath and Congestive Heart Failure and Respiratory assessments.

Methods	Process measures	Target for process measure	Comments
Assessment education with registered staff. Education for PSW/reg. staff on STOP and WATCH.	Improved confidence and decision making from Registered staff related to clinical assessment.	Decrease by 1% until goal is achieved by reviewing all process measures in a quarterly basis.	

Change Idea #4 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
Educate residents and families about the benefits of and approaches to preventing ED visits. 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; develop care plans with early identification signs and treatment plans.	The number of residents whose transfers were a result of family or resident request. Number of staff who demonstrated education application via documentation quarterly. The number of ER transfers averted monthly.	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	The home will continue to have 100% education for diversity, inclusion and anti-racism education.	Surge Education

Change Ideas

Change Idea #1 To increase diversity training through Surge education or live events and introduce diversity and inclusion as part of the new employee onboarding process.

Methods	Process measures	Target for process measure	Comments
Education through Surge education and/or live events.	Percentage of staff education on Culture and Diversity.	100% of staff educated on topics of Culture and Diversity.	

Change Idea #2 Creation of a culture board, of the cultures of the residents and team members in the home. Increased cultural recognition in the home.

Methods	Process measures	Target for process measure	Comments
Celebrate culture and diversity events; educational opportunities and culturally familiar foods on the menu.	Number of Celebrations completed in the home. Completion of cultural board.	One cultural event per quarter; four celebrations completed in the home. Cultural board will be completed by December 2025.	

Change Idea #3 Cultural assessment on admission (language, faith, gender preference for care, family roles).

Methods	Process measures	Target for process measure	Comments
Program staff will complete a cultural assessment for every new admission.	Percentage of cultural assessments completed on admission.	100% of cultural assessments will be completed on 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	93.55	95.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	Social Work, Surge Education

Change Ideas

Change Idea #1 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 themself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident".

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.	Percentage of Resident Council meeting will have Residents' Bill of Right #29, added for review at each monthly.	100% of Resident Council meeting will have Residents' Bill of Right #29, added for review at each monthly meeting.	Total Surveys Initiated: 31

Change Idea #2 Review of the Zero Tolerance of Abuse and Whistleblower policy.			
Methods	Process measures	Target for process measure	Comments
Zero Tolerance of Abuse and Whistleblower posted in the home.	Percentage of all education boards will have the Zero tolerance of Abuse, and Whistleblower posted in the home.	100% of all education boards will have the Zero tolerance of Abuse, and Whistleblower posted in the home.	

Change Idea #3 Educate families on the concern process in the home.			
Methods	Process measures	Target for process measure	Comments
Review of the concern process within the admission process and care conferences.	Percentage of all admissions & care conferences will review the concern process.	100% of all admissions & care conferences will review the concern process.	

Safety

Measure - Dimension: Safe

Indicator #4	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	2.40	2.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	NWSOC, Medline, ET Nurse

Change Ideas

Change Idea #1 To reduce the percentage of resident who develop or experience worsening pressure injury.

Methods	Process measures	Target for process measure	Comments
Arrange education for Registered staff and PSW's with NSWOC and Medline wound consultant to enhance knowledge on wound care management.	Percentage of Registered staff and PSW who have completed education.	100% of Registered staff and PSW's will complete education.	

Change Idea #2 Home to collaborate with NSWOC to provide in home and virtual consults on residents with a stage 2 or greater pressure ulcers.

Methods	Process measures	Target for process measure	Comments
Registered staff in collaboration will complete wound rounds with the NSWOC to better understand stage 2 or great pressure ulcer management.	Percentage of assessments completed in home and virtually by the NSWOC.	100% of resident with stage 2 or greater will have assessments completed by NSWOC.	

Change Idea #3 Prompt identification, assessment and documentation of new and worsening pressure injuries.

Methods	Process measures	Target for process measure	Comments
Residents with pressure injuries will have a comprehensive review, ensuring a review of plan of care, assessment and progression/stalled/deteriorating pressure injuries are documented.	Percentage of resident with PURs 2 or greater as well as new admission will have a comprehensive assessment completed.	100% of resident with PURs 2 or greater as well as new admission will have a comprehensive assessment completed.	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents who develop worsening pain	C	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average	5.36	5.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	

Change Ideas

Change Idea #1 Enhancement of the end of life and palliative care program.			
Methods	Process measures	Target for process measure	Comments
Staff to have education of palliative care, and end of life care. Completion of PPS score, current medication regiment, involve the interdisciplinary team, family and resident with care planning decisions.	Percentage of staff provided education on enhanced end of life and palliative care.	100% of staff will complete required education.	

Change Idea #2 Utilization of pain tracker to monitor the use of PRN analgesics.			
Methods	Process measures	Target for process measure	Comments
Utilization of PRN analgesic use tracker, comprehensive pain assessments completed, and a review of routine analgesics.	Percentage pain assessments completed by registered staff and referrals made to the Nurse Practitioner from residents who trigger worsening pain.	100% of residents triggering worsening pain will have a comprehensive pain assessment completed and a medication review by the MD/NP.	

Change Idea #3 Provide education on the non-pharmacological interventions and approaches.			
Methods	Process measures	Target for process measure	Comments
Education for all care staff on non-pharmacological interventions.	Percentage of care staff provided education on non-pharmacological interventions.	100% of care staff complete required education and implement learnings.	