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)	21.25	6.00	With increasing awareness to the family members during care conferences and competency enhancements thru	

Change Ideas

Change Idea #1 Strengthen care conference discussions to proactively identify and reduce avoidable emergency department (ED) transfers.

Methods	Process measures	Target for process measure	Comments
During annual and initial care conferences, the physician will review each resident's risk for emergency department (ED) transfer. Discussions will include care that can be safely provided within the home, advance directives, and individualized plans to avoid unnecessary transfers. Standardized information, including recent transfer history, current diagnoses, CPR status, and goals of care, will be reviewed to support informed decision-making.	The Program Lead or designate (ADOC/DOC) will track the percentage of annual and initial care conferences where ED transfer risk, in-home care options, advance directives, and standardized resident information are reviewed and documented through monthly chart audits.	By June 30, 2026, 90% of annual and initial care conferences will include documented review of ED transfer risk, in-home care options, advance directives, recent transfers, diagnoses, CPR status, and goals of care.	Proactive care conference discussions support shared decision-making with residents and families and help reduce avoidable emergency department visits.

Change Idea #2 Improve staff competency in managing acute changes in condition to support care within the home and reduce avoidable ED transfers.

Methods	Process measures	Target for process measure	Comments
Registered staff will participate in simulation-based training focused on scenarios related to avoidable ED transfers identified in previous years. Training will include assessment, early recognition, and appropriate interventions to support in-home management. The Program Lead or designate (DOC/ADOC) will coordinate and monitor completion of training.	The Program Lead or designate (DOC/ADOC) will track the percentage of registered staff who complete simulation-based training on managing acute changes in condition.	100% of registered staff will complete simulation-based training on ED transfer scenarios by October 31, 2026.	Strengthening staff competency in managing acute changes in condition supports early intervention and may reduce avoidable emergency department visits.

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	173.00	with 13 leadership team members and 160 active staff members - the home will ensure the completion of learning module.	

Change Ideas

Change Idea #1 Implement a mandatory equity, diversity, inclusion, and anti-racism education module through the Relias learning platform.

Methods	Process measures	Target for process measure	Comments
The Education Coordinator and Department Managers will assign the EDI training module to all staff through Relias. They will monitor completion and follow up with staff to ensure the module is completed as part of required education.	The Education Coordinator or designate will track the percentage of staff who complete the required EDI training module.	100% of staff (including management and frontline staff) will complete the required EDI training module by December 31, 2026.	Completion of EDI education supports culturally responsive care and promotes an inclusive and respectful environment for residents, families, and staff.

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	88.71	95.00	With continued efforts from LE team, social worker in survey administration and education along with the online Relias education, the home targets to achieve 95%	

Change Ideas

Change Idea #1 Promote culturally responsive care by incorporating residents' cultural, language, and spiritual preferences into the plan of care.

Methods	Process measures	Target for process measure	Comments
The Life Enrichment (LE) Manager will ensure staff ask residents and families about cultural, language, spiritual, and dietary preferences during admission and care conferences. Relevant preferences will be documented in the plan of care and reviewed during interdisciplinary team discussions.	The Life Enrichment Manager or designate will track the percentage of residents whose plan of care includes documented cultural, language, or spiritual preferences.	By June 30, 2026, 90% of residents' plans of care will include documented cultural, language, or spiritual preferences.	Total Surveys Initiated: 62 Documenting resident preferences supports culturally responsive care and helps ensure residents feel respected, heard, and understood.

Change Idea #2 Increase resident and family participation in satisfaction surveys to better capture feedback on staff communication.

Methods	Process measures	Target for process measure	Comments
The Social Worker and Life Enrichment (LE) Manager will ensure surveys are distributed following care conferences and are accessible to residents and families. Residents who are able will be supported to complete the survey. Follow-up reminders will be sent to families to encourage participation when response rates are low.	The Social Worker or LE Manager or designate will track the percentage of surveys completed by residents and families.	Achieve a 70% survey response rate by the end of the survey period.	Increasing participation in surveys supports more representative feedback and helps identify opportunities to improve resident experience and communication.

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	95.16	96.00	with continued efforts from LE manager and Social worker in survey administration and follow and along with the education, the home is targeting to achieve 96%	

Change Ideas

Change Idea #1 Increase resident and family participation in feedback surveys to support a culture where residents feel safe expressing their opinions.

Methods	Process measures	Target for process measure	Comments
The Social Worker and Life Enrichment (LE) Manager will ensure surveys are distributed following care conferences and are accessible to residents and families. Residents who are able will be supported to complete the survey. Follow-up reminders will be sent to families when response rates are low to encourage participation.	The Social Worker or LE Manager or designate will track the percentage of surveys completed by residents and families.	Achieve a 70% survey response rate by the end of the survey period.	Total Surveys Initiated: 62 Increasing participation in surveys supports psychological safety and provides residents with opportunities to express their opinions and concerns.

Change Idea #2 Increase resident experience and ensure safe environment where residents can express their opinion without the fear of consequences.

Methods	Process measures	Target for process measure	Comments
The Program Lead or designate will provide education to staff on Prevention of Abuse and Neglect (PANDA) and Zero Tolerance of Abuse and Neglect. Education will focus on respectful communication, psychological safety, and supporting residents to express concerns without fear. Ongoing reinforcement will occur through team meetings and debrief-based learning.	The Program Lead or designate will track the percentage of staff, students, volunteers, and leadership who complete required education on PANDA and Zero Tolerance of Abuse and Neglect.	100% of staff, students, volunteers, and leadership will complete required education on PANDA and Zero Tolerance of Abuse and Neglect by March 31, 2027.	Education on abuse prevention and respectful communication supports a culture of psychological safety and encourages residents to express their opinions and concerns without fear.

Safety

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	14.21	14.00	The home's current QI score is below the provincial benchmark (16.2%) and it will continue to sustain its improved performance.	

Change Ideas

Change Idea #1 Maintain low fall rates through proactive monitoring and early identification of residents at risk for falls.

Methods	Process measures	Target for process measure	Comments
The interdisciplinary team will review residents at risk for falls through regular discussions (e.g., huddles or care reviews). Changes in condition, medications, and mobility will be monitored, and individualized fall-prevention strategies will be implemented and updated as needed.	The Falls Lead or designate will track the percentage of residents identified as high risk for falls who have an up-to-date individualized fall-prevention care plan.	95% of residents identified as high risk for falls will have an up-to-date fall-prevention care plan by March 31, 2027.	95% of residents identified as high risk for falls will have an up-to-date fall-prevention care plan by March 31, 2027.

Measure - Dimension: Safe

Indicator #6	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	15.43	15.00	With continued efforts the home will strive to sustain the low score and keep it below the provincial benchmark.	

Change Ideas

Change Idea #1 Improve staff knowledge in identifying appropriate clinical indications and responsive behaviours to support appropriate use of antipsychotic medications.

Methods	Process measures	Target for process measure	Comments
The Program Lead or designate (BSO) will coordinate education for direct care staff in collaboration with Psychogeriatric Resource Consultants (PRC) and other external partners. Education will focus on identifying responsive behaviours, understanding appropriate clinical indications (including conditions such as schizophrenia and schizoaffective disorder), and promoting non-pharmacological interventions.	The Program Lead or designate (BSO) will track the percentage of direct care staff who complete education on appropriate antipsychotic use and identification of responsive behaviours.	100% of direct care staff (PSWs, registered staff, and Life Enrichment team) will complete education on appropriate antipsychotic use and responsive behaviour management by March 31, 2027.	Improving staff knowledge supports appropriate identification of behaviours and clinical indications, promoting non-pharmacological approaches and reducing inappropriate antipsychotic use.

Change Idea #2 Implement regular interdisciplinary review of residents receiving antipsychotic medications to ensure appropriate use and incorporation of non-pharmacological interventions.

Methods	Process measures	Target for process measure	Comments
The Program Lead or designate (BSO) will conduct regular audits of residents prescribed antipsychotic medications. Reviews will include assessment of clinical indications, evaluation of behaviours, and identification of non-pharmacological interventions. Care plans will be updated accordingly, and medication reviews will be completed in collaboration with the physician and pharmacy.	The Program Lead or designate (BSO) will track the percentage of residents receiving antipsychotic medications who have a documented interdisciplinary review, including care plan updates and consideration of non-pharmacological interventions.	100% of residents receiving antipsychotic medications will have a documented interdisciplinary review and care plan update by December 31, 2026.	Regular interdisciplinary review supports appropriate prescribing practices and promotes non-pharmacological approaches to managing responsive behaviours.

Measure - Dimension: Safe

Indicator #7	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	2.23	2.23	With the current score being less than the provincial average, the performance will be sustained for the home.	

Change Ideas

Change Idea #1 Improve PSW knowledge and competency in skin care and pressure injury prevention through simulation-based training.			
Methods	Process measures	Target for process measure	Comments
The Program Lead or designate (ADOC/RN) will provide hands-on simulation-based training sessions for PSWs focused on skin care and prevention of pressure injuries. Training completion will be tracked to ensure all staff receive the education.	The Program Lead or designate (ADOC/RN) will track the percentage of PSWs who complete simulation-based training on skin care and pressure injury prevention.	100% of PSWs will complete simulation-based training on skin care and pressure injury prevention by October 31, 2026.	Improving staff knowledge and competency in skin care supports early identification and prevention of pressure injuries, helping reduce the risk of wound deterioration.

Change Idea #2 Improve registered staff knowledge and competency in the use of Essity skin care and wound care products.			
Methods	Process measures	Target for process measure	Comments
The Program Lead or designate (ADOC/RN) will provide hands-on simulation-based training for registered staff on Essity skin care and wound care products. Training will include appropriate product selection, application, and best practices for wound management. Completion of training will be tracked.	The Program Lead or designate (ADOC/RN) will track the percentage of registered staff who complete training on Essity skin care and wound care products.	100% of registered staff will complete training on Essity skin care and wound care products by August 31, 2026.	Improving staff knowledge and consistency in product use supports evidence-based wound care and may reduce the risk of pressure ulcer deterioration.

Change Idea #3 Strengthen clinical oversight of skin and wound care through a dedicated Skin and Wound Lead.			
Methods	Process measures	Target for process measure	Comments
A Skin and Wound Lead (RN) will be designated to coordinate skin and wound care activities, including weekly review of residents with skin and wound concerns. The lead will support assessments, monitor interventions, and provide guidance and education to staff to promote best practices in prevention and treatment.	The Skin and Wound Lead or designate will track the percentage of residents with skin and wound concerns who are reviewed weekly.	100% of residents with skin and wound concerns will be reviewed weekly by the Skin and Wound Lead by March 31, 2027.	Dedicated clinical oversight supports early identification and timely intervention, helping to reduce the risk of pressure ulcer deterioration.