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)	34.29	29.14	To decrease indicator by 15% with goal to achieve Provincial Average through implementation of the change ideas over the next year. The reduction took into account the younger population and the number of mental health issues currently experienced within the home. 2) Taking into account any unforeseen urgent situations requiring ED transfers 3)Increased communication between the families/POA and MD to alternatives that can be provided at the home	Home at Health, MD, BSO internal/external

Change Ideas

Change Idea #1 #1) Continue to implement regular health screening through IPAC assessments and preventive care measures to help identify and prevent complications that may lead to hospitalization.

Methods	Process measures	Target for process measure	Comments
Registered staff to ensure vaccinations are up to date, educate staff on recognizing early warning signs of health issues and provide them with resources in the home to manage both acute and chronic issues.	Number of focused health assessments reviewed per month by the IPAC and Quality lead	100% compliance with health screening through IPAC assessments completed by Registered staff as indicated by June 30, 2026.	

Change Idea #2	Implementation of the Nursing PLEDGE Initiative program to build capacity and improve overall clinical assessment skills of Registered Staff by supporting mentorship of nurses, enhancing quality of care and workforce stability.		
Methods	Process measures	Target for process measure	Comments
Senior Registered Staff will provide mentorship, education to enhance the clinical knowledge of Registered Staff regarding physical assessment skills, documentation (PCC and SBAR), communication with physicians and families and the management of interventions/treatments to minimize avoidable ED visits	Number of Registered staff who initiated an avoidable transfer to ED over the Number of Registered staff who participated in the initiative.	80% of ED visits were assessed appropriately based on resident outcome and transferred to the ED by December 31, 2026	

Change Idea #3	Nursing Leadership to review and analyze the monthly ED trackers for root cause of transfers and determine appropriateness of transfer based on resident outcome		
Methods	Process measures	Target for process measure	Comments
Review data at Monthly Mandatory meetings, monthly Registered Staff meetings and Quarterly PAC/CQI meetings	The number of focus SBAR documented progress notes related to ED transfers over the number of ED transfers monthly	15% reduction in avoidable ED visits by December 31,2026	Nursing PLEDGE initiative and other stakeholders such as Oxygen vendor, ET nurse, Care Rx Pharmacy, MDs to provide support and education to Registered staff

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	Through continued education, the home expects to have an increased understanding by June 30 2026	

Change Ideas

Change Idea #1 To continue to facilitate ongoing open door policy amongst the management team

Methods	Process measures	Target for process measure	Comments
At Risk Management meetings, reminders of open door policy 2) Direct staff to specific team member to address concerns	Number of reminders documented over the number of Risk Management meetings	100% of reminders to staff re: open door policy by May 31 2026	

Change Idea #2 To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace;

Methods	Process measures	Target for process measure	Comments
Cultural events with food, activities in the home, Monthly Universal "YUMS" box to celebrate a specific country, Arm chair travel to coincides with the "YUMS" box	Number of events celebrated over the number of cultural events in a calendar year	100% of cultural events to be celebrated monthly by December 31 2026	

Change Idea #3 To increase diversity training through Surge education or live events;

Methods	Process measures	Target for process measure	Comments
1) Training and/or education through Surge education or live events; 2) Introduce diversity and inclusion as part of the new employee onboarding process;	1) Number of active staff educated on Culture and Diversity; 2) Number of new employee trained of Culture and Diversity;	100% of active staff educated on topics of Culture and Diversity by December 31 2026	

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	82.14	90.00	The home aims to meet or exceed corporate goals and benchmarks through continued practices of the Open door policy and Daily management walk abouts	

Change Ideas

Change Idea #1 To exceed our goal of 82% by engaging residents in meaningful conversations allowing residents to express their opinions

Methods	Process measures	Target for process measure	Comments
Add Resident's Bill of Rights #29 to standing agenda during Admission and Care Conferences, maintain practice of the open door policy and daily management walk abouts	Number of care conferences that review resident Bill of Rights #29 over Number of Care Conferences	100% of all Admission and Care Conferences will document the review of Resident Bill of Rights #29 by December 31 2026	Total Surveys Initiated: 28

Change Idea #2 Continue reviewing Resident's Bill of Rights # 29 at Monthly resident council meetings

Methods	Process measures	Target for process measure	Comments
Bill of Rights #29 will be a standing agenda item at monthly meetings	Number of Resident council meetings that have the Bill of Rights #29 reviewed over the number of Resident council meetings	Number of Resident council meetings that have the Bill of Rights #29 reviewed over the number of Resident council meetings by December 31 2026	

Change Idea #3 Continue to review Resident Bill of Rights #29 at Family Council quarterly meetings

Methods	Process measures	Target for process measure	Comments
Continue to review Resident Bill of Rights as a Standing agenda item at quarterly meetings	Number of meetings that have Resident Bill of Rights #29 reviewed over the number of meetings	100% of all Family Council meeting minutes include Resident Bill of Rights #29 by December 31 2026	

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	16.94	14.00	Target is based on Corporate benchmark with aim to exceed the Corporate goal	Pharmacy, MD, PT/OT

Change Ideas

Change Idea #1 To establish and facilitate an interdisciplinary approach to Weekly Fall Huddles

Methods	Process measures	Target for process measure	Comments
Weekly interdisciplinary team huddles on resident home areas to review the resident's plan of care, determine potential or actual root cause and mitigate the risk of falls or injury related to falls and completion of environmental audits	The number of interdisciplinary staff members participating in weekly huddles 2) Number of environmental audits completed	100% interdisciplinary participation at Weekly Fall Huddles by June 30 2026	

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
1) Resident list of FRS of 3 or greater, offer fracture prevention medication 2) Monthly collaboration with the Fall committee, (during Quality meeting), to review the resident's plan of care (identification of the triggers, related to the fall) referrals to MD and Pharmacist for medication reviews and PT for physio regiment/programming 3)Use of falls, aides to prevent injury, use of hip protectors, floor mats, bed and chair alarms	1) Number of residents with a FRS of 3 or greater prescribed fracture prevention medications over the Number of residents with a FRS of 3 or greater 2) Number of medication review referrals to MD/Pharmacist over number of residents who experienced a fall in the specific month 3) Number of residents who had functioning falls prevention equipment in place over the number of residents who experienced a fall during the month 4) Number of residents who experienced an injury post fall over the number of falls in the month	100% of residents who experienced a fall in the month will have completed a comprehensive post fall assessment and reviewed at the Falls weekly Huddle by June 30 2026	

Change Idea #3 To Reduce the Number of Falls in the Home

Methods	Process measures	Target for process measure	Comments
1) During shift report review resident high risk for falls, frequent falls 2) 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; 3) Education and re-education provided to registered staff on the completion of post fall anaylsis 4) Use of falls, aides to prevent injury, use of hip protectors, floor mats, bed and chair alarms 5)Monthly collaboration with the Fall committee, (during Quality meeting), to review the resident's plan of care (identification of the triggers, related to the fall) referrals to MD and Pharmacist for medication reviews, PT for physio regiment/programming	1) Daily review of 24 hour report for list of residents at high risk for falls 2) Number of interdisciplinary staff participating in weekly fall huddle 3) Number of Registered staff educated on post fall analysis over the number of Registered Staff 4) Number of fall preventative devices in use over number of residents at high risk for falls 5) Number of referrals to PT/OT, Pharmacist and MD for programming or medication review	1)100% of 24 hour report reviewed and identification of residents at high risk for falls/frequent falls by May 31 2026; 2)Number of interdisciplinary staff participating in weekly fall huddle by June 30 2026; 3)100% of Current (active) Registered staff educated on post fall analysis; by June 30 2026; 100% of referrals addressed by December 31 2026	