

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.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	11.38	10.38	Previous performance was 11.38. The team recognized that, in collaboration with the change ideas this 1% reduction is attainable.	

Change Ideas

Change Idea #1 Continue working at reducing ER visits for preventable visits

Methods	Process measures	Target for process measure	Comments
Assess residents regularly for physical ailments which can deteriorate quickly to be managed in the home by our medical physicians. 2) Discussion with family regarding treatment options available in the home while utilizing the services and discussion / education regarding usual trajectory of medical illness and progression of disease. 3) Consultation with the home's Nurse Practitioner for suggestion in blood work, tests for health assessments before sending to ER for non-urgent medical issues. Audit the number or ER visits from previous years.	Audit the number or ER visits from previous years	2 % reduction in the number of ED visits compared to previous years	The home has been reducing ER visits since 2018. Reduction in ER visit was achieved in 2024-2025.

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	All staff have completed the training	

Change Ideas

Change Idea #1 Continue to have all staff members completing all education scheduled for 2025-2026 on EDI and anti-racism

Methods	Process measures	Target for process measure	Comments
Education provided via Surge Learning platform.	Stats of number of coursed completed by all staff for EDI.	100% completion by December 31, 2025.	Total LTCH Beds: 160

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	92.94	99.00	The core philosophy of resident-centered care emphasizes the importance of actively listening to residents to ensure their needs, preferences, and concerns are understood and addressed. it is our commitment to ensuring that every resident is heard and valued, which directly contributes to their satisfaction, well-being, and overall quality of care.	

Change Ideas

Change Idea #1 Work with residents to ensure they participate in the development of care plans for input to have their voices heard.

Methods	Process measures	Target for process measure	Comments
Encourage residents to attend care conferences and Resident Council meetings. Mandatory completion of education for all staff on Resident's Bill of Rights.	Resident Experience Survey	Home will see an increase of 1 % on the satisfaction compared to previous year 2024.	Total Surveys Initiated: 86 Total LTCH Beds: 160 Home will continue to involve residents and families to develop plan of care.

Change Idea #2 Communicate "open door policy" for residents and families to address any concerns.

Methods	Process measures	Target for process measure	Comments
Acknowledge concerns and find solutions while encouraging residents and families to speak with the management team. Attend Resident's Council and Family Council upon invitation.	Resident Satisfaction survey	94% of Residents will express that staff are positively listening to their requests, needs and concerns.	

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	93.02	100.00	A 100% target sets a high bar, motivating ongoing improvement and encouraging staff to continuously evaluate and enhance their communication practices.	

Change Ideas

Change Idea #1 Ensure that all staff are completing mandatory education on Resident's Bill of Rights

Methods	Process measures	Target for process measure	Comments
Staff completion of education on Surge Learning	Verification of stats	100% completion by all staff	Total Surveys Initiated: 86 Total LTCH Beds:160

Change Idea #2 Communicate "open door policy" for residents and families to address any concerns.

Methods	Process measures	Target for process measure	Comments
Acknowledge concerns and find solutions while encouraging residents and families to speak with the management team. Attend Resident's Council and Family Council upon invitation.	Resident Experience Survey	Increase of resident able to express opinion without fear of consequences.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The next resident experience survey will indicate an increase in satisfaction in food and nutrition services.	C	% / LTC home residents	In-house survey / 2025	82.00	85.00	It allows staff to prioritize communication and actively reflect on feedback on whether they are meeting the needs of residents. With ongoing feedback, this target will support a culture of continuous improvement and additionally improve our resident experience.	

Change Ideas

Change Idea #1 NCA to request feedback after a meal- every new menu cycle.

Methods	Process measures	Target for process measure	Comments
Resident interviews	Communicate with residents after a meal and document feedback as a measure to improve future meals part of the menu cycle.	Home will see an increase in resident satisfaction by 3 % to reach overall 85%.	

Change Idea #2 NCM to request feedback at Resident Council meeting

Methods	Process measures	Target for process measure	Comments
Resident Council meeting	NCM to document residents feedback	Home will see an increase with resident expressing satisfaction with meals to 85%.	

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The home will score a minimum of 82% at the next Resident Experience Survey for the question: Rate the level of satisfaction to which your missing clothing or laundry concerns were addressed.	C	Rate per 100 / LTC home residents	In-house survey / 2025 -2026	72.00	82.00	Home to improve resident experience for missing clothing	

Change Ideas

Change Idea #1 Process reviewed for labelling clothing

Methods	Process measures	Target for process measure	Comments
<p>Communication to staff and family members via memo, emails, welcome letter. Nursing Staff will be reminded to set clothes aside if not labelled. Communication will be done at a nursing meeting. ED to review the admission letter to ensure the clothing process is communicated. ED to send a reminder to ensure if new clothing is brought into the home- they are labelled. Laundry staff are aware of setting aside unlabeled items. PSW staff to utilize bins in each clean utility room on each floor if items on the cart not labelled. PSW should use the linen carts to deliver personal clothing, not transferring them on to any other carts.</p>	<p>Number of missing clothing will decrease. Concerns form received for missing clothing will be decreased by 2%.</p>	<p>Home to have an increase of satisfaction to 82 % at the next survey</p>	

Safety

Measure - Dimension: Safe

Indicator #7	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 Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	11.19	10.00	By improving this target- we also improve at reducing ED visits.	

Change Ideas

Change Idea #1 Reg. Staff to complete referral to physiotherapist for balance and strengthen exercises.

Methods	Process measures	Target for process measure	Comments
Physiotherapy Assessment	Monthly and quarterly Quality improvement meeting. Falls prevention meetings.	Reduction in incidence of falls	Daily management meeting is verifying that a referral was completed.

Change Idea #2 Fall prevention committee to meet monthly to assess current interventions and add preventative interventions for frequent fallers and high-risk residents.

Methods	Process measures	Target for process measure	Comments
Post Fall assessments from PCC and comprehensive assessment tool done daily with the physiotherapist	Quality improvement meeting	Reduce incidence of falls to remain below the provincial average.	

Change Idea #3 Increased monitoring of high-risk fallers

Methods	Process measures	Target for process measure	Comments
Daily falls discussion at multidisciplinary meeting. Referral to pharmacist to review medication regime to rule out side effect medications.	Quality Improvement meeting and daily management team meeting.	Reduction in falls	

Change Idea #4 Root cause analysis of falls occurring in home to determine strategy to decrease incidence, risk, and severity of falls

Methods	Process measures	Target for process measure	Comments
At monthly Quality improvement- Falls committee to analyse each fall for high-risk resident: Review, implement, and evaluate strategies to decrease falls.	The home will see a decrease in falls by 1 %.	1	Root cause analysis of falls occurring in home to determine strategy to decrease incidence, risk and severity of falls will be implemented by April 2025.

Measure - Dimension: Safe

Indicator #8	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 Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	24.31	22.00	Goal is to be below the provincial average.	Geriatric Outreach Psychiatry

Change Ideas

Change Idea #1 Utilization of BSO program and Behavioral Therapist from the ROH- increase of referrals

Methods	Process measures	Target for process measure	Comments
MDS Assessments and Care RX reports	Monthly and Quarterly Quality improvement meetings. Quarterly Medication review from Care Rx pharmacist. Quarterly PAC meetings.	Increase the number of residents as part of the BSO program resulting in a reduction in antipsychotic medications.	

Change Idea #2 Utilization of non-pharmacological interventions and evaluation of requirement needs of residents utilizing antipsychotic medications

Methods	Process measures	Target for process measure	Comments
Quarterly chemical restraint audit CIHI reports,	CIHI reports, monthly and Quarterly Quality Improvement Reports, Care RX quarterly reports	Continue positive and successful approach to reduce the use of antipsychotic medications.	

Change Idea #3 Conduct interdisciplinary meeting to reassess the use of medications for residents on antipsychotic without diagnosis of psychosis

Methods	Process measures	Target for process measure	Comments
Quality improvement meeting	Quarterly medication review	100 % of permanent residents on antipsychotic medications without a diagnosis will be reviewed	Home will not make changes for resident on short stay admission - respite.