

## 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)	30.57	25.50	Through implementation of our change ideas, the home expects an improvement over the next quarter	Canadian Nurse Practitioner Services, NP Stat

### Change Ideas

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

Methods	Process measures	Target for process measure	Comments
Nurse Practitioner on site will provide education theoretically and at bedside.	Number of ED transfers completed in consultation with the Nurse Practitioner	100% of hospital transfers occurring during Nurse Practitioner business hours	will be completed in consultation with the nurse practitioner.

Change Idea #2 Use of SBAR Communication Tool - Registered in charge nurse to communicate to physician and NP utilizing the comprehensive resident assessment tool - SBAR, 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.	Increased SBAR documentation and improved communication within clinical team	80% of communication between physicians, NP and registered staff will occur in SBAR Format by September 2026	

Change Idea #3 Support early recognition of residents at risk for ED visits. by providing preventive care and early treatment for common conditions leading potentially avoidable ED visits. Build capacity and improve overall clinical assessment skills of Registered Staff; through education supported by NP

Methods	Process measures	Target for process measure	Comments
1. Conduct needs assessment from Registered Staff to identify clinical skills and assessment that will enhance their daily practice. 2. Nurse Practitioner on site will provide education theoretically and at bedside.	1. Number of staff who demonstrated education application via documentation quarterly. 2. The number of ER transfers averted monthly.	1. 100% of staff education completed 2. The number of ER visits averted will increase by 1 each month	

Change Idea #4 Development of IV program in the home

Methods	Process measures	Target for process measure	Comments
Education/Re-education for registered staff for initiating IV access and managing IVs.	# of staff educated and comfortable with managing IVs	100% of shifts will have at least 1 nurse on site who has the knowledge, skills and judgement to manage a resident who has IV therapy.	

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

## Change Ideas

Change Idea #1 To increase diversity training through Live speaker

Methods	Process measures	Target for process measure	Comments
The team will research external speakers who can provide education on equity, diversity, inclusion & anti-racism	Number of managers who attend this education session	100% of leadership team members will attend this external education	

Change Idea #2 To facilitate an open door policy with management

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 To include Cultural Diversity as part of CQI meetings

Methods	Process measures	Target for process measure	Comments
Quarterly CQI meeting standing agenda will review the number of programs & education completed	Number of quarterly meetings where cultural diversity is discussed	100% of CQI meetings will include a discussion on cultural diversity	

Change Idea #4 Spiritual & religious care needs assessment to be completed on admission.

Methods	Process measures	Target for process measure	Comments
Staff will complete this cultural assessment for each resident during the admission process (within 14 days of admission). The assessment will include questions on preferred language, religious/spiritual/faith affiliation, daily spiritual practices and social/family connections. Staff will receive guidance on how to respectfully complete this assessment. Information from the assessment will be used to guide care planning decisions.	Number of residents who receive a cultural assessment as part of the admission process.	100% of residents will receive a cultural assessment 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	95.00	96.00	Current score on the satisfaction survey is 94.94%. Target is based on corporate averages. We aim to exceed corporate benchmarks.	

## Change Ideas

Change Idea #1 Engaging residents in meaningful conversations and care conferences that allow them to express their opinions.

Methods	Process measures	Target for process measure	Comments
All residents will be encouraged to attend their care conference, providing them with a safe space to express their opinions.	Number of residents encouraged to attend their care conference	100% of residents will be invited to their care conference	Total Surveys Initiated: 100

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

Methods	Process measures	Target for process measure	Comments
Review of policy and investigation process with resident and family at admission and during care conferences.	Number of admissions and conferences where the concern process is discussed with resident and family.	100% of care conference and admissions.	The concern process will be discussed at 100% of care conference and admissions.

Change Idea #3 Utilization of social worker to complete wellness checks with residents.

Methods	Process measures	Target for process measure	Comments
Social worker will build therapeutic relationships with residents through wellness checks, allowing residents to feel comfortable expressing their opinion.	Number of social work referrals actioned within 3 business days	100% of social work referrals will be actioned within 3 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	13.94	13.50	Target is based on corporate averages. We aim to exceed the corporate goal.	BIM Physiotherapy, Canadian Nurse Practitioner Services, NP Stat, Physician, CareRX Pharmacy, Residents & Family Members

## Change Ideas

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

Methods	Process measures	Target for process measure	Comments
Through restructuring of the corporate policies for restorative care, the team will recruit a restorative lead to oversee a restorative care philosophy.	Recruitment of a restorative care lead	1 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 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	23.86	19.00	Target is based on corporate averages. We aim to work towards meeting this target	Behavioral Supports Ontario, NP Stat, Canadian Nurse Practitioners, Ontario Shores Centre For Mental Health Sciences, Alzheimer's Society, AdvantAge

### Change Ideas

Change Idea #1 Residents who are prescribed antipsychotics for the purpose of management of Responsive expressions, will have a quarterly review, for the potential of reduction or the discontinuation of medication. Utilization of tracking tool (antipsychotic)

Methods Process measures Target for process measure Comments

Utilization of antipsychotic medication tracker (for de-prescribing) will be completed and reviewed quarterly for potential changes. Number of antipsychotics reduced as a result of quarterly review 100% of residents who are prescribed antipsychotic medications will receive a 3 month review to determine potential for reduction in dosage or discontinuing antipsychotics.

Change Idea #2 Development of plans of care, with non-pharmacological approach - identification of triggers and interventions

Methods	Process measures	Target for process measure	Comments
BSO lead and nursing team will ensure that residents who receive antipsychotics for responsive expressions will have their medication, plan of care reviewed, quarterly by the interdisciplinary team (including resident and family) -to develop a person centered approach	Number of residents who have a care plan with non-pharmacological interventions to address responsive expressions	100% of residents receiving antipsychotics will have care plan interventions in place that are non-pharmacological in nature.	

Change Idea #3 Gentle Persuasive approaches (GPA) training/education - The home will establish GPA trainers, educators in the home.

Methods	Process measures	Target for process measure	Comments
GPA training to be held in the home	Number of staff receive education GPA /number of sessions	100% of full time, nursing staff receive GPA training	

Change Idea #4 Home will enhance the admission process for residents with responsive expressions, to establish a baseline and provide early interventions.

Methods	Process measures	Target for process measure	Comments
Home will initiate a DOS to establish baseline on admission, review the Behavioural assessment & complete team huddle prior to admission, Nursing will refer all residents with responsive expressions to the BSO lead, and BSO team will co-ordinate related antipsychotic medication.	Percentage of new admissions who have responsive expressions and have received a comprehensive BSO assessment during the 14 days post admission	100% of residents who have responsive expressions will received a comprehensive assessment within the first 14 days of admission	

### Measure - Dimension: Safe

Indicator #6	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	3.12	2.00	Target is based on corporate averages. We aim to meet corporate goals.	Medline, BIM Physiotherapy, Canadian Nurse Practitioner Services - NSWOC Nurse, NP Stat

### Change Ideas

**Change Idea #1** 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 a care plan in place for prevention of pressure related injuries.

100% of residents with PURS of 3 or higher will have a care plan in place for prevention of pressure related injuries.

**Change Idea #2** Home to collaborate with NSWOC to provide in home and virtual consults

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

Registered staff to complete wound rounds with the NSWOC to enhance knowledge on wound care management

# of visits in person or virtually by the NSWOC

100% of residents with stage 2 or above pressure injuries will receive recommendations on wound management by the NSWOC nurse.

Change Idea #3 Conducting audit of resident surface (bed/w/c), for the appropriate surface for pressure relieving

Methods	Process measures	Target for process measure	Comments
ROHO education & implementation ROHO champion	% of residents with a stage 2 or higher pressure injury utilizing special therapeutic seating surfaces	100% of residents who have stage 2 or higher pressure injuries will be assessed for therapeutic seating	

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.	