

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)	17.65	17.00	1. At/Below the provincial Average; 2. Through implementation of our change ideas, the home expects an improvement before Dec 31, 2026	Nurse Practitioner, Norfolk General Hospital, Behaviour Support Ontario, Psychogeriatrician, Pain and Symptom Management Consultant

Change Ideas

Change Idea #1 Early identification, assessment and recognition of symptoms.

Methods	Process measures	Target for process measure	Comments
Educate all staff on the importance to report changes in resident's health status.	PSW's will be reeducated on utilizing POC alerts for communicating any change in health status to the Registered staff for further assessment and intervention.	By the end of Q3 2026, 100% of current frontline staff will have completed re-education on POC.	The home will continue to evaluate and implement the plan

Change Idea #2 Use of physician /nurse communication tool to assess need for hospital transfer.

Methods	Process measures	Target for process measure	Comments
Staff will complete assessment tool prior to calling physician or NP to ensure for clear concise relay of information	number of residents sent to ED with potentially avoidable conditions. number of communication tools completed monthly	60% of all hospital transfers will have utilized the physician/NP communication tool	Continue to monitor and track change idea progress

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	98.81	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 strengthen diversity, inclusion, equity, and anti-racism within the workplace by increasing staff education through Surge training or live events, integrating Cultural Diversity discussions into CQI meetings, and ensuring that cultural assessments—including language, faith, gender preferences for care, and family roles—are completed upon admission. Statement

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; 3) Celebrate culture and diversity events; educational opportunities 4) Monthly quality meeting standing agenda- review the number of programs, education completed	1) Number of staff education on Culture and Diversity; 2) number of new employee trained of Culture and Diversity;	100% staff education on Culture and Diversity	

Change Idea #2 2: To promote open communication and collaboration by facilitating ongoing feedback and maintaining an open-door policy between staff and the management team to continuously support a diverse and inclusive environment.

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; 3) Celebrate culture and diversity events; educational opportunities 4) Monthly quality meeting standing agenda- review the number of programs, education completed	1) Number of staff education on Culture and Diversity; 2) number of new employee trained of Culture and Diversity;	100% of staff educated on topics of Culture and Diversity	

Safety

Measure - Dimension: Safe

Indicator #3	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	13.92	13.00	Target is based on corporate averages. We aim to meet or exceed, corporate goal.	Pharmacist Consultant CareRX

Change Ideas

Change Idea #1 Recreation providing programs during break times.

Methods	Process measures	Target for process measure	Comments
Review monthly falls that occurred the prior month and identify frequent fallers and frequent times at which falls occur. Falls lead completes monthly review and root cause analysis as need is identified. Weekly audits completed by falls lead. Risk management review completed by ED and DOC	Numbers of residents who have fallen during break times for staff will decrease.	Reduce resident falls occurring during staff break times by 20% by December 31, 2026 through increased availability of recreational activities during these periods.	Identifying pain and other factors (such as pressure) that may be leading to falls. Determining the root cause for each individual resident and gearing interventions towards the root cause.

Change Idea #2 Education for staff surrounding restorative care to help improve resident independence.

Methods	Process measures	Target for process measure	Comments
Staff educator will arrange education for those staff who have not been trained in restorative care and show interest in restorative care role.	Number of staff who have completed restorative care training will increase	By December 31, 2026, 100% of full time nursing staff will have completed restorative care education through expanded training opportunities offered within the home.	Through additional training more staff will participate in restorative care programs to help improve resident independence and ability to ambulate with reduced risk. More staff will be able to assist in identifying who is appropriate for the program

Measure - Dimension: Safe

Indicator #4	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	14.88	14.50	Continue to be exceed corporate benchmark (17.5%) and aim for 2.5% improvement by end of 2026.	CareRX Pharmacy

Change Ideas

Change Idea #1 Strengthen individualized plans of care by incorporating non-pharmacological, trigger-based strategies to manage responsive expressions.

Methods	Process measures	Target for process measure	Comments
Monitor of sleep hygiene, (adequate rest)	Number of resident who plan of care has been reviewed	100% of full-time nursing staff will complete GPA training by October 2026	

Change Idea #2 Implement regular interdisciplinary reviews of newly admitted residents prescribed antipsychotics to ensure appropriate diagnosis and indication for use.

Methods	Process measures	Target for process measure	Comments
Monitor the monthly number of antipsychotic medications reduced as a result of interdisciplinary review.	Number of interdisciplinary team meetings completed each month. Number of antipsychotic medication reductions achieved each month. Number of quarterly PAC meetings where antipsychotic-reduction strategies are reviewed and discussed.	100% of newly admitted residents will have been reviewed for the appropriateness of antipsychotics use;	

Measure - Dimension: Safe

Indicator #5	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	2.66	2.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	NSWOC, NP, MD, Medline wound consultant; PT/OT

Change Ideas

Change Idea #1 Ongoing education for direct care staff on early identification of skin integrity /skin breakdown prevention.

Methods	Process measures	Target for process measure	Comments
Medline provides education to staff on prevention of wound Care. Additional education via on line module/facilitated sessions. Root cause analysis of any internally acquired pressure ulcers.	Percentage of eligible/applicable staff attending the training.	100% of direct care staff will attend at minimum annual education on Skin & Wound Care. 100% of direct care staff will be competent in the application Products for the appropriate reasons	

Change Idea #2 Wound rounds to increase skill and capacity of Wound Care Champion and front line and registered staff.

Methods	Process measures	Target for process measure	Comments
Regional consultant will do wound rounds with Wound Care Champion Medline to provide education for registered staff. On-line monthly skin integrity report for better trending. Based on monthly reporting and QI outcomes additional wound rounds will be triggered.	Wounds rounds will occur at minimum quarterly.	A minimum of four wound rounds will be completed annually with Wound Care Consultant.	