

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)	13.83	12.00	To reduce the number of ED visit and maintain below the provincial average.	

Change Ideas

Change Idea #1 Use of SBAR -Registered in charge nurse to communicate to physician and NP, a comprehensive resident assessment, 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.	Number of communication process used in the SBAR format, between clinicians per month; number of staff educated.	80% of communication between physicians, NP and registered staff will occur in SBAR Format by end of Q4 of 2026.	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx Pharmacy ands MDs to provide education to registered staff on topics

Change Idea #2 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.

Methods	Process measures	Target for process measure	Comments
Educate residents and families about the benefits of and approaches to preventing ED visits. The home's attending NP/MD will review and collaborate with the registered staff on residents who are at high risk for transfer to ED, based on clinical and psychological; develop care plans with early identification signs and treatment plans	The number of residents whose transfers were a result of family or resident request. Number of staff who demonstrated education application via documentation quarterly. The number of ER transfers averted monthly. Number of transfers to ED who returned within 24 hours	Decrease by 1% until goal is achieved by reviewing all process measures in a quarterly basis;	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx Pharmacy and MDs to provide education to registered staff on topics

Change Idea #3 Education on palliative approach and end of life for staff, residents and families

Methods	Process measures	Target for process measure	Comments
Completion of PPS assessment, implementation of use and education for staff, residents and families on palliative approach and end of life. Utilization of information brochure or handbook	Number of staffs, residents and families who completed the education.	100% for Staff education. 60% for family and resident education	External education support from Santé Bruyère

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	100% target was achieved in the last year and will continue to keep the target 100%	

Change Ideas

Change Idea #1 To increase diversity training through Surge education or live events;

Methods	Process measures	Target for process measure	Comments
Training and/or education through Surge education or live events;	Number of staff education on Culture and Diversity;	100% of staff educated on topics of Culture and Diversity	100% of current and new employees will receive the training.

Change Idea #2 To include Cultural Diversity as part of CQI meetings

Methods	Process measures	Target for process measure	Comments
Monthly quality meeting standing agenda- review the number of programs, education completed	Date will be collected, added and reviewed with monthly meeting	Number of Celebration completed in the home	NA

Change Idea #3 Cultural assessment on admission, (language, faith, gender preference for care, family roles)

Methods	Process measures	Target for process measure	Comments
All admission to home will have cultural assessment.	Number of cultural assessment completed on admission	80% of the new admission will have cultural assessment completed on admission along with the spiritual assessment	Cultural assessment on admission will be done as a part of spiritual and religious care needs assessment.

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	87.50	90.00	The home will implement measure to increase the satisfaction of the residents.	

Change Ideas

Change Idea #1 To increase our goal from 87.53 as compared to previous year to 90%. Engaging residents in meaningful conversations, and care conferences, that allow them to express their opinions. Review ""Resident's Bill of Rights"" more frequently, at residents' Council meetings monthly. With a focus on Resident Rights #29. ""Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themselves or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else.

Methods	Process measures	Target for process measure	Comments
Add resident right #29 to standing agenda for discussion on monthly basis by program Manager during Resident Council meeting. Re-education and review to all staff on Resident Bill of Rights specifically #29 at department meetings monthly by department managers;	100% of all department standing agendas will have Residents' Bill of Right #29 added, for review by end of Q4 2026	100% of all staff and residents and families will have completed the education on resident Bill of Rights #29	Total Surveys Initiated: 96

Change Idea #2 Review of the Whistleblower and zero tolerance to abuse policy with staff, resident and family

Methods	Process measures	Target for process measure	Comments
Review of policy with staff during orientation and with monthly meeting. Review of policy with resident and family during admission and care conferences	Number of admission, care conference, General orientation, monthly meetings (With number of staff participation) done with the review of Whistleblower and zero tolerance to abuse policy.	100% of staff will have education on Whistleblower and zero tolerance to abuse policy. 100% of the admission and care conference will review the policy with resident and family	NA

Change Idea #3 Review the Concern process in the home on admission and during annual care conference

Methods	Process measures	Target for process measure	Comments
Review of Concern process with resident and family with admission and care conferences	Number of admission and care conference done with the review of Concern process	100% of the admission and care conference will review the Concern process of the home	NA

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	18.64	15.00	The home will implement measures to be equal or below to the cooperate benchmark	

Change Ideas

Change Idea #1 To facilitate a Weekly Fall Huddles on each unit; with the interdisciplinary team

Methods	Process measures	Target for process measure	Comments
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;	Number of weekly meeting in each unit;	80% of staff participation on Falls Weekly huddle in each unit	

Change Idea #2 Establish/re-establish the restorative care program in the home (provide education on how residents quality for the program)

Methods	Process measures	Target for process measure	Comments
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/NP for medication reviews, PT for physio regiment/programming	Number of residents on restorative care program	25% of residents will be added on restorative care program	

Change Idea #3 During admission process, review with resident and history of falls, and interventions implemented

Methods	Process measures	Target for process measure	Comments
New admission will have MORSE fall risk assessment completed within 24hrs of admission	Number of admission with completed MORSE fall risk assessment within 24hrs of admission	100% of the admission will have MORSE fall risk assessment completed within 24hours	

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	6.71	6.00	The home will reduce the use of antipsychotic medication without the diagnosis of psychosis by utilizing antipsychotic reduction tool	

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)	Number of resident, to which the antipsychotic was decrease, or de-prescribed/discontinued	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 Gentle Persuasive approaches (GPA) training/education -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 #3 Development of plans of care, with non pharmacological approach - identification of triggers and interventions

Methods	Process measures	Target for process measure	Comments
Referral to internal and external BSO for comprehensive assessment	Number of resident who plan of care has been reviewed with non pharmacological approach	100% of the residents will have the non pharmacological approach to manage the behaviour.	

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	5.22	2.00	The home will implement measures to be equal or below the cooperate benchmark.	

Change Ideas

Change Idea #1 To reduce the percentage of resident who develop, or experience worsening pressure injury

Methods	Process measures	Target for process measure	Comments
Utilization of skin and wound tracking tool, to analysis the pressure related injuries in the home - and the development of plan of care	Number of pressure related injuries which have resolved	100% of resident with PURs 3 or greater, will have comprehensive assessment completed.	

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	Number of visits in home and virtually by the NSWOC	100% of resident with stage 3 or greater will have routine assessment completed by NSWOC	

Change Idea #3 During admission process, complete comprehensive review of resident status, and risk level for alteration in skin, and develop plan of care

Methods	Process measures	Target for process measure	Comments
Review of resident status, with pressure related injuries during Quality meetings (case by case review) review of plan of care, progression/stalled/deteriorating pressure injuries,	Number of care plans updated	100% of admissions to the home to have pressure injury assessment completed	