

## 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)	41.46	30.00	We chose this target due to our history of not meeting target.	

### Change Ideas

Change Idea #1 Increase communication on trends and reasons why residents are transferred to ED.

Methods	Process measures	Target for process measure	Comments
1). DOC/designate to review 24 hr report daily 2). Add ED transfers to standing agenda for morning meetings 3). Review data with registered staff and encourage them to utilize the resources and tools in home before deciding on an ED transfer.	1) residents sent to ER daily 2). Minimum 4x week of morning meetings where ED transfer discussed 3) Monthly nurses meetings held with nursing staff to review ED data and discuss improvement strategies.	1). Review of 24/hr report by leadership daily 2). ED transfers will continue to be a standing item on the agenda for morning meetings. 3.) continue to discuss ED transfers monthly at nursing practice meetings.	

## 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	92.55	100.00	This is a mandatory requirement for all employees to finish their education yearly.	

### Change Ideas

Change Idea #1 Provide staff with resources and technical assistance to complete education.

Methods	Process measures	Target for process measure	Comments
1) ensure all staff have access to learning modules whether in person or on-line forums 2). Monitor completion rates for all departments and leadership	1.) # of staff that have completed education 2.) # of leadership staff that have completed education	1.) 100% of staff will have completed education by December 31 every year. 2.) 100% of leadership will have completed education by December 31 every year.	

## Experience

### Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Bladder and Bowel Care To improve... I can provide feedback about the product I use.	C	% / All patients	In-house survey / 2026	29.40	80.00	We decreased satisfaction from 2024 to 2025 by 47.5% for this question.	

### Change Ideas

Change Idea #1 '1 Educate residents on products we use.

Methods	Process measures	Target for process measure	Comments
Invite Prevail representative to come to the home do presentation for residents of the incontinent program.	Number of residents in attendance of presentation.	10 residents 2x in 2026	

Change Idea #2 2 Survey residents annually on incontinent products.

Methods	Process measures	Target for process measure	Comments
Encourage and assist participation from residents to complete annual survey.	Number of surveys completed.	80% of residents below CPS of 3 to complete.	

**Measure - Dimension: Patient-centred**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Spiritual and Religious Services To improve... I am satisfied with the variety of spiritual and religious services offered by the staff in the home.	C	% / All patients	In-house survey / 2026	58.80	75.00	We scored low for both questions related to Spiritual and Religious services.	

**Change Ideas**

Change Idea #1 1Education for residents and staff on the Spiritual domain and what programs offered fall under this domain 2x for 2026

Methods	Process measures	Target for process measure	Comments
Share slideshow at resident program about spiritual programs 2x for 2026. Create display board outlining Spiritual programs for residents and staff to see. Will rotate all domains 2x throughout 2026	Tracking participation.	10 residents per education session for 2026.	

Change Idea #2 2 Monthly calendar review with residents.

Methods	Process measures	Target for process measure	Comments
During this 1:1 time, residents can offer feedback and learn about programs being offered.	Run report of participation in Activity Pro monthly for Program Review.	Consistent participation of 80% of residents with CPS of 3or lower.	

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## Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Recreation and Leisure activities To improve... I feel encouraged to share my ideas about the recreation and leisure activities offered on the calendar.	C	% / All patients	In-house survey / 2026	61.80	75.00	We are currently below average of LTC division	

## Change Ideas

Change Idea #1 '1 Calendar Planning Program will continue monthly. Residents will be encouraged to share trip and program suggestions at these meetings along with time-of-day suggestions and frequency.

Methods	Process measures	Target for process measure	Comments
At Calendar Planning Program use feedback to implement ideas into following month's activity calendar. Highlight in newsletters programs that were implemented due to resident suggestion.	Run monthly program planning meeting throughout 2026. Provide monthly newsletters to family and residents.	12 Program Planning meetings throughout 2026. 10-12 newsletters throughout 2026.	

Change Idea #2 '2 Will remain a standing item on Resident Council Agenda to review programs. Each program will be reviewed annually.

Methods	Process measures	Target for process measure	Comments
Encourage residents to share ideas for trips and programs at Resident Council meetings. Highlight previous suggestions and implementations. Ask for feedback about time and frequency of programs. Program audits for each program will be completed as per schedule.	Resident Council meetings will be held as per terms of reference. Program manager will monitor that audits are being completed during month assigned to maintain schedule.	Minimum 6 Resident Council meetings for 2026. 100% of programs will be audited by December 2026.	

## Safety

### Measure - Dimension: Safe

Indicator #6	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	19.09	15.00	We are above both Provincial and National average for 2025	

### Change Ideas

Change Idea #1 1 Continue falls meetings weekly with management, physio and front-line staff.

Methods	Process measures	Target for process measure	Comments
-Meet weekly -Review residents that have fallen in last 7 days and high risk fallers. -Managers divide up and meet with front-line staff and resident if applicable to review/edit care plan including environmental scan of resident room.	Track number of care plan changes. Bring residents who have fallen in last 30 days and care plan changes to monthly falls	5 care plan changes/reviews per month 14% of residents that have fallen in the last 30 days	

Change Idea #2 '2 Recreation department focusing on residents that are high risk for falls and tailoring programs accordingly.

Methods	Process measures	Target for process measure	Comments
-Review residents that have fallen in last 7 days and high risk fallers.	Number of high-risk fallers attending programs.	6 high-risk faller residents in attendance at tailored programs.	Activities continuously auditing calendar and adjusting program times and type to meet the needs of high-risk fallers.

**Measure - Dimension: Safe**

Indicator #7	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	6.72	6.00	Average has fluctuated over past year.	

**Change Ideas**

Change Idea #1 BSO department will continue to do weekly rounds/education sessions with floor staff to gain input and provide strategies for effectively addressing behaviors.

Methods	Process measures	Target for process measure	Comments
Review which residents are triggering responsive behaviors, thoroughly review those care plans with input from front-line staff and educate.	Monitor monthly CIHI results for % of residents taking an antipsychotic without diagnosis.	Maintain results below corporate target.	Continue to review anti-psychotics monthly to see what can be de-prescribed. BSO department is working towards having front-line champions, provide training for Dementiability. BSO department is meeting weekly with front-line staff to review care plans of residents with responsive behaviors. Run GPA course in-house 2x in 2026.

**Measure - Dimension: Safe**

Indicator #8	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	0.97	0.90	We are currently below Provincial and National average for 2025 and our goal is to maintain target for 2026.	

**Change Ideas**

**Change Idea #1** On admission/return from hospital a PURS score will be done on residents and those that identify with high scores are then given offloading devices and repositioning is put in care plans and tasks.

Methods	Process measures	Target for process measure	Comments
Continue to educate and audit registered staff to this protocol.	Monitor monthly CIHI results for % of residents with worsening pressure ulcers stage 2-4	Maintain below Provincial and National average for 2026.	

**Measure - Dimension: Safe**

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents in daily physical restraints	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	0.00	0.00	We are currently below Provincial and National average for 2025 and our goal is to maintain target for 2026.	

**Change Ideas**

Change Idea #1 Use PASD's (short side rails for assistance for resident to independently reposition in bed, tilt chairs for repositioning etc) in place of restraints, try all other interventions first, one on one/BSO support

Methods	Process measures	Target for process measure	Comments
Continue to educate nursing staff on alternatives to restraints and classification.	Monitor CIHI restraint report monthly.	Maintain results below corporate target.	Continue to educate front-line staff of what the criteria of a restraint is (eg. tilt chairs). Completing least-restraint PASD assessments to ensure appropriateness.