

## Access and Flow

### Measure - Dimension: Efficient

Indicator #2	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)	21.43	20.00	Provincial average presently 22.3%. While our region has limitations for availability of inservices and access to emergent home-level services, our home is committed to improving care for our residents and reducing unnecessary ER visits.	

### Change Ideas

**Change Idea #1** We will build capacity among our registered staff team related to intravenous antibiotic needs, IV initiation and IV administration by promoting internal education, ensuring access to supplies and resources to initiate and maintain PIV access in the home.

Methods	Process measures	Target for process measure	Comments
Offering education to registered staff regarding IV initiation, maintenance and indications. Ensuring that newly onboarding staff receive education from trained nurses on-site to promote access and understanding of process when the need for IV medication arises. - continuing partnership with our local pharmacy and service providers regarding access to IV medications, pumps - to research and consider purchase of PIV pump for the home to reduce rental costs - to purchase and ensure supply of incidentals required to initiate and maintain PIVs in the home	Number of staff educated on IV insertion and maintenance (# of existing staff) - Number of staff signed off on IV standard of practice document and policies (# of existing staff) - Total number of ER visits related to IV antibiotic initiation or maintenance (# of visits for specific reason/total ER transfers)	5 staff to receive education for IV insertion and maintenance 100% of staff to sign off on education regarding standard of practice - reduction in total avoidable ER visits by 2% (goal 20%)	

**Change Idea #2** Education on palliative approach and end of life care for staff, residents and families

Methods	Process measures	Target for process measure	Comments
Completion of PPS assessments Implementation of use and education for staff, residents and families on end of life care and palliative care approaches.	Percentage of care staff who completed education regarding palliative and end of life care Percentage of residents with an up to date PPS assessment	Percentage of care staff trained - 50% inservice, 100% required annual education Number of residents with an up to date assessment - 100%	

**Change Idea #3** To reduce rate of ER transfers related to chronic disease management, the home will continue to complete admission, annual and as-needed care conferences with staff and residents according to schedule.

Methods	Process measures	Target for process measure	Comments
Implementation and maintenance of the care conference process - early offer of as-needed and intervention care conferences for residents at risk of ER transfer related to goals of care	Number of admission care conferences completed - number of annual care conferences completed	100% of admission care conferences that family/resident consent to completed 100% of annual care conferences completed	

## Equity

### Measure - Dimension: Equitable

Indicator #3	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	Maintain education requirements for all staff on hire and annually.	

### Change Ideas

Change Idea #1 We will continue to provide up to date and accessible education to every staff member before start and annually regarding diversity, inclusion and anti-racism.

Methods	Process measures	Target for process measure	Comments
Online education tool Surge required upon start and annually, managed by staff educator and department managers	percentage of new hire staff fully completing education prior to start - 100% percentage of existing staff completing diversity and inclusion training annually - 100%	percentage of new hire staff fully completing education prior to start - 100% percentage of existing staff completing diversity and inclusion training annually - 100%	

Change Idea #2 Cultural assessment on admission (regarding language, faith, gender preference for care, family roles) and reassessed as needed.

Methods	Process measures	Target for process measure	Comments
Training and education for relevant staff regarding completion and interpretation of cultural assessments Continued completion of the assessments as part of each new admission to the home. Involvement of families and resident's preferred participants in the assessment process.	Number of cultural assessments completed	100% of admissions to have the assessment completed.	

## Experience

### 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	90.00	90.00	The home's score in this area was high in 2025/2026 at 90%, up from a similarly phrased question on the prior year's survey ("If I have a concern I feel comfortable raising it" at 80%). The home aims to maintain this score at 90%.	

### Change Ideas

Change Idea #1 To maintain our performance of 90% with regards to this survey question by maintaining high quality resident dialogue and relationships in the home.

Methods	Process measures	Target for process measure	Comments
1. Continuing monthly resident councils with (invited) attendance from ED, DOC and home leadership as requested, including review of resident rights each month	Add resident right #29 to discussion monthly with residents council.	Resident right #29 reviewed monthly Resident survey question performance at or above 90%	Total Surveys Initiated: 40

Change Idea #2 The home will recruit and retain a social worker or social service worker to provide visits and dialogue opportunities with residents and families.

Methods	Process measures	Target for process measure	Comments
1. Recruitment of a social worker 2. Wellness checks on residents and review of at risk residents monthly	Number of completed wellness visits, once a SW is recruited and in place.	15% of residents visited by social worker in 2026/2027.	

## Safety

### Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who develop worsening pain	C	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	9.83	8.50	8.5% is our corporate benchmark - home has had elevated scores related to end of life care, pain management, and will work to bring our performance to within the benchmark 0-8.5%	

### Change Ideas

Change Idea #1 Implementation of an effective pain management program in the home by utilizing existing policies, trackers and monthly reviews to enhance early intervention for residents with worsened pain.

Methods	Process measures	Target for process measure	Comments
1. Utilization of PRN analgesic tracker and review weekly to address increased use or trends in use of PRN analgesics by residents over the period	1. Weekly rounding on PRN analgesic tracker to review results within the nursing team; 2. Quarterly review of routine analgesic use for residents with pharmacy; 3. Multidisciplinary review of residents triggering for worsening pain each month to assess medication effectiveness with MD/NP 4. Pain and palliative care management education inservice for nursing department members	1. Number of meetings to review PRN analgesic tracker (goal of 26) 2. Number of quarterly reviews completed on routine analgesic use (4/4) 3. Number of monthly reviews of triggering residents with MD/NP (12/12) 4. Number of staff completing in-service education (goal of 20)	

**Measure - Dimension: Safe**

Indicator #5	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	9.47	9.00	Home remains consistently below benchmark for rate of falls - we want to continue to support a robust falls program that reduces falls and injuries related to falls.	

**Change Ideas**

Change Idea #1 Continued execution of our falls program in the home to reduce falls and fall related injury.

Methods	Process measures	Target for process measure	Comments
Monthly falls committee meetings with an interdisciplinary team including completion of the monthly falls tracker to examine trending data with falls and continued implementation of falls risk assessments for admissions, changes in status and residents at risk to track changes to resident risk	Number of falls meetings completed monthly - participants in the falls committee - number of falls monthly total, and number of residents who experienced at least one fall monthly - rate of fall related injury and severity of injury	Falls meetings monthly - x12 Participants on falls committee - at least 3 - number of falls total, % of total resident population to average <9% and remain below benchmark overall - number of falls related injuries and severity of injury as a % of total falls, remain below present performance (establishing baseline)	

**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	2.25	2.25	Score has returned below the ministry of health benchmark. Would like to maintain level of performance.	

**Change Ideas**

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

Methods	Process measures	Target for process measure	Comments
1)Skin and wound program education with external consultant for nursing department. 2)Annual Surge education on skin and wound management. 3)Completion of skin and wound tracker and review monthly.	1)Number of registered staff who have completed education with our external service provider. 2)Number of PSW and registered staff who have completed their surge education. 3)Number of monthly reviews of skin and wound tracker.	80% of Registered staff will attend in-service 100% of staff completing Surge education 12/12 monthly reviews of skin and wound tracker.	