

## 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)	26.58	24.00	1) At/Below the provincial Average; 2) Through implementation of our change ideas, the home expects an improvement over the next 12 months."	Physician, NLOT NP, CareRx pharmacist consultant,

### Change Ideas

**Change Idea #1** To reduce unnecessary hospital transfers, through the use of education to staff; using SBAR, root cause analysis of transfers. Charge nurses to communicate with physician, a comprehensive resident assessment, to obtain direction prior to initiating an ED transfer.

Methods	Process measures	Target for process measure	Comments
1) Education/re-education will be provided to Registered Staff on the continued use of SBAR tool and support standardize communication between clinicians. 2) Conduct needs assessment from Registered Staff to identify skills and assessment that will enhance their daily practice.	1) Completion records for education as result of the needs assessment from Registered staff. 2) Number of education sessions held with Registered staff 3) Number of Registered staff educated on SBAR communication format 4) Number of SBAR communication completed, prior to contacting physician	80% of communication between physicians and registered staff will occur in SBAR format by October 1, 2026	Utilization of NP (NLOT), Physicians, Clinical consultants to assist with education

Change Idea #2 During care conferences, discussion with resident and families, regarding advanced care planning (Resident and Family focused centered care.)

Methods	Process measures	Target for process measure	Comments
Educate residents and families about the benefits of and approaches to preventing ED transfers/visits. The homes, attending physician will review and collaborate with the registered staff on residents who are at high risk for transfer to ED, based on clinical and psychological.	1)Number of care conferences held in a month in which advanced care planning/directives were reviewed with the resident and/or SDM/POA 2)The number of transfers which occurred as result of resident or family request. 3) Number of staff who demonstrated education application via documentation. 4) Number of ED transfers to ED who returned in 24hrs 5) The number of ED transfers averted each month	100% of all care conferences will review advanced directives with residents/SDM- Target of March 31, 2027	

Change Idea #3 Development of IV program in the home.

Methods	Process measures	Target for process measure	Comments
Education on IV therapy - initiating, administering medication, and discontinuation of IV (required documentation)	Number of IV therapy/treatments completed with in the home.	100% of the regular IV treatments prescribed for the residents, will be delivered in the home Target March 31, 2027	

## 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 understanding of this criteria over the next 6 months.	Surge Learning, Community partners/organizations

## Change Ideas

Change Idea #1 To increase diversity training through Surge education, and live events

Methods	Process measures	Target for process measure	Comments
1) Training and/or education through Surge learning. 2) Education provided through community organizations.	Number of staff who have completed the diversity education.	100% of staff to completed on Cultural diversity by December 31, 2026	

Change Idea #2 To facilitate an open door policy for the management team, and encourage more dialogue regarding culture and diversity.

Methods	Process measures	Target for process measure	Comments
1) Provide additional culture and diversity training for all members of the management team, and frontline staff. 2) Celebrate culture and diversity events in the home. 3) Arrange for external partners, in the community to provide education. 4) Introduce diversity and inclusion, as part of the orientation of new employees.	Number of management staff who completed education Number of frontline staff, who have completed education Number of external partners, who have completed diversity and culture education within the home.	100% or management and frontline staff who attended the education, Target, December 31, 2026 The implementation of the diversity and inclusion, in the orientation process by August 1, 2026	Invite, external community partners, to provide education.

## 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	96.67	98.00	Through education, the Home expects to have an increase understanding of this criteria over the next 6 months	

### Change Ideas

Change Idea #1 Increase families and residents' knowledge and awareness regarding the concern and complaints process in the home.

Methods	Process measures	Target for process measure	Comments
1) During admission, and annual care conference, review of the Complaints process at the home 2) Encourage resident's and families to provide feedback	1) Number of resident satisfaction surveys completed 2) Number of admission, in which the review of the policy was completed	100% of resident and families, will have the policy reviewed during the admission and annual care conference.	Total Surveys Initiated: 60

Change Idea #2 The home will provide more resident centered holistic care, including assistance with attain physical, mental and spiritual well being.

Methods	Process measures	Target for process measure	Comments
1) Complete referral to social worker. 2) Complete referrals to Pastoral care in the home. 3) Update physicians on changes to resident status, and emotional and physical well being. 4) Continue on recruitment of social worker for the home.	1) Number of referrals completed to social worker 2) Number of referrals completed to Pastoral care	100% of all resident will have care plan which holistic - with focus on emotional well being, spiritual care, and physical needs. Target December 31, 2026	

Change Idea #3 Increase knowledge of the whistleblower policy, for resident.

Methods	Process measures	Target for process measure	Comments
1) Review of the Whistleblower, and Zero tolerance to abuse, and unlawful conduct, policy during admission process, and annual care conferences.	1) Number of complaints received by the home - and the action developed to address the concern 2) Staff complete Surge learning, related to Policies, Whistleblower and Zero tolerance for abuse and unlawful conduct.	1) 100% of all staff will have completed Surge learning, by December 31, 2026 2) 100% of all resident will received education on the Whistleblower, Zero Tolerance to abuse and unlawful conduct by December 31, 2026	

## 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	11.57	10.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	Physiotherapist, Occupational therapist, Physician, NP (NLOT)

### Change Ideas

Change Idea #1 Injury prevention-review of FRS, ensure the appropriate medication are prescribed for prevention of bone density loss.

Methods	Process measures	Target for process measure	Comments
1) Develop a list of resident with FRS of 3 or greater, consult with physician to review medication regiment, for bone density replacement 2) Referral to the Registered dietician to review nutritional intake.	1) Number of medication changes (addition of bone density replacement medication) 2) Number of resident/SDM who refuse the addition of medication	1) 100% of resident with FRS of 3 or greater will be reviewed for possible interventions to reduce fracture prevention - addition of bone density replaced. Target March 31, 2027	

Change Idea #2 Comprehensive post fall analysis completed post fall, to assist with the development of plan of care related to falls.

Methods	Process measures	Target for process measure	Comments
1) Education and re-education to be provided to Registered staff on the completion of the Post Fall and Huddle assessment.	Number of Post Fall Huddles assessment completed post fall.	100% of resident will have post fall huddle assessment completed post fall.	

Change Idea #3 Ensure the falls prevention strategies are implemented, for resident at high risk for falls.

Methods	Process measures	Target for process measure	Comments
1) Comprehensive assessment completed on admission - review of resident's history of falls, and interventions implemented. 2) Utilization of falls aide tracker. 3) Review of care plans, post falls, and during Monthly Quality meeting.	1) Number of admission- where identified resident at high risk for falls. 2) Number of care plans updated with change or addition of falls aide. 3) Review of falls aide tracker.	1) 100% of resident newly admitted to the home will have comprehensive assessment completed, with care plan focus related to falls 2) 100% of resident who experienced a fall with have comprehensive assessment completed, with review/revision of plan of care.	

## 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	2.11	2.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	BSO external support, Physician,

## Change Ideas

**Change Idea #1** Residents who are prescribed antipsychotics for the purpose of management of Responsive expressions, will have quarterly review, for the potential of reduction or de-prescribing of the medication.

Methods	Process measures	Target for process measure	Comments
BSO lead and nursing will ensure for residents receiving antipsychotic for responsive expressions with their medication, plan of care reviewed quarterly by the interdisciplinary team (including resident and family) 2) Utilization of the antipsychotic tracker	1) Number of resident, who plan of care was reviewed. 2) Number of resident who have medication - reduced or de-prescribe.	100% of resident who are prescribed antipsychotic medication will receive quarterly review of medication for potential reduction or de-prescribing. Target, December 31, 2026	

**Change Idea #2** Develop care plans, with non pharmacological interventions/approaches- identification to triggers,

Methods	Process measures	Target for process measure	Comments
1)Review of care plans, during the Monthly Quality meeting 2)During BSO huddles, review plans of care,	Number of care plans, which have been reviewed. Number of care plans reviewed in with revisions.	100% of care plans, where residents have responsive expressions, will be reviewed.	

**Change Idea #3** Increase knowledge of families and residents regarding antipsychotics use and home managers responsive behaviour.

Methods	Process measures	Target for process measure	Comments
During admission conference, review with families and residents, the reason for the use of antipsychotic medication, and interventions in responding to responsive expressions. Where there attempts to reduce or de-prescribe.	Number of admission, where the resident are admitted with antipsychotic medication.	100% of resident who are admitted to the home, with antipsychotic medication, had a discussion, and education provided, related to the medication use and interventions	Physician, BSO internal and external support

**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	6.60	4.50	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	NSWOC, Physician, Registered Dietician, CareRx, pharmacist consultant

**Change Ideas**

Change Idea #1 Monthly review in Quality meeting of resident with Pressure related injuries, review of the plan of care, progression/stalled healing of pressure injury

Methods	Process measures	Target for process measure	Comments
1) Utilization of the skin and wound tracker, to analysis the pressure injuries in the home. 2) Referrals to NSWOC for virtual and in home consultations. 3) Referrals to wound care champion 4) Utilization of the NSWOC to provide education to Registered staff, and PSW.	1) Number of referrals completed to the NSWOC. 2) Number of referral to wound care lead. 3) Completion, and analyze of the skin and wound tracker, on weekly bases	1) 100% of resident with a pressure injury, will have care plan review with in the next 6months Target September 1, 2026 2) 100% of resident with pressure related injury stage 3 and above will have referral completed to the NSWOC 3) 100% of resident who have been assessed/identified with pressure injury will have referral completed to the Wound care lead, Target July 1, 2026	

## Change Idea #2 Registered Dietician to review the nutritional status of residents, with Pressure related injury.

Methods	Process measures	Target for process measure	Comments
1) Re-education of the policy with Registered staff. 2) Utilization of the skin and wound check list. 3) Referral completed to RD, with pressure injuries 2 and above.	1) Number of staff re-educated on the policy 2) Number of referrals completed to the Registered dietician	1) 100% of resident with Stage 2 or above, with have referral completed to the Registered Dietician, when identified. 2) 100% of staff to have re-education on the Skin and wound policy, Target July 1, 2026	Utilization of the NSWOC to assist with education.

## Change Idea #3 Increase to use of pressure relieving devices

Methods	Process measures	Target for process measure	Comments
1)Develop a list of residents who PURs is 3 or greater, review the plan of care for the appropriate pressure relieving devices. 2) Provide education to Registered staff, and PSW regarding the devices, (setting, applications)	1)Number of ROHO education sessions. 2) Number of education sessions related to the low air loss surfaces 3) Number of changes to surfaces	100% of nursing staff to receive education. 100% of resident with pressure injuries -plan of care to be reviewed and revised with devices, to assist with the relieving of pressure.	Utilization of external partner, for ROHO and surface education, NSWOC to assist with education