

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)	28.50	25.00	Aim for a 3.5% decrease.	

Change Ideas

Change Idea #1 Increase communication on trends and reasons why residents are transferred to ED. Educate staff on reasons for preventable ED transfers

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 staff and involve them in improvement plan ideas to increase awareness	1) # of residents sent to ER daily as per 24/hr report 2). # of morning meetings where ED transfers discussed 3). # of meetings held with staff to review ED data and discuss improvement strategies based on trends	1) Process for review of 24/hr report by leadership will be in place by June 30 2026. 2) ED transfers will be added to the standing agenda for morning meetings by June 30 2026. 3.) Process for reviewing ED data and discussing strategies for improvement with staff will be in place by June 30 2026.	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am encouraged to provide my input about the food and drink options.	C	% / LTC home residents	In-house survey / 2025	51.20	60.00	LTC average	

Change Ideas

Change Idea #1 Revise Food Council approach to increase meaningful participation.

Methods	Process measures	Target for process measure	Comments
1) Provide personal invitations to quieter residents. 2.) Conduct brief table-side check-ins during meals for residents who do not attend meetings.	1) Minimum of 10 residents participating Monthly either by attending the Food Council meeting, OR speaking with them during table-side meal rounds 2.) At least 10 documented feedback interactions per month.	Demonstrated resident input in 100% of menu cycles and increase satisfaction score from 51.2% to 60%	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the quality of food and drinks served	C	% / LTC home residents	In-house survey / 2025	57.10	60.00	LTC benchmark	

Change Ideas

Change Idea #1 Enhance meal quality through continuous monitoring.

Methods	Process measures	Target for process measure	Comments
1) Conduct taste-testing of meals prior to menu approval with Dietary Manager and select staff. 2) Monitor and record meal temperatures and plating standards daily.	1) 10 taste-testing sessions per month. 2.) 100% of temperature and plating checks completed daily.	1) Reduce resident complaints about food quality by 25%. 2.) Increase satisfaction score from current level to 60%.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
I am satisfied with the variety of spiritual and religious services offered by the staff in the home	C	% / LTC home residents	In-house survey / 2025	57.10	60.00	LTC benchmark	

Change Ideas

Change Idea #1 Hire a Spiritual Care Provider as a member of the interdisciplinary team.

Methods	Process measures	Target for process measure	Comments
1) Review 130 residents in home and their needs. 2) Determine hours and develop weekly routine.	1) # of referrals. 2) # of spiritual care assessments. 3) # of programs run by provider a month depending on their schedule.	1) Hire SCP by June 30, 2026. 2) Offer spiritual care program minimum once a month (depending on schedule) from SCP. 3) Increase satisfaction by 3% in 2026.	

Safety

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	14.11	10.00	Home aim to keep below LTC benchmark, and improve by 4.11%.	

Change Ideas

Change Idea #1 Implement purposeful rounding (includes; personal needs, pain, position, possessions, etc.)

Methods	Process measures	Target for process measure	Comments
1) Educate all staff on purposeful rounding 2) Inform Resident and Family council on process of purposeful rounding"	1) # of staff educated on purposeful rounding 2) Resident and family council education on process captured in meeting minutes "	1) 100% of staff will be educated on purposeful rounding process by June30 2026 2) Resident and Family council will be informed of process by June30 2026	

Measure - Dimension: Safe

Indicator #6	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	10.64	8.00	Home aim to keep below LTC benchmark, and improve by 2.64%.	

Change Ideas

Change Idea #1 Gentle Persuasive Approaches (GPA) Basics and GPA Bathing education for responsive behaviors related to dementia (in support of reduction of anti-psychotic use).

Methods	Process measures	Target for process measure	Comments
1. Engage with Certified GPA Coaches to roll-out home-level education and/or certify home staff as GPA Coaches to deliver education. 2. Contact Regional Managers for support to identify Certified GPA Coaches available for the home, if needed (i.e., local Psychogeriatric Resource Consultant (PRC)). 3. Deliver GPA Basics education to staff sessions. 4. Deliver GPA Bathing education.	1. # of staff certified as GPA Coaches. 2. # of staff participated in GPA Basics education and GPA Bathing education. 3. # of staff participated (who develop care plans or administer resident bathing) participated in GPA Bathing education. 4. Feedback from staff participants on the experience and usefulness of GPA Basics and GPA Bathing education to support resident care.	1. GPA Basics education will be provided for 80% staff by June30 2026. 2. GPA Bathing education will be provided for 50% staff, who develop care plans or are responsible for resident bathing, by June 30 2026. 3. Feedback from staff on GPA education will be reviewed and actioned on by June 30 2026.	

Measure - Dimension: Safe

Indicator #7	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	2.32	2.00	Home aim to keep below LTC benchmark.	

Change Ideas

Change Idea #1 Mandatory education for all Registered staff on correct staging of Pressure ulcers

Methods	Process measures	Target for process measure	Comments
Communicate to registered staff requirement to complete education. DOC/designate to monitor completion rate	Number of registered staff who have completed training sessions.	100% of registered staff have completed training session by Dec31 2026.	

Measure - Dimension: Safe

Indicator #8	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	0.20	0.00	Home aims for 0 restraints.	

Change Ideas

Change Idea #1 Implement per unit tracking for all restraints to better analyze and review trends for restraints.

Methods	Process measures	Target for process measure	Comments
1) Implement unit tracking tool to collect data to better analyze and monitor trends for restraints 2) Collect tracking tool monthly 3) Restraint lead to analyze results"	Number of unit tracking tools implemented by unit.	100% of tracking tools will be completed accurately by Dec31 2026.	