

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.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	10.87	10.00	Continue to maintain below provincial average for ED visits.	

Change Ideas

Change Idea #1 Education for registered staff regarding interventions in home to minimize the number of residents transferred to ED.

Methods	Process measures	Target for process measure	Comments
Hold routine education sessions surrounding varied health conditions affecting residents	Will review ED visits quarterly at PAC meetings, registered staff meetings and nursing leadership meetings and biannual CQIC meetings.	Will see 75% of registered staff attend education sessions.	

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	CB	100.00	Prioritizing Diversity, Equity and Inclusion practice aims to support culturally appropriate care and meaningful growth in long-term care while helping to foster an Inclusive workplace. Encouraging diversity can lead to increased innovation and Collaborative work environment.	

Change Ideas

Change Idea #1 To gain deeper understanding, DEI Leads will complete education program " Creating a Culture of Belonging: From Awareness to Action" which will provide tools and knowledge needed to foster a more inclusive and affirming environment for residents, care partners/care givers, and fellow team members.

Methods	Process measures	Target for process measure	Comments
Virtual education to be attended by all the DEI Leads.	The number of DEI Leads completed training on Creating Culture of Belonging: From Awareness to Action training.	100% of DEI leads will complete the training by the end of 2025, with ultimate goal to create and share the education with staff.	

Change Idea #2 Share information on equity, diversity, inclusion and anti-racism topics with residents by scheduling information sessions.

Methods	Process measures	Target for process measure	Comments
DEI Ambassador to attend resident council meetings by invitation to discuss equity, diversity, inclusion and anti-racism topics. Information will be also shared in monthly newsletters.	The number of information sessions offered/completed at the resident and family council meetings. Number of time the information was shared via monthly newsletters.	All members of resident and family council will at least attend one session in 2025. Quarterly newsletters will contain information about equity, diversity, inclusion and anti-racism topics	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Improve resident access to outdoor spaces. I can easily go outdoors when I want	C	Proportion / Residents	In house data, InterRAI survey, NHCAHPS survey / December 2025	2.93	3.00	We will improve overall responses regarding having access to outdoor spaces with the completion of the renovation process on the property. We will have all outdoor spaces returned for resident use.	

Change Ideas

Change Idea #1 Add new role of Resident and Family Coordinator to support with getting and increased number of surveys

Methods	Process measures	Target for process measure	Comments
On monthly basis have the RFC complete all surveys for those residents that meet the criteria	100% of surveys will be completed for those residents that qualify monthly	All residents that qualify will participate in completing the surveys	

Change Idea #2 Improved analysis of quarterly data reports and identifying of problem areas

Methods	Process measures	Target for process measure	Comments
Review at monthly leadership meetings, discuss numbers at PAC, CQIC, and both resident and family council meetings	All completed surveys and results will be reviewed at meetings, identifying positives, and areas for improvement	100% of results will be reviewed as received	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Increase Survey Responses	C	Number / Residents	In house data, InterRAI survey, NHCAHPS survey / December 2025	19.00	40.00	Compared results from previous year, and we feel this is an attainable goal	

Change Ideas

Change Idea #1 Communicate with residents and families when the newly renovated areas are available to use.

Methods	Process measures	Target for process measure	Comments
Through emails, newsletters, memos and resident and family council meetings	Will measure success by survey responses	100% of families will be updated about renovated areas	

Change Idea #2 Tour for all residents to educate them on the options for the new outdoor areas.

Methods	Process measures	Target for process measure	Comments
In person tours for residents by leadership members	Attendance of residents for the tour(s)	All capable residents	

Change Idea #3 Review all possible barriers with the leadership team, implement changes and get feedback on quarterly basis

Methods	Process measures	Target for process measure	Comments
Add to leadership meeting - first of each month	Review of resident and family concerns/complaints, and feedback from both resident and family council meetings	Will review all barriers, and feedback from meetings. All complaints will be addressed	