

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)	19.17	18.00	Any reduction in the rate of residents sent to the ER unnecessarily is a benefit to their quality of life and a reduction on the Hospital ER Burden.	CAMH, Behavioral Support Of Ontario, Cambridge Care Collaboration Committee

Change Ideas

Change Idea #1 In corroboration with DRC/DOC'S, and Home Medical Director Development/Initiation of Home Page education topics called " Teachable Moments " surrounding Best Practice care and assessment's. Registered staff can utilize these to enhance their practice in order to build confidence when completing Clinical Assessments. This strategy may help to reduce ED transfers by learning early identification and in house treatment when appropriate for Residents experiencing clinical changes.

Methods	Process measures	Target for process measure	Comments
DRC and Medical Director will continue to complete quarterly review of all ER Transfers to determine what steps or interventions may have helped to keep the Resident in their home. If there is a clinical assessment knowledge gap, this will be identified as a teachable moment.	Review of Ministry of Health report quarterly to determine what the Ministry deems unnecessary ED transfers. These will be used to compare to in house findings that have been gathered by DRC and Medical Director.	By December 2026 Hilltop will reduce its QI for "Rate of ED Visits for modified list of ambulatory care-sensitive conditions per 100 long term care residents" from 19.7 to 18	Any reduction in unnecessary trips to the ED will be of benefit to both our Residents and the Community Hospitals. This will continue to be a priority QIP for our home.

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	18.52	100.00	Goal to have all Executive Level Staff, and DEI Committee members trained using relevant Equity, Diversity, Inclusion and Antiracism course material. The more staff that have been provided with this training the more knowledge People Care will have as a Corporation to develop Supportive DEI programs within all homes. This will enhance an already robust multicultural/diverse and equitable environment that is fostered in all People Care homes.	

Change Ideas

Change Idea #1 People Care LSO to Develop Terms of Reference for Diversity, Equity, Inclusion, and Antiracism committee's at a corporate level.

Methods	Process measures	Target for process measure	Comments
- Each People Care home including Hilltop Manor, to establish individual DEI Committees, that will work together with Leadership Services to establish terms of reference and related policies focused on DEI.	-Leadership Meeting Monthly- review of QIP progress with all internal Leaders at each individual home - Continuous Quality Committee will meet q 6 months with stakeholders to review progress of QIP - Quarterly Professional Accountability Meeting - Review of QIP progress with multidisciplinary professionals.	By September 2026, Each People Care Home, Including Hilltop Manor will have an established DEI Committee that is meeting monthly with specific terms of reference to guide their mandate.	

Change Idea #2 Expanding scope of Diversity, Equity, Inclusion, and Antiracism education (Creating a Culture of Belonging : from awareness to action workshop) sponsored by Ontario CLRI, RIA Research institute for aging, and Bruyere health, over the next 6-12 months from core DEI Committee members, to all leadership team members and the remainder of DEI committee members.

Methods	Process measures	Target for process measure	Comments
- Invitations to DEI committee meetings to develop an expanded group of people that will contribute to an educational framework plan.	-Leadership Meeting Monthly- review of QIP progress with all internal Leaders at each individual home - Continuous Quality Committee will meet q 6 months with stakeholders to review progress of QIP - Quarterly Professional Accountability Meeting - Review of QIP progress with multidisciplinary professionals.	By September, 2026, 27 identified Executive Level and DEI Committee members will receive the " Creating a Culture of Belonging: from awareness to action workshop." Currently 5 team members have completed this training.	

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	83.17	95.00	Any improvement in the percent of residents who respond positively to this Indicator is a favorable outcome. Hilltop would like all of its residents to feel comfortable expressing themselves without fear of consequences. 95 % marks a high standard of positive outcomes.	Relational Approach with Deborah Bakti

Change Ideas

Change Idea #1 RFC (Resident/ Family Co-Ordinator) to develop altered approach when interviewing Family, and Resident's prior to admission that makes inquiry to fears that a Resident may have before admission day. Determining their preferences and physical environmental needs may lead to a more safe and calming transition into the home. Initially when trust is achieved this may filter throughout other staff and experiences.

Methods	Process measures	Target for process measure	Comments
Resident satisfaction surveys to be supported by RFC RFC reviewing Resident Satisfaction surveys Quarterly, and presented at PAC, Quality meetings Review of findings and observing trends over time to determine effectiveness of change idea	Review of all Resident satisfaction surveys. Any residents that fall into the Always and Most of the time response will be considered positive. Any residents that fall into any other category response will be considered room for improvement.	95 % of Hilltops residents will respond positively to " I can express myself without fear of consequences. "	Total Surveys Initiated: 101

Change Idea #2 Over the next 6-9 months Leadership with support of Educational Lead, Social Work, and RAI departments will develop Scenario based drop in sessions. The goal will be to provide Staff with Fictional Situations that may mimic how or why Residents may be to fearful to respond honestly and how our staff may impact this unintentionally.

Methods	Process measures	Target for process measure	Comments
Resident satisfaction surveys to be supported by RFC RFC reviewing Resident Satisfaction surveys Quarterly, and presented at PAC, Quality meetings Review of findings and observing trends over time to determine effectiveness of change idea	Review of all Resident satisfaction surveys. Any residents that fall into the Always and Most of the time response will be considered positive. Any residents that fall into any other category response will be considered room for improvement.	95 % of Hilltops residents will respond positively to " I can express myself without fear of consequences. "	

Safety

Measure - Dimension: Safe

Indicator #4	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	5.08	4.08	Moving closer to Provincial average of 2.30. Any reduction is a benefit to the Residents.	Medline, NSWOCC, NLOTS- Nicole Guy

Change Ideas

Change Idea #1 Initiation of New Trial Incontinence Products (Fit Right) that is deemed highly absorbent and better for skin integrity.

Methods	Process measures	Target for process measure	Comments
Lead of the Skin and Wound program will be monitoring ongoing Skin integrity impairments by auditing weekly, with focus on documentation accuracy, and post audit education as required. Data will be shared within the PCC monthly Insight tab for analysis, Shared quarterly at the PAC meetings and Q 6 months at the Quality Committee Meetings. In attendance are Stakeholders, including President of Resident council, and President of Family council. Review of Data with Skin and Wound committee monthly.	Monthly review of Chart PIC- AI Skin and Wound Program review monthly to monitor for accuracy of documentation and improvement or decline. Monthly/Quarterly analysis of QI findings within PCC, which are compared to Chart PIC data.	Hilltop has a goal to reduce the percentage of Residents experiencing a Worsening in stage 2-4 pressure ulcers from 5.08 to 4.08 over the next year.	