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)	19.08	17.17	Mobile imaging was unable to provide services for part of the reporting time which effected our performance as well as the expectations of an MRP that is no longer with the facility. In addition to new a medical room and equipment our ability to provide treatment in house has increased and therefore we hope to be able to decrease unnecessary ED visits by 10%.	

Change Ideas

Change Idea #1 Improve early monitoring of high-risk residents.

Methods	Process measures	Target for process measure	Comments
Identify residents with history of frequent ED visits or chronic conditions. Implement monitoring checklist (hydration, respiratory symptoms, vital changes).	% of high-risk residents receiving daily monitoring checks.	95% compliance with monitoring protocol.	

Change Idea #2 Strengthen care planning and advance care discussions.			
Methods	Process measures	Target for process measure	Comments
Review goals of care for residents at admission and quarterly. Educate families about treatment options within LTC vs ED transfers.	% of residents with documented goals of care aligned with transfer decisions.	95% of residents have updated goals of care documented.	

Change Idea #3 Conduct post-ED transfer review.			
Methods	Process measures	Target for process measure	Comments
Monthly review of all ED transfers related to ACSCs. Identify preventable factors and implement corrective actions.	% of ED transfers reviewed within 30 days by interdisciplinary team.	100% of ED transfers reviewed monthly.	

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	Achieving full participation supports a respectful, culturally safe, and inclusive environment, improves team collaboration, and aligns with organizational and Ministry priorities for quality and equity in long-term care.	

Change Ideas

Change Idea #1 Implement mandatory DEI education for leadership staff.

Methods	Process measures	Target for process measure	Comments
Track and report the percentage of staff at the executive and management levels who complete identified equity, diversity, inclusion, and anti-racism education. For the current reporting period, relevant education will include participation in the following sessions: Advancing DEI in Long-Term Care and Retirement Living offered through Together We Care Convention and Anti-Racism Leadership: Building Inclusive Teams. Attendance will be monitored and documented, and completion rates will be calculated based on total eligible leadership staff.	% of staff completing DEI training	100% completion of DEI training on total eligible leadership staff.	

Change Idea #2 Monitor and follow up on staff compliance.			
Methods	Process measures	Target for process measure	Comments
Generate monthly reports from the learning management system. Identify staff who have not completed training and provide reminders or one-on-one support.	% of staff completing DEI training on time, after follow-up.	100% compliance after follow-up interventions.	

Change Idea #3 Reinforce DEI principles through ongoing communication and leadership modeling.			
Methods	Process measures	Target for process measure	Comments
Incorporate DEI discussions in team meetings and huddles. Display posters, toolkits, and resources promoting inclusive practices in staff areas.	Number of team meetings or huddles where DEI topics are discussed monthly.	DEI discussed in =90% of monthly team meetings or huddles.	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	CB	76.00	The target reflects a realistic and achievable goal to maintain current performance with current population of cognitive residents able to express their needs.	

Change Ideas

Change Idea #1 Strengthen staff communication and active listening skills.

Methods	Process measures	Target for process measure	Comments
Provide education to staff on person-centred communication, active listening techniques, and respectful engagement with residents. Reinforce expectations during staff meetings and orientation.	% of staff who complete communication and active listening education.	90% of staff complete training.	

Change Idea #2 Continue to increase opportunities for residents to share feedback and concerns.

Methods	Process measures	Target for process measure	Comments
Conduct regular resident council meetings and implement routine resident rounding by leadership to gather feedback on care and communication.	Number of resident rounds conducted monthly	Minimum of 1 residents council meeting per month.	

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	23.21	20.00	The target reflects a realistic and achievable reduction while acknowledging the complex clinical needs, mobility limitations, and cognitive impairments common within the LTC population.	

Change Ideas

Change Idea #1 Increase staff awareness and education on fall prevention strategies.

Methods	Process measures	Target for process measure	Comments
Provide education to clinical and support staff on fall prevention best practices, including safe transfer techniques, proper use of mobility aids, recognizing changes in resident mobility or cognition, and timely reporting of fall risks. Reinforce education during staff meetings.	% of staff completing fall prevention education.	90% staff completion.	

Change Idea #2 Strengthen monitoring of residents with a history of falls.

Methods	Process measures	Target for process measure	Comments
Identify residents with recent falls or high fall risk and implement enhanced monitoring strategies such as intentional rounding, increased observation during high-risk periods, and appropriate use of assistive devices or alarms where indicated. Interdisciplinary review of high-risk residents will occur during Falls meetings to ensure interventions remain appropriate.	% of high-risk residents with enhanced monitoring interventions in place.	95% of identified high-risk residents have monitoring interventions implemented.	

Change Idea #3 Enhance post-fall assessment and review processes.

Methods	Process measures	Target for process measure	Comments
Implement a structured post-fall huddle involving nursing staff and interdisciplinary team members to review contributing factors such as mobility changes, medication effects, environmental hazards, and toileting needs. Findings will be documented and used to update the resident's care plan with targeted prevention strategies. Trends in falls will be reviewed monthly by the interdisciplinary team.	% of falls followed by a documented post-fall assessment and care plan update.	95% of fall incidents reviewed with updated interventions documented.	

Measure - Dimension: Safe

Indicator #5	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	1.86	1.86	The target reflects a realistic and achievable goal to maintain current performance well below provincial average while supporting resident safety, maintaining skin integrity, and enhancing interdisciplinary monitoring of residents at risk.	

Change Ideas

Change Idea #1 Strengthen interdisciplinary wound care monitoring and treatment planning.

Methods	Process measures	Target for process measure	Comments
Conduct scheduled wound care rounds involving registered nursing staff, wound care leads, and interdisciplinary team members to review residents with existing pressure injuries. During rounds, treatment plans will be evaluated, wound measurements documented, and adjustments made as needed. Nutrition, mobility, and continence factors contributing to wound progression will be reviewed to ensure a comprehensive care plan is in place.	% of residents with stage 2–4 pressure ulcers reviewed during scheduled wound rounds.	100% of applicable residents reviewed during wound rounds.	

Change Idea #2 Enhance staff knowledge of pressure injury prevention and wound care management.

Methods	Process measures	Target for process measure	Comments
Provide structured education sessions to nursing and PSW staff on pressure injury prevention, early identification of skin compromise, staging of wounds, and escalation procedures. Education will include best practices for repositioning, moisture management, nutrition considerations, and safe transfer techniques. Refresher training will be incorporated into orientation for new staff and reinforced during staff meetings.	% of clinical staff completing pressure injury prevention and wound care education.	90% staff completion.	

Change Idea #3 Improve repositioning practices and pressure redistribution strategies.

Methods	Process measures	Target for process measure	Comments
Reinforce individualized repositioning schedules based on resident mobility and risk level. Ensure appropriate pressure-relieving surfaces such as specialized mattresses, cushions, and heel protection devices are in place and functioning.	% of residents with pressure ulcers who have a documented repositioning schedule and pressure redistribution plan.	95% of applicable residents have documented repositioning and pressure redistribution interventions.	