

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)	9.46	5.00	Setting a realistic and attainable goal.	

Change Ideas

Change Idea #1 Improve tracking and analysis of why residents are sent to hospital and their diagnoses to identify avoidable transfers

Methods	Process measures	Target for process measure	Comments
ED visits will be tracked quarterly to include why the resident was sent, was the resident admitted, returning diagnosis	Number of residents sent to ED for avoidable transfer	Quarterly review of ED visits will occur at PAC/CQI meetings to ensure that the number of those being sent to the ED will decrease	

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	Realistic with annual education utilizing surge learning.	

Change Ideas

Change Idea #1 Ensure all staff are annually trained

Methods	Process measures	Target for process measure	Comments
Surge learning to record results	Number of staff to complete education	100% of staff will have completed the education by December 31st 2026	

Safety

Measure - Dimension: Safe

Indicator #3	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	22.42	12.00	Reduction of 10% of residents who have fallen in the past 30 days to bring our home closer to the provincial average.	

Change Ideas

Change Idea #1 Enhancing of Fall committee to include interdisciplinary team members

Methods	Process measures	Target for process measure	Comments
Recruit PSW / nursing / rec staff interested in this committee. Education on different interventions available, reporting the effectiveness of interventions and changing as needed	Number of resident falls. Severity of resident falls.	The number of falls that are occurring by the same resident will decrease and/or injury will be prevented	

Measure - Dimension: Safe

Indicator #4	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	37.26	27.00	Reduction of 10% will show improvement in this measure. May not meet this as population changes frequently	

Change Ideas

Change Idea #1 Conduct comprehensive medication reviews for all residents to ensure appropriateness and safety

Methods	Process measures	Target for process measure	Comments
Perform medication reviews quarterly for each resident, documenting findings and any necessary adjustments	Track the number of residents prescribed antipsychotic medications without a documented clinical diagnosis	Ensure 100% of residents' medications are reviewed as per schedule and verified for appropriate clinical indication and necessity by end of 2026	

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	3.60	2.00	Can be challenging to meet as resident come to the home on admission or back from hospital with wounds. Our home continues to work towards reducing our performance for this indicator.	

Change Ideas**Change Idea #1** Build team and include interdisciplinary participation at regular meetings

Methods	Process measures	Target for process measure	Comments
Recruit members from different disciplines	# of members recruited	Recruitment of the Skin and Wound team will be completed by July 2026	

Change Idea #2 Improve education offerings around wound care product selection

Methods	Process measures	Target for process measure	Comments
Education sessions will be provided to registered staff re: wound care products	Number of staff trained in wound product selection	Education sessions will be offered by September 2026	