

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)	19.37	17.00	The target was set based on the home's current performance and the improvement achieved during the previous year. Continued focus on early identification of changes in resident condition and collaboration among the care team is expected to further reduce avoidable emergency department visits.	

Change Ideas

Change Idea #1 The home will increase consultation with the Nurse Practitioner or physician prior to emergency department transfers when clinically appropriate.

Methods	Process measures	Target for process measure	Comments
Nursing staff will consult with the Nurse Practitioner or physician prior to transferring residents to the emergency department when appropriate. This consultation will support clinical decision-making and help determine whether the resident's condition can be managed safely within the home.	Percentage of emergency department transfers where consultation with the Nurse Practitioner or physician occurred prior to transfer when appropriate.	Consultation with the Nurse Practitioner or physician will occur prior to transfer in 90% of applicable cases.	Consultation with the Nurse Practitioner or physician may support in-home management of some conditions and help reduce avoidable emergency department visits.

Change Idea #2 The home will reinforce the use of the SBAR (Situation, Background, Assessment, Recommendation) communication framework through education and communication tools to support clear and structured communication with the Nurse Practitioner or physicians.

Methods	Process measures	Target for process measure	Comments
Education will be provided to registered staff on the SBAR communication framework, including a knowledge check to reinforce understanding of the tool. SBAR templates or a communication book may also be introduced to support consistent use of the framework when contacting the Nurse Practitioner or physicians regarding changes in resident condition. Feedback from physicians and the Nurse Practitioner may also be sought regarding the clarity and effectiveness of communication.	Percentage of registered staff who complete SBAR communication education with a knowledge check.	90% of registered staff will complete SBAR communication education with a knowledge check.	Using a structured communication framework supports clear and consistent communication with physicians and the Nurse Practitioner and may improve clinical decision-making related to resident care and potential transfers.

Change Idea #3 The Nurse Practitioner will review emergency department visits upon the resident's return to the home to identify opportunities for improvement.

Methods	Process measures	Target for process measure	Comments
The Nurse Practitioner will review charts following a resident's return from the emergency department to determine whether the transfer was unavoidable or if the situation could potentially have been managed in the home. When appropriate, the Nurse Practitioner will provide feedback or debrief with staff to support learning and future decision-making.	Percentage of emergency department visits reviewed by the Nurse Practitioner upon resident return.	The Nurse Practitioner will review 90% of emergency department visits upon resident return.	Review of emergency department visits supports identification of opportunities to improve clinical management and reduce avoidable transfers.

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	99.70	100.00	The target was set to maintain full staff participation in equity, diversity, inclusion, and anti-racism education. Ongoing education helps reinforce respectful and inclusive practices across the organization and supports a positive environment for residents, families, and staff.	

Change Ideas

Change Idea #1 The home will continue to provide equity, diversity, inclusion, and anti-racism education to staff to support respectful and inclusive care for all residents.

Methods	Process measures	Target for process measure	Comments
The home will continue to include equity, diversity, inclusion, and anti-racism education as part of orientation and ongoing staff education. Completion of education will be tracked through the home's education records. The home will periodically review and update education resources and modules to ensure content remains relevant and engaging.	Percentage of staff who complete equity, diversity, inclusion, and anti-racism education.	100% of staff will complete equity, diversity, inclusion, and anti-racism education.	The home will continue to reinforce equity, diversity, inclusion, and anti-racism principles through ongoing education and by periodically identifying updated or new education resources.

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	90.00	The home will update the resident satisfaction survey to better align with the QIP indicator measuring how well staff listen to residents. Establishing a baseline using the updated survey will allow the home to better understand resident experience and support improvements in communication between staff and residents.	

Change Ideas

Change Idea #1 The home will implement mandatory resident-centred care education for all staff to reinforce respectful communication and support residents in expressing their opinions and concerns.

Methods	Process measures	Target for process measure	Comments
The home will implement mandatory resident-centred care education for all staff, including a knowledge check or quiz to confirm understanding. Additional reinforcement will be provided through shift huddles, reminders, and visual communication materials such as posters to support ongoing awareness of resident-centred care principles.	Percentage of staff who complete the mandatory resident-centred care education.	100% of staff will complete the mandatory resident-centred care education.	Education and ongoing reminders will reinforce the importance of listening to residents, respecting resident preferences, and supporting residents in expressing their opinions and concerns.

Change Idea #2 The home will review and redesign the resident experience survey and increase the frequency of administration to provide more regular opportunities for residents to share feedback.

Methods	Process measures	Target for process measure	Comments
The home will review and revise the resident experience survey to ensure questions reflect whether residents feel listened to by staff. The full survey will be completed annually. A shorter follow-up survey will also be developed and conducted at least once between annual surveys, focusing on areas where residents previously reported lower satisfaction.	Number of resident experience surveys completed annually.	The home will complete one full resident experience survey annually and at least one shorter follow-up survey each year.	Survey results will be reviewed by the home to identify trends and opportunities to improve communication between staff and residents.

Measure - Dimension: Patient-centred

Indicator #4	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	CB	90.00	The home will update the resident satisfaction survey to better align with the QIP indicator measuring whether residents feel comfortable expressing their opinions. Establishing a baseline using the updated survey will allow the home to better understand resident experience and ensure residents feel safe and supported in sharing feedback.	

Change Ideas

Change Idea #1 The home will encourage resident participation in Resident Council meetings to support a safe environment for residents to express their opinions and concerns.

Methods	Process measures	Target for process measure	Comments
Resident Council meetings will continue to be held regularly and residents will be encouraged to participate and share feedback about their experience in the home. Resident Council provides a structured forum where residents can express opinions and raise concerns. Feedback from meetings will be reviewed by the home to identify opportunities for improvement.	Number of Resident Council meetings held.	Resident Council meetings will be held monthly.	Resident Council supports an environment where residents feel comfortable sharing opinions and providing feedback about their experience in the home.

Change Idea #2 The home will implement mandatory resident-centred care education for all staff to reinforce respectful communication and support residents in expressing their opinions and concerns.

Methods	Process measures	Target for process measure	Comments
The home will implement mandatory resident-centred care education for all staff, including a knowledge check or quiz to confirm understanding. Additional reinforcement will be provided through shift huddles, reminders, and visual communication materials to support ongoing awareness of resident-centred care principles.	Percentage of staff who complete the mandatory resident-centred care education.	100% of staff will complete the mandatory resident-centred care education.	Education and ongoing reminders will reinforce the importance of listening to residents, respecting resident preferences, and supporting residents in expressing their opinions and concerns.

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	22.33	19.80	Falls remain a challenge in our home. The target was set to support meaningful but realistic improvement while strengthening how falls are reviewed, identifying patterns, and implementing targeted prevention strategies based on those findings.	

Change Ideas

Change Idea #1 The home will strengthen post-fall review and tracking of fall trends to better identify contributing factors and patterns that may lead to repeat falls.

Methods	Process measures	Target for process measure	Comments
The home will continue tracking multiple factors related to each fall, including location, time of day, activity at the time of fall, and resident characteristics. Post-fall huddles will be completed following resident falls to review the circumstances of the fall and identify contributing factors such as environment, mobility status, and resident condition. Findings from these reviews will be documented and used to guide targeted interventions and care plan updates when appropriate.	Percentage of falls where a post-fall huddle is completed and documented.	90% of falls will have a completed and documented post-fall huddle.	Tracking fall trends and strengthening post-fall review will support identification of patterns and repeat fallers and help guide targeted fall prevention strategies within the home.

Change Idea #2 The home will re-introduce the Falling Leaf program to provide a visual cue identifying residents at high risk for falls.

Methods	Process measures	Target for process measure	Comments
Residents identified as high risk for falls will be marked using the "Falling Leaf" symbol to provide a visual cue for staff. This will help staff quickly recognize residents who may require additional assistance or supervision when mobilizing.	Percentage of residents identified as high risk for falls who have a Falling Leaf indicator in place.	100% of residents identified as high risk for falls will have a Falling Leaf indicator in place.	The Falling Leaf program supports quick identification of residents at risk for falls and promotes increased staff awareness.

Change Idea #3 The home will transition from routine safety checks to intentional rounding and increase opportunities for resident engagement in common areas when appropriate.

Methods	Process measures	Target for process measure	Comments
Intentional rounding will be implemented to proactively address resident needs such as toileting, repositioning, pain, and assistance with mobility. Staff will also encourage residents to spend time in common areas and participate in group activities when appropriate in order to reduce unsupervised time in resident rooms.	Percentage of rounding observation audits where intentional rounding is observed. Percentage of residents participating in group activities.	Intentional rounding will be observed in 90% of audits completed. 60% of residents will participate in group activities.	Intentional rounding and increased opportunities for resident engagement support proactive identification of resident needs and may reduce situations where residents attempt to mobilize independently.

Measure - Dimension: Safe

Indicator #6	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	3.89	3.30	The target was set to support continued reduction in new or worsening pressure injuries and move the home closer to the provincial average. The home will focus on early identification of skin concerns, regular skin assessments, and timely interventions to prevent worsening pressure injuries.	

Change Ideas

Change Idea #1 The home will strengthen wound assessment, treatment knowledge, and interdisciplinary collaboration to support appropriate treatment and early escalation of care.

Methods	Process measures	Target for process measure	Comments
Basic wound care education will be provided to nursing staff through Surge, including a knowledge quiz to reinforce understanding of appropriate wound treatments and use of wound care referrals. A small group of nurses will also complete additional wound care education through an external course (e.g., Wounds Canada) to strengthen in-house expertise. Unit registered staff will be encouraged to attend wound rounds when residents from their unit are being reviewed to support understanding of treatment plans and ensure continuity of care.	Percentage of nursing staff who complete basic wound care education in-house. Number of nurses who complete external wound care education.	90% of nursing staff will complete basic wound care education in-house. At least 3 nurses will complete advanced wound care training.	Strengthening wound care knowledge and collaboration will support appropriate treatment selection and early identification of wounds that may be worsening.

Change Idea #2 The home will reinforce skin care and hygiene practices during daily care to support skin integrity and prevent worsening of pressure injuries.

Methods	Process measures	Target for process measure	Comments
Education and reminders will be provided to staff on proper skin care practices during daily care, including thorough peri-care, regular skin inspection, and appropriate use of moisturizers and barrier products. Staff will be encouraged to report skin concerns early so that nursing staff can assess and intervene promptly. The home will also review access to skin care and wound care supplies to ensure recommended products are readily available when needed.	Percentage of staff who complete skin care education.	90% of frontline nursing staff will complete skin care education.	Improving daily skin care practices and ensuring access to appropriate products supports early identification of skin concerns and helps prevent deterioration of existing wounds.

Measure - Dimension: Safe

Indicator #7	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	9.73	7.78	The target was set to support a meaningful reduction in the use of physical restraints while maintaining resident safety. The home's current rate is significantly higher than the provincial benchmark, and the team will prioritize the review of restraint use and consider alternative approaches that support person-centred care.	

Change Ideas

Change Idea #1 The home will implement a gradual restraint reduction program to review current restraints and trial reduction or removal where appropriate.

Methods	Process measures	Target for process measure	Comments
The home will identify residents with restraints and complete a review of each restraint. Gradual reduction or removal trials will be conducted where clinically appropriate, with monitoring of resident safety and outcomes. Education will be provided to staff and families regarding the risks and benefits of restraints and the importance of least restraint practices.	Percentage of residents with restraints who have a documented restraint reduction trial or review. Number of restraint reduction trials completed.	100% of residents with restraints will have a documented restraint reduction trial or review. Restraint reduction trials will be completed where clinically appropriate.	The gradual reduction program supports least restraint practices and promotes regular reassessment of restraints.

Change Idea #2 The home will increase the use of restraint alternatives to support resident safety while reducing reliance on restraints.

Methods	Process measures	Target for process measure	Comments
The home will identify and trial alternative strategies to support resident safety, such as environmental modifications, equipment, and individualized care approaches. Education will be provided to staff and families regarding alternatives to restraints and strategies that support safe mobility and comfort.	Percentage of residents with restraints where alternative strategies have been trialed or implemented.	Alternative strategies will be trialed or implemented for residents with restraints where clinically appropriate.	Increasing the use of alternatives supports least restraint practices and may reduce the need for restraints.