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)	21.82	21.00	1)At or below the Provincial Average taking into account the older population and health status of the residents currently residing within the home. 2) Taking into account any unforseen urgent situations requiring ED transfers 3)Increased communication between the families/POA and MD to alternatives that can be provided at the home	Ontario Health at Home, Seniors Mental Health

Change Ideas

Change Idea #1 #1) Continue to implement regular health screening through IPAC assessments and preventive care measures to help identify and prevent complications that may lead to hospitalization.

Methods	Process measures	Target for process measure	Comments
Registered staff to ensure vaccinations are up to date, educate staff on recognizing early warning signs of health issues and provide them with resources in the home to manage both acute and chronic issues.	Number of focused health assessments reviewed per month by the IPAC and Quality lead	100% compliance with health screening through IPAC assessments completed by Registered staff as indicated by June 30, 2026.	

Change Idea #2	Implementation of the Nursing PLEDGE Initiative program to build capacity and improve overall clinical assessment skills of Registered Staff by supporting mentorship of nurses, enhancing quality of care and workforce stability.		
Methods	Process measures	Target for process measure	Comments
Senior Registered Staff will provide mentorship, education to enhance the clinical knowledge of Registered Staff regarding physical assessment skills, documentation (PCC and SBAR), communication with physicians and families and the management of interventions/treatments to minimize avoidable ED visits	Number of Registered staff who initiated an avoidable transfer to ED over the Number of Registered staff who participated in the initiative.	80% of ED visits were assessed appropriately based on resident outcome and transferred to the ED by December 31, 2026	

Change Idea #3	Nursing Leadership to review and analyze the monthly ED trackers for root cause of transfers and determine appropriateness of transfer based on resident outcome		
Methods	Process measures	Target for process measure	Comments
Review data at Monthly Mandatory meetings, monthly Registered Staff meetings and Quarterly PAC/CQI meetings	The number of focus SBAR documented progress notes related to ED transfers over the number of ED transfers monthly	10% reduction in avoidable ED visits by December 31,2026	Nursing PLEDGE initiative and other stakeholders such as Oxygen vendor, ET nurse, Care Rx Pharmacy, MDs to provide support and education to Registered staff

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	Through annual online education, the Home expects to have an increased understanding of this criteria by June 30 2026	

Change Ideas

Change Idea #1 To continue to facilitate ongoing open door policy amongst the management team

Methods	Process measures	Target for process measure	Comments
At Risk Management meetings, reminders of open door policy 2) Direct staff to specific team member to address concerns	Number of reminders documented over the number of Risk Management meetings	100% of reminders to staff re: open door policy	

Change Idea #2 To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace;

Methods	Process measures	Target for process measure	Comments
Cultural events with food, activities in the home, Monthly Universal "YUMS" box to celebrate a specific country, Arm chair travel and coincides with the "YUMS" box	Number of events celebrated over the number of events in a calendar year	100% of cultural events to be celebrated monthly	

Change Idea #3 To increase diversity training through Surge education or live events;

Methods	Process measures	Target for process measure	Comments
1) Training and/or education through Surge education or live events; 2) Introduce diversity and inclusion as part of the new employee onboarding process;	1) Number of active staff educated on Culture and Diversity; 2) Number of new employee trained of Culture and Diversity;	100% of active staff educated on topics of Culture and Diversity	

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	79.41	95.00	Target is based on Corporate percentages. The home aims to meet or exceed corporate goals and benchmarks through continued practices of the Open door policy and Daily management walk abouts	

Change Ideas

Change Idea #1 To exceed our current goal of 79% by engaging residents in meaningful conversations that allow them to express their opinions

Methods	Process measures	Target for process measure	Comments
Add Resident's Bill of Rights #29 to standing agenda during Admission and Care Conferences, maintain practice of the open door policy and daily management walk abouts	Number of care conferences that review resident Bill of Rights #29 over Number of Care Conferences	100% of all Care Conferences will review Resident Bill of Rights #29 by December 31 2026	Total Surveys Initiated: 34

Change Idea #2 Continue reviewing Resident's Bill of Rights # 29 at Monthly Resident council meetings

Methods	Process measures	Target for process measure	Comments
Bill of Rights #29 will be a standing agenda item at monthly meetings	Number of Resident council meetings that have the Bill of Rights #29 reviewed over the number of Resident council meetings	100% of Resident council meetings minutes will have the Bill of Rights #29 reviewed by December 31 2026	

Change Idea #3 Continue to review Resident Bill of Rights #29 at Family council quarterly meetings

Methods	Process measures	Target for process measure	Comments
Continue to review Resident Bill of Rights as a Standing agenda item at quarterly meetings	Number of meetings that have Resident Bill of Rights #29 reviewed over the number of meetings	100% of all Family Council meeting minutes include Resident Bill of Rights #29 by December 31 2026	

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	10.29	9.00	1) Target is based on Corporate Benchmark. Aim to continue to exceed Corporate goal	Pharmacy, MD,, Physio/OT

Change Ideas

Change Idea #1 To establish and facilitate an interdisciplinary approach to Weekly Fall Huddles

Methods	Process measures	Target for process measure	Comments
Weekly interdisciplinary team huddles on resident home areas to review the resident's plan of care, determine potential or actual root cause and mitigate the risk of falls or injury related to falls and completion of environmental audits	The number of interdisciplinary staff members participating in weekly huddles 2) Number of environmental audits completed	100% interdisciplinary participation at Weekly Fall Huddles by June 20 2026	

Change Idea #2 Injury prevention - review of FRS, ensure appropriate medication prescribed for prevention of bone density loss

Methods	Process measures	Target for process measure	Comments
1) Resident list of FRS of 3 or greater, offer fracture prevention medication 2) Monthly collaboration with the Fall committee, (during Quality meeting), to review the resident's plan of care (identification of the triggers, related to the fall) referrals to MD and Pharmacist for medication reviews and PT for physio regiment/programming 3)Use of falls, aides to prevent injury, use of hip protectors, floor mats, bed and chair alarms	1) Number of residents with a FRS of 3 or greater prescribed fracture prevention medications over the Number of residents with a FRS of 3 or greater 2) Number of medication review referrals to MD/Pharmacist over number of residents who experienced a fall in the specific month 3) Number of residents who had functioning falls prevention equipment in place over the number of residents who experienced a fall during the month 4) Number of residents who experienced an injury post fall over the number of falls in the month	100% of residents who experienced a fall in the month will have completed a comprehensive post fall assessment and reviewed at the Falls weekly Huddle by June 30 2026	

Measure - Dimension: Safe

Indicator #5	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	0.00	10.00	To maintain or exceed the Corporate Benchmark	BSO Seniors Mental Health GPA educator, MD, Pharmacist

Change Ideas

Change Idea #1	The Nursing Leadership team will identify newly admitted residents prescribed antipsychotic medications for review if appropriate for diagnosis and indications for use		
Methods	Process measures	Target for process measure	Comments
1) Referral to MD, internal and external BSO, Seniors Mental Health, Pharmacist for comprehensive assessment 2) Review/assess the prn use of antipsychotic medication- indication for use	1) The number of residents with appropriate diagnosis and indication for use (exclusion criteria) of antipsychotics over the number of newly admitted residents with prescribed antipsychotics	100% of newly admitted residents will have been reviewed for the appropriateness of antipsychotics use by April 30 2026	

Change Idea #2	During admission conference, review with families and resident, reason for the prescribing of antipsychotic medication, interventions effective in management of responsive expressions (if admission from another LTC home, inquire if care plan can be sent for review, review of Behavioural assessment provided by Ontario Home at Health)		
Methods	Process measures	Target for process measure	Comments
1) Meeting with family and resident on the use risks related to the use of antipsychotic medication 2) BSO lead and nursing team will ensure that residents who receive antipsychotics for responsive expressions will have their medication, plan of care reviewed at a minimum of post admission, quarterly by the interdisciplinary team (including resident and family) -to develop a person centered approach 3) Implementation of DOS, with change in responsive expressions, analysis of the DOS, with review of plan of care	The number of residents whose plan of care has been reviewed at a minimum of quarterly over the number of residents prescribed antipsychotic medications	100% of discussions will be documented, on admission, with resident/family for the prescribing of antipsychotic medication by April 30 2026	

Change Idea #3	Residents who are prescribed antipsychotics for the purpose of management of Responsive expressions, will have a quarterly review, for the potential of reduction or the discontinuation of medication.		
Methods	Process measures	Target for process measure	Comments
1) BSO lead and nursing team will ensure that residents who receive antipsychotics for responsive expressions will have their medication, plan of care reviewed, quarterly by the interdisciplinary team (including resident and family) -to develop a person centered approach 2) Quarterly medication review with MD and Pharmacist 3) Discussion with families and resident on the use risks related to the use of antipsychotic medication 4) Implementation of DOS, with change in responsive expressions, analysis of the DOS, with review of plan of care 5) Utilization of antipsychotic medication tracker (for de-prescribing) Assess for psychosis, Delirium (screen), BPSD)	1) Number of residents to which the antipsychotic was decreased/de-prescribed/discontinued over Number of residents prescribed antipsychotics whose plan of care had been reviewed	100% of residents who are prescribed antipsychotic medications will receive a 3 month review to determine potential for reduction in dosage or discontinuation of antipsychotics by June 30 2026	