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)	14.38	12.00	Reduce number of potentially avoidable ED transfers	Oak Valley Health, NLOT, STL Diagnostic Imaging, Life Labs, Medisystem Pharmacy

Change Ideas

Change Idea #1 Discuss palliative care and end of life care to residents and families

Methods	Process measures	Target for process measure	Comments
Initiate discussion on palliative care and end of life care to residents and families at 6 weeks post admission care conference.	Percentage of residents with palliative/end-of-life discussion documented at 6-week care conference	100% of newly admitted residents and their families will have a documented discussion regarding palliative and end-of-life care at the time of admission from April-December 2026	

Change Idea #2 Staff Education on Palliative and End of Life Care

Methods	Process measures	Target for process measure	Comments
Palliative Care Clinical Coach to provide education to staff on Palliative and End-of Life Care.	Number of education sessions provided	Monthly education sessions on Palliative and End of Life Care	

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	97.94	100.00	Implement mandatory DEI education to promote a respectful, inclusive, and equitable environment for residents, families, and staff.	Surge Learning

Change Ideas

Change Idea #1 To continue to provide education on Diversity, Equity and Inclusion to all staff.

Methods	Process measures	Target for process measure	Comments
All staff to complete "Diversity, Equity and Inclusion in the Workplace" module in Surge Learning.	Percentage of staff who completed "Diversity, Equity and Inclusion in the Workplace" in Surge Learning	100% of staff to complete "Diversity, Equity and Inclusion in the Workplace" by end of December 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	10.76	9.50	To further reduce the number of falls promoting residents' safety and well being.	

Change Ideas

Change Idea #1 To continue to provide education to all direct care staff on Falls Prevention

Methods	Process measures	Target for process measure	Comments
Falls Prevention Education course to be completed by all direct care staff on Surge Learning	Percentage of direct care staff who completed Falls Prevention Education in Surge Learning	100% of direct care staff to complete "Falls Prevention" education. By December 31 2026	

Change Idea #2 Enhance individualized fall prevention strategies for residents identified as high risk.

Methods	Process measures	Target for process measure	Comments
Conduct monthly reviews of residents who have fallen and update their care plans with individualized interventions.	Percentage of high-risk residents with updated fall prevention plans reviewed monthly.	100% of identified high-risk residents reviewed monthly	

Change Idea #3 All new admitted residents will be screened to identify those at risk for falls and their fall risk factors

Methods	Process measures	Target for process measure	Comments
Complete RNAO Clinical Pathways N Adv Admission Assessments and N Adv Can Falls Risk Screening, Assessment and Management	% of residents who have completed Admission Assessment and Falls Risk Screening Assessment and Management	100% of newly admitted residents must have completed Admission assessment and falls risk screening assessment and management	

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	3.80	3.80	Antipsychotic medications to be administered with related diagnosis	Behavioural Support Ontario, Geriatrician, Psychogeriatric Resource Consultant, Ontario Shores Centre for Mental Health Sciences, Consultant Pharmacist, Physicians

Change Ideas

Change Idea #1 Continue interdisciplinary team collaboration for antipsychotic management			
Methods	Process measures	Target for process measure	Comments
Quarterly medication reviews with physician, BSO lead, pharmacist, and nursing team to assess antipsychotic use, appropriateness, and deprescribing; reduce use in residents without psychosis.	Number of residents on antipsychotics reviewed quarterly.	100% of residents on antipsychotic medications will be reviewed quarterly.	

Change Idea #2 Monthly interdisciplinary reviews for residents with responsive behaviours			
Methods	Process measures	Target for process measure	Comments
Behavioral rounds with PRC, BSO, Ontario Shores, pharmacist, and nursing team to review care plans and implement non-pharmacological alternatives to antipsychotics for managing responsive behaviours.	Monthly Behavioural Rounds conducted.	One Behavioural Round conducted each month	

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	2.53	2.00	To reduce the number of residents with worsened pressure ulcers	

Change Ideas

Change Idea #1 Staff Education

Methods	Process measures	Target for process measure	Comments
Provide education sessions on Pressure ulcer prevention, Proper staging and documentation	Percentage of staff completing pressure ulcer prevention education	80% of Staff completed education by December 31, 2026.	

Change Idea #2 Registered staff to complete weekly wound assessments

Methods	Process measures	Target for process measure	Comments
Conduct a monthly audit to ensure all wounds have a wekly assessment completed with photos of each wound in Point Click Care	Percentage of wounds with weekly skin and wound assessments with pictures	80% of residents will have a weekly assessment completed and photo uploaded	