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)	29.60	23.60	The current performance rate is 29.60%. A 6% decrease to 23.60% has been identified as the target. This reduction is considered achievable within the reporting period based on baseline performance trends, identified improvement opportunities, and planned quality improvement initiatives, including staff education, process standardization, and ongoing performance monitoring. The target reflects a meaningful improvement while remaining realistic given available resources and operational capacity.	

Change Ideas

Change Idea #1 Weekly pre-physician round review

Methods	Process measures	Target for process measure	Comments
-Conduct structured weekly resident review meeting -Identify early changes in condition - Document action plans	-# weekly meetings completed -ED transfers per 1,000 resident days	-Decrease ED Transfers by 6%	

Change Idea #2 Individualized Registered Staff education			
Methods	Process measures	Target for process measure	Comments
-Provide targeted clinical education -Focus on early assessment and intervention	-Attendance records -Reduction in preventable transfers	-Ongoing reduction trend	

Change Idea #3 Align ED reduction with fall prevention			
Methods	Process measures	Target for process measure	Comments
-Monthly review of fall-related transfers -share data transparently with staff	%ED visits related to falls	-Decrease fall-related ED 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	100.00	100.00	Current performance is 100%, meeting the maximum target. No further improvement is needed, and maintaining this level ensures sustained excellence.	

Change Ideas

Change Idea #1 Strengthen EDI Committee

Methods	Process measures	Target for process measure	Comments
-Recruit additional members -Schedule Quarterly meetings -Develop annual Education plan	# of committee meetings held Staff participation rates # of concerns	-Minimum 4 meetings annually	

Change Idea #2 Integrate EDI into education days

Methods	Process measures	Target for process measure	Comments
-Develop EDI modules -Include cultural awareness training	-% of staff attendance -Post season feedback surveys	75% participation	

Change Idea #3 Expand Cultural Programming

Methods	Process measures	Target for process measure	Comments
-Continue Friendship Day -Add cultural celebration calendar	# of cultural activities implemented annually	Increase activities by 10%	

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	19.57	14.57	The target reflects a meaningful and achievable improvement based on the current performance of 19.57%. A 5% reduction to 14.57% represents a realistic and attainable decrease, supported by focused quality improvement initiatives, enhanced staff awareness, and strengthened monitoring processes. This approach aligns with organizational capacity for change while promoting measurable improvement in resident outcomes and sustained performance improvement.	

Change Ideas

Change Idea #1 Implement a structured Mentorship Program for falls prevention

Methods	Process measures	Target for process measure	Comments
-Assign experienced mentors -Conduct targeted education sessions -Weekly high-risk resident review	-% staff participating in mentorship -Fall rate per 1,000 resident days -# of fall-related ED transfers -# of significant injuries	-Decrease falls by 5 %	

Change Idea #2 Evaluate the new fall alarm system			
Methods	Process measures	Target for process measure	Comments
-Research vendors -Pilot system -Evaluate outcomes	-# of falls in pilot unit -Staff satisfaction feedback	-Decision by Q3	

Change Idea #3 Participate in fall prevention research			
Methods	Process measures	Target for process measure	Comments
-Engage with the McMaster University team -Implement evidence-based recommendations	-Compliance with research protocols -Fall rate trend	Ongoing improvement	

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	32.45	27.45	The current performance of 32.45% will be reduced by 5% to 27.45%. This target is realistic and achievable within the reporting period and supports measurable progress through focused quality improvement initiatives and ongoing monitoring.	

Change Ideas

Change Idea #1 Implement ISMP program			
Methods	Process measures	Target for process measure	Comments
- Establish interdisciplinary review team - Monthly medication review meetings - Document clinical indication for each resident	- % residents with documented indication - % residents on antipsychotics without diagnosis	Reduce inappropriate use by 5%	

Change Idea #2 Implement DOS Sheet for new admissions			
Methods	Process measures	Target for process measure	Comments
- Develop standardized DOS template - Train Registered Staff - Audit completion rates	- % new admissions with completed DOS sheet	100% completion	

Change Idea #3 Monitor gradual dose reductions			
Methods	Process measures	Target for process measure	Comments
- Track reduction attempts - Monitor behavioural outcomes	- % reduction attempts successful - Resident quality of life indicators	Maintain stability while reducing where appropriate	

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	5.56	2.26	Current performance of 5.56% for residents whose stage 2–4 pressure ulcers worsened is above the provincial average of 3.3%. A reduction of 2.26% represents a realistic and achievable improvement. This target can be supported through ongoing staff education, mentorship, and strengthened toileting and positioning practices.	

Change Ideas

Change Idea #1 Implementation of the mentor program and enhancement of the toileting and positioning program to reduce worsening of stage 2-4 pressure ulcers

Methods	Process measures	Target for process measure	Comments
All nursing staff will receive ongoing education on pressure ulcer prevention, proper positioning, and timely toileting, reinforced through hands-on mentoring and regular audits.	Track staff training completion, compliance with repositioning schedules, participation in the mentor program, and adherence to the toileting program.	Decrease our performance by 2.26%, which would bring performance in line with the provincial average of 3.3%, monitored through QI audits of training, repositioning, and toileting program adherence.	