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)	26.09	25.56	Through implementation of our change ideas, the home expects an overall improvement over the next year.	NLOT, OHAH, Medigas

Change Ideas

Change Idea #1 To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner.

Methods	Process measures	Target for process measure	Comments
Utilization of NP and NLOT program.	Number of NP hours worked on-site.	Sixteen hours NP recruited and hours worked on-site.	Utilize Nurse Practitioner, other stake holders such as Medigas, CareRx Pharmacy and MDs to provide education to registered staff on topics

Change Idea #2 Use of SBAR, Registered nurse to communicate to physician and NP, a comprehensive resident assessment, to obtain direction prior to initiating an ER transfer.

Methods	Process measures	Target for process measure	Comments
Education/re-education to registered staff on the continued use of SBAR tool a standardize communication between clinicians.	Percentage of communication process used in the SBAR format, between clinicians per month and number of staff educated.	40-50% communication process used in the SBAR format, between clinicians per month; 100% number of staff educated.	

Change Idea #3 Build capacity and improve overall clinical assessment skills of Registered Staff, through education supported by NP.			
Methods	Process measures	Target for process measure	Comments
Conduct needs assessment from Registered Staff to identify clinical skills and assessment that will enhance their daily practice.	Number of current registered staff who complete needs assessments.	100% of current registered staff who complete needs assessments.	

Change Idea #4 DOC to review ED tracker, for the common reasons for transfer to ED - review in Nursing Staff to develop strategies to prevent future ED visits			
Methods	Process measures	Target for process measure	Comments
Utilization of internal hospital tracking tool and analyze each transfer status. ED transfer audit will be completed and reviewed monthly by nursing leadership. Reports will be reviewed at quarterly PAC meetings; and standing agenda in nursing practice meeting	Number of the times trends are reviewed.	100% of the time, reviewed quarterly at Quality meetings and PAC.	

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	The will continue to aim for 100% of diversity, inclusion and anti-racism education.	BSO, Surge Education

Change Ideas

Change Idea #1 To provide diversity training through Surge education or live events.

Methods	Process measures	Target for process measure	Comments
Training and/or education through Surge education or live events.	Number of staff education on culture and diversity.	Percentage of staff who will complete mandatory education related to culture, equality and inclusion.	100% of staff will receive education on culture and diversity.

Change Idea #2 To include Cultural Diversity as part of PAC meetings.

Methods	Process measures	Target for process measure	Comments
Cultural Diversity will be added as a standing agenda item in PAC meetings.	Percentage of PAC meetings that include Cultural Diversity on the standing agenda.	100% of PAC meetings will include Cultural Diversity within the standing agenda.	

Change Idea #3 To include both resident and staff in activities within the home related to culture, diversity and inclusion.

Methods	Process measures	Target for process measure	Comments
Post upcoming schedule of events in newsletters, and within the home on the activity boards, as well as staff communications.	Percentage of events that had resident and staff participation.	100% of events will have staff and resident participation.	

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	90.63	92.00	Through implementation of our change ideas, the home expects an overall improvement over the next year.	Surge Education, Social Worker

Change Ideas

Change Idea #1 Review "Resident's Bill of Rights" more frequently, at residents' Council meetings monthly. With a focus on Resident Rights #29, "Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else".

Methods	Process measures	Target for process measure	Comments
Add resident rights to standing agenda for discussion on monthly basis, starting with #29 followed by other resident rights on a rotational basis program Manager during Resident Council meeting.	Percentage of resident Council meeting will have Residents' Bill of Right #29, added at each monthly review by 100% of Standing Agenda for resident council by March 30, 2026.	100% of resident Council meeting will have Residents' Bill of Right #29, added at each monthly review by 100% of Standing Agenda for resident council by March 30, 2026.	Total Surveys Initiated: 32

Change Idea #2 Review of the Resident Bill of Rights specifically #29 with staff.			
Methods	Process measures	Target for process measure	Comments
Re-education and review to all staff on Resident Bill of Rights specifically #29 at department meetings monthly by department managers.	Percentage of all department standing agendas will have Residents' Bill of Right #29 added, for review by March 30, 2026.	100% of all department standing agendas will have Residents' Bill of Right #29 added, for review by March 30, 2026.	

Change Idea #3 Review the concern process in the home within the admission process and during annual care conferences.			
Methods	Process measures	Target for process measure	Comments
Review and remind families and residents of how the concern process works in the home. This will be done during the admisssion process, through the resident handbook and during care conferences. Education is also posted in the home.	Percentage of concern process reviews within the admission, and at care conference.	100% of admissions and care conferences will review the concern process.	

Safety

Measure - Dimension: Safe

Indicator #4	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	2.33	2.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks	NSWOC, ET Nurse, Medline, PT/OT

Change Ideas

Change Idea #1 Home to collaborate with NSWOC to provide in home and virtual consults.

Methods	Process measures	Target for process measure	Comments
Arrange education for Registered staff with NSWOC, Medline wound consultant. Registered staff to complete wound rounds with the NSWOC to enhance knowledge on wound care management	Percentage of registered staff who have completed education.	100 % of registered staff to be educated for a resident with stage 3 or greater will have routine assessment completed by NSWOC.	

Change Idea #2 RD review of nutritional and hydration status of residents.			
Methods	Process measures	Target for process measure	Comments
Registered staff to create referral for RD review of nutritional and hydration status of residents.	Percentage of referrals imputed by the registered staff to be followed up on by the RD in a timely manner.	100% of referrals imputed by the registered staff to be followed up on by the RD in a timely manner.	

Change Idea #3 During admission process, complete comprehensive review of resident status, and risk level for alteration in skin, and initiate plan of care.			
Methods	Process measures	Target for process measure	Comments
During admission process all residents will have a Skin Assessment and PURS Assessment. Referal to Skin and Wound Lead for all residents identified to be at risk for skin breakdown.	Percentage of assessments completed during the admission process and risk level assessed.	100% of assessments completed during the admission process and risk level assessed.	

Change Idea #4 Prompt identification and documentation of worsening pressure injuries.			
Methods	Process measures	Target for process measure	Comments
Review of resident status, with pressure related injuries during Quality Meetings (case by case review) review of plan of care, progression/stalled/deteriorating pressure injuries.	Percentage of pressure related injuries which have not worsened and/or resolved.	Decrease by 1% until goal is achieved by reviewing all process measures in a quarterly basis.	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents who develop worsening pain.	C	% / LTC home residents	In house data, InterRAI survey, NHCAHPS survey / July 1 to Sep 30, 2025 (Q2), as target quarter of rolling 4-quarter average	6.25	5.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	CareRx, PT/OT

Change Ideas

Change Idea #1 Utilization of pain tracker, to monitor the use of prn analgesic.

Methods	Process measures	Target for process measure	Comments
Utilization of trackers, for prn use, comprehensive pain assessment completed and review of routine analgesic.	Daily Risk Meeting, Quality Improvement Program & Program Evaluation.	100% of residents who trigger worsening pain will be reviewed for routine verses PRN analgesic use.	

Change Idea #2 Admission, comprehensive assessment of pain, and how this has been managed previously, and the goal for pain management.			
Methods	Process measures	Target for process measure	Comments
Resident who trigger for worsening pain will have a comprehensive review completed with MD/NP.	Number of referrals completed Pain assessments (PRN Tracker)	100% of resident who trigger based on Southbridge policy PRN use will have comprehensive pain assessment completed.	

Change Idea #3 Consultation with the NP/Pharmacist consultant/BSO/PSW/PT.			
Methods	Process measures	Target for process measure	Comments
Conduct thorough assessment of the resident. Current medication regiment, involve the interdisciplinary team, family and residents.	Number of referrals completed Pain assessments (PRN Tracker)	100% of resident who trigger based on Southbridge policy PRN use, will have comprehensive pain assessment completed.	