

## 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)	28.40	24.60	The provincial average is 24.60, so we are targeting to meet the provincial average.	NLOT

## Change Ideas

**Change Idea #1** Work collaboratively with clinical supports, such as nurse-led outreach teams at our local hospital to avert transfers, to deliver education, training, and clinical guidance to home staff and participate in decisions to transfer a resident to a hospital

Methods	Process measures	Target for process measure	Comments
The home will meet with our NLOT nurse to create an education and training schedule by the end of March 2026.	Educational opportunities will be available for team members to attend.	Schedule will be created and shared. 100% of our nurses will either attend the education sessions or will review the information covered during the education.	

**Change Idea #2** Educate staff on effective communication techniques between members of the health care team and external clinical supports about a resident's condition

Methods	Process measures	Target for process measure	Comments
Provided education to registered staff on SBAR technique.	Schedule education sessions with registered staff to review SBAR technique.	100% of RNs and RPNs will complete the education by July 31, 2026	

## Experience

### Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to "The residence appears to run smoothly."	C	% / LTC home residents	In-house survey / 2026 Annual Resident Survey	74.00	80.00	Aim to increase to 80%.	

## Change Ideas

Change Idea #1 Review of job routines and responsibilities for all team members.

Methods	Process measures	Target for process measure	Comments
Review current job routines to ensure they are current and reflect the needs of the home. Once routines have been reviewed, the leadership team will share routines and responsibilities with the front line team members.	Review of routines and responsibilities to be shared with team members at team meetings or huddles by June 30, 2026.	All staff will be aware of their job routines and responsibilities.	

Change Idea #2 Facilitate Family Orientation Sessions.

Methods	Process measures	Target for process measure	Comments
Invite family members of residents that have recently moved into our home to attend information sessions.	Sessions will provide information about long-term care in general, department and program specific information and tours of our home.	Host 1 session quarterly or based on admissions. Families will gain a more in depth understanding of the long-term care environment.	

## 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	17.57	16.60	The provincial average is 16.60, so we are targeting to meet the provincial average.	

### Change Ideas

#### Change Idea #1 Quality RN to head the Falls Committee

Methods	Process measures	Target for process measure	Comments
Quality RN will focus on falls and other indicators. Review falls weekly, engage with staff in huddles to review resident needs; ensure falling star logos are up to date; provide education to staff as needed.	Weekly reviews by Quality RN, monthly falls team meetings; fall risk assessments reviewed by falls team; 100% of staff huddles to review falls are documented.	Reduce percentage of residents who fell in the 30 days leading up to their assessment to 16.6% or better.	

## Change Idea #2 Implement high risk rounds monthly.

Methods	Process measures	Target for process measure	Comments
Monthly rounds involving DOC, Quality RN, other registered staff to review data for high risk residents and implement changes as identified. Document review of high risk residents monthly, identify and implement changes as needed. Follow up to determine effectiveness.	Document review of high risk residents monthly. Improved QI for falls. Improved QI indicators in other areas as a result of fall reduction: Skin and Wound, Palliative Care and ED Visits.	Rounds will occur monthly and will be evidenced through documentation. Overall improvement in quality indicators, specifically in falls, skin and wound, palliative care and reduced ED visits.	