

Access and Flow | Efficient | Optional Indicator

Indicator #2	Last Year		This Year		
	Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Gibson LTC)	25.65 Performance (2025/26)	23 Target (2025/26)	15.71 Performance (2026/27)	38.75% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Enhance clinical skills to support complex care needs of the residents.

Process measure

- # of educational opportunities offered to registered staff to enhance skills.

Target for process measure

- Aim to offer at least 1 session every quarter.

Lessons Learned

This initiative enhanced the home’s capacity to manage residents with complex care needs, reduce unnecessary ED visits, and prevent hospital transfers. Key strategies included expanded Nurse Practitioner support, collaboration with partnered hospital resources, in-home IV therapy and catheterization, targeted clinical skills training with hands-on demonstrations, and specialized NLOT wound care frequently visiting home on a weekly and as needed basis. These efforts strengthened staff confidence and competence, improved continuity of care, and supported better resident outcomes.

Change Idea #2 Implemented Not Implemented In Progress

Plan of care for each resident to reflect their Goals of Care.

Process measure

- % of residents with Goals of Care identified.

Target for process measure

- 100% residents will have Goals of Care identified and incorporated into their plan of care.

Lessons Learned

Resident’s plan of care is developed to reflect their individualized Goals of Care. Our RAI coordinator audits care plans regularly and follows up as needed to ensure that the plan remains current, relevant, and aligned with the resident’s medical condition and care preferences. As conditions change for better or worse, the plan of care is revised on a timely manner.

Change Idea #3 Implemented Not Implemented In Progress

Work collaborative with North York General Hospital Palliative Care Team to meet the pain and palliative care needs of our residents within the home.

Process measure

- # of residents who are assessed.

Target for process measure

- All residents with pain and palliative care needs will be assessed by the home team working in collaboration with the NYGH Palliative Care Team.

Lessons Learned

Referral to the palliative care team to establish goals of care aligned with the resident’s medical condition and clinical trajectory. Partnership has allowed the home to take action initiative interventions and comfort care measures in a timely manner.

Comment

Home has exceeded targets and will continue to utilize and enhance strategies and collaboration to further reduce ED visits.

Experience | Patient-centred | **Custom Indicator**

Indicator #3	Last Year		This Year		
Resident satisfaction in Dining Services (Gibson LTC)	64.00	69	51.00	--	NA
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Special Meal Expansion

Process measure

- # of special meals

Target for process measure

- At least 1 special meal each month.

Lessons Learned

The home implements cultural and holiday themed meals. Resident food committee is in place to obtain feedback on preferences for what they would like to experience and see on the menu.

Change Idea #2 Implemented Not Implemented In Progress

Gain resident feedback through consistent Resident Food Committee meetings and dining room audits.

Process measure

- Resident Food Committee meeting minutes will demonstrate frequency of meetings and suggestions/feedback made by residents. Audits in Health Connex completed per schedule.

Target for process measure

- Meetings will be held monthly. Monthly audits completed as per schedule.

Lessons Learned

Resident food committee is being held on monthly basis. Also, feedback is obtained through other platforms such as the resident council meetings and appropriate department leads would be present at the meeting to address any feedback or concerns related to pleasurable dining. Dining room audits are being completed by the Food & Nutrition Manager along with other leadership team members through the week; On-call weekend manager scheduled is responsible for completing dining room observations and audits.

Comment

The home was unable to meet the target and will continue to work on this in 2026 using strategies and lessons learned in 2025.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1	17.44	15.50	11.74	32.68%	NA
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Gibson LTC)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

All newly admitted residents who are receiving antipsychotics will be assessed for possible titration and discontinuation.

Process measure

- % of residents that will have a full review by the team.

Target for process measure

- 100% of all residents admitted with antipsychotics will be assessed by the team.

Lessons Learned

Many residents entering long-term care present with complex medical histories and extensive polypharmacy, including the use of multiple psychotropic medications. This created challenges related to determining therapeutic benefit versus medication-related behaviours. As part of the admission process, particular attention is given to residents receiving antipsychotic medications.

All residents who are receiving antipsychotic medications at the time of move-in undergo a clinical review to confirm the appropriateness of the current diagnosis and indication for use. The home reviews all relevant clinical documentation, including hospital discharge summaries, prior psychiatric assessments, medication history, progress notes, and Behavioural Support Ontario (BSO) assessment tools, to determine appropriate next steps.

A care plan is developed in collaboration with the interdisciplinary team to support the resident's needs and to assess opportunities for titration or discontinuation where appropriate. Non-pharmacological interventions prioritized where possible.

Ongoing monitoring of DOS is conducted with involvement of the BSO team to collect and analyze data regarding behavioural expressions, frequency, severity, triggers, and patterns. This information, along with regular physician review, is used to evaluate the continued need for antipsychotic therapy, determine whether the medication is achieving intended therapeutic outcomes, and guide decisions for medication adjustment, continuation, or discontinuation.

Change Idea #2 Implemented Not Implemented In Progress

All residents with a prescription for antipsychotics will have a diagnosis to support the usage.

Process measure

- % of residents with a diagnosis to support antipsychotic usage.

Target for process measure

- Aim to reduce the % of residents without psychosis who were given antipsychotropic medication to 15.5%

Lessons Learned

While all residents prescribed antipsychotics are expected to have a documented diagnosis or clinical indication supporting use, challenges occurred at admission. Residents often enter the home on long-standing antipsychotic therapy initiated in hospital or community settings, and complete historical documentation or the original prescribing rationale may not be readily available. Medications may have been started during an acute episode and continued without reassessment.

In these cases, the interdisciplinary team, including our physicians, review available records, current clinical status, and risk-benefit considerations to validate appropriateness. Where a clear indication is not evident, a documented plan will be developed to clarify diagnosis, reassess need, and consider dose reduction or discontinuation as clinically appropriate.

Comment

Home exceeded set targets. Ongoing challenge as many residents are admitted with antipsychotic medications which will require ongoing review for reduction opportunities.