

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)	15.71	14.00	To reduce ED visits by 10%	

Change Ideas

Change Idea #1 Early recognition of changes in a resident's condition. Thorough assessments and sound clinical judgment by Registered Staff in evaluating a resident's health status before any transfer occurs.

Methods	Process measures	Target for process measure	Comments
a) Provide Registered Staff with education on recognizing early signs of a resident's clinical deterioration. For example, identifying early symptoms of a urinary tract infection (UTI) that can be managed in-house before progression to urosepsis requiring hospital transfer; b) Each resident's InterRAI outcome scores will be reviewed at least quarterly to identify individuals at high risk; c) Offer educational opportunities for Registered Staff to strengthen and expand their nursing competencies, including IV therapy, skin and wound care, leadership development, and advanced clinical skills training.	Number of educational opportunities offered to Registered Staff to enhance their skills.	There will be at least one education session offered each quarter.	

Change Idea #2 Work collaboratively with the North York General Hospital Palliative Care Team to support and address the pain and palliative care needs of residents within the home.

Methods	Process measures	Target for process measure	Comments
Home will continue to meet monthly with the North York General Hospital (NYGH) Palliative Care Team to review and assess the needs of residents identified as having pain or at end-of-life.	Number of residents who are assessed.	The Home will hold monthly meetings with the North York General Hospital Palliative Care Team to review and assess residents identified as experiencing pain or requiring end-of-life care, with documented attendance and case review completed each month.	

Change Idea #3 Utilization and strengthening approaches to reduce avoidable ER visits such as (a) Expanding the use of NLOT to support timely in-home interventions, and (b) Engaging the Medical Director to support a reduction in avoidable ED transfers by promoting education, and best practices among physicians within their network.

Methods	Process measures	Target for process measure	Comments
Utilize data tools tracking ER transfers such as PCC to identify ER Transfers vs Hospital Admissions, NLOT utilization and resident diagnoses and analyze to identify trends. Reviewing assessments and documentation to discuss at interdisciplinary team meetings to identify avoidable visits. Discuss ED transfer trends at monthly resident care services committee meetings, and quarterly PAC and Quality meetings.	Achieve a reduction in the number of avoidable ER visits within the quarter, as measured by the LTCH Avoidable ER Transfer Quarterly Report. Increased awareness and targeted interventions will be demonstrated by a measurable decline in avoidable ER transfers.	Decrease in avoidable ER transfers by 10% in 2026 compared to previous year of 2025.	

Change Idea #4 Each resident's plan of care will clearly align with and reflect their identified Goals of Care.

Methods	Process measures	Target for process measure	Comments
The interdisciplinary team will review each resident's Goals of Care upon admission and annually during care conferences, or more frequently as needed. These Goals of Care will be fully integrated into the resident's individualized plan of care, guiding clinical decisions and ensuring care aligns with the resident's preferences and values.	Percentage of residents Goals of Care are identified.	All residents will have their Goals of Care clearly identified and seamlessly integrated into their individualized plan of care.	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident satisfaction in Dining Services	C	% / All patients	In house data collection / 2026	51.00	48.00	5% improvement of Dining Service satisfaction	

Change Ideas

Change Idea #1 Gather timely feedback from residents regarding meal service through resident interviews, as well as input obtained during Resident & Family Council, and Food Committee meetings. Ensure meal service audits completed and address at timely manner.

Methods	Process measures	Target for process measure	Comments
a) Increase Frequency of meal service and food quality audits to capture gaps and issues b) Analyzes and action plans of meal audits to address gaps and issues	Number of completed dining service audits and number of complaints logged related to dining experience.	100% of scheduled audits will be completed monthly. Evidence of increased satisfaction and attendance in the dining room	

Change Idea #2 Increased special themed meal services

Methods	Process measures	Target for process measure	Comments
Programs & Social Services Manager and Food & Nutrition Manager will collaborate to plan special meal themes throughout the year.	Number of special themed meals	To incorporate at least one theme meal each month into the menu. Increase in resident satisfaction with pleasurable dining and attendance at meal service.	

Safety

Measure - Dimension: Safe

Indicator #3	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	5.80	3.00	Would like to reduce by 50% to align more with Provincial average.	

Change Ideas

Change Idea #1 Enhance clinical capacity through structured education, skills validation, and ongoing mentorship to improve the assessment, documentation, and management of skin alterations and wounds reducing risk of developing worsened stages.

Methods	Process measures	Target for process measure	Comments
Providing comprehensive skin & wound education focused on understanding wound types, early recognition of deterioration, appropriate treatment selection, and correct product utilization. Education will be supported through collaboration with external wound care specialists and the NLOT team to provide expert-led training and case-based learning. In addition, staff will complete Surge Learning modules on skin & wound care to reinforce foundational knowledge and promote consistent, evidence-informed practice.	a) % of staff who complete skin & wound education training b) % of staff who complete Surge learning skin & wound modules c) % of worsening wounds reassessed	All front line staff will receive education on skin & wound assessments and protocols based on the homes policy and procedures by year end of 2026.	

Change Idea #2 Plan of care for each resident to reflect their Goals of Care.

Methods	Process measures	Target for process measure	Comments
Interdisciplinary team will review the resident's goals of care upon move-in, initial assessment and for the duration needed for treatment of skin & wound injury. The Goals of Care for skin & wound treatment will be incorporated into the plan of care for each resident.	% of residents with Goals of Care identified.	Reduced worsening of skin & wound pressure injuries.	

Change Idea #3 Work collaborative with North York General Hospital NLOT Team to meet the skin & wound care needs of our residents within the home.

Methods	Process measures	Target for process measure	Comments
Home will continue to resource the NYGH NLOT Team to review and assess in a timely manner the needs of residents identified as having developing or worsening skin & wound pressure injuries.	Number of residents who are assessed and treated.	Reduced % of the home's worsening stage 2 to 4 pressure injuries by end of year in 2026.	