

## 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)	26.11	21.00	Aim to reduce by 20% to move towards provincial average.	

**Change Ideas**

Change Idea #1 Enhance clinical skills of registered staff.

Methods	Process measures	Target for process measure	Comments
Provide educational opportunities on a monthly basis for registered staff related to clinical skills, programs and leadership.	# of educational opportunities available to registered staff each week.	Offer at least 1 education per month for registered staff.	

Change Idea #2 Early identification and intervention in collaboration with our Nurse Practitioner.

Methods	Process measures	Target for process measure	Comments
Utilize the Nurse Practitioner in assessing residents when change of status identified by our registered team. Communication through daily reports, rounds on the neighbourhoods, and collaboration with the care team.	# of ED transfers that are avoided through early identification and interventions in the home.	Reduced ED visits by 20%.	

## Experience

## Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Residents Experience indicating satisfaction with the Dining Experience.	C	% / LTC home residents	In-house survey / 2026 Annual Survey	65.00	70.00	Aiming for an increase in 5% in the Resident satisfaction score for Dining.	

## Change Ideas

Change Idea #1 Resident Council and Food Council feedback to drive menu changes, snacks and diners club options.

Methods	Process measures	Target for process measure	Comments
Feedback from resident/food council meetings will both drive change and help measure satisfaction with those changes. Meal audits and resident feedback will also help us to know we are moving in the right direction.	Meal audits and resident feedback through those audits as well as resident and food council meetings.	Positive feedback on over 80% of meal audits.	

Change Idea #2 Offering more cultural food options and special menu days

Methods	Process measures	Target for process measure	Comments
In collaboration with our programs team, we will align culturally diverse food options with the celebration of cultural recognition days throughout the year to foster greater inclusivity and better reflect the diversity of our residents.	Increase in food satisfaction at mealtime from residents of all cultures.	Increases in food satisfaction scores as they relate to having variety in menu and cultural options by 5%.	Our resident population is very diverse and our regular menu rotation does not appeal to everyone. By offering additional cultural items, whether it be through our meal menu's or our snack menus, we aim to better support our residents nutritional intake by offering foods residents know and enjoy.

## Safety

### Measure - Dimension: Safe

Indicator #3	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	22.90	20.50	To reduce by 10% as reduction as tapering and elimination strategies require several months.	

### Change Ideas

Change Idea #1 The home has hired a second Full Time RAI Coordinator to allow for more consistent auditing and follow up education of proper coding practices.

Methods	Process measures	Target for process measure	Comments
The Interdisciplinary Team will assess and review newly admitted residents who are on Antipsychotic medications. BSO team will observe and document residents for delusions and hallucinations.	% of newly admitted residents that are reviewed and coding accuracy by PSW's	100% of newly admitted residents will be reviewed for appropriate antipsychotic use and the indicator trending down.	Ongoing education and collaborative BSO huddles with our PSW's to ensure Delusions and Hallucinations are captured through coding and not normalized.

Change Idea #2 Partner with pharmacy consultant and physician to review antipsychotic usage for all residents to identify opportunities to taper and eliminate where clinically appropriate.

Methods	Process measures	Target for process measure	Comments
LTCF coding will be continuously reviewed for residents triggering this QI and ensuring that appropriate diagnosis to support usage has been identified. Pharmacy drug utilization reports will be reviewed to determine residents who are receiving antipsychotics. Review possibility of tapering medications with physicians and involving the pharmacy for further medication reviews.	# of residents reviewed and identified as having the potential to taper medications.	# of residents who have medications tapered or discontinued.	