

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)	27.38	18.00	Our current ED transfer rate is 27%, with a target of 18%. This goal is achievable as we have already demonstrated a downward trend in transfers, indicating that our current strategies are having a positive impact. We anticipate continued improvement through strengthened assessment skills among registered staff, enhanced communication and collaboration between staff and physicians, and proactive review of Goals of Care. In addition, our established partnership with NLOT and the development of a relationship with Community Paramedicine will provide added clinical support and alternative care options, further reducing avoidable ED visits.	

Change Ideas

Change Idea #1 Educate staff, residents, and families about the benefits of preventing ED visits and the services the home has to manage care within the home

Methods	Process measures	Target for process measure	Comments
Build Family & Resident Confidence in In-Home Care Provide education on what can safely be managed in LTC. Offer clear communication during acute changes. Develop informational materials explaining alternatives to ED.	Number of ED visits will decrease	ED visits will reduce from 27.38% to 18%	

Change Idea #2 Implement a Structured ED Transfer Monitoring and Review Process

Methods	Process measures	Target for process measure	Comments
Track ED transfers monthly and categorize by reason. Identify top 3 transfer diagnoses and develop targeted pathways. Audit potentially avoidable transfers. Share data transparently with the team.	Number of ED visits will decrease	ED Visits will reduce from 27.38 to 18%	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Overall Satisfaction - Care Team	C	% / LTC home residents	In-house survey / 2025 Resident Engagement Survey	87.00	92.00	We have focus in 2026 to increase overall resident satisfaction of the care team.	

Change Ideas

Change Idea #1 Ongoing Education and Skill Development

Methods	Process measures	Target for process measure	Comments
Monthly sessions on customer service and person centered care. Dementia training with Gentle Persuasive Approach. Reinforce expectations with staff	The # of educational sessions offered to care staff each month which builds capacity and leadership.	There will be minimally 1 educational session provided each month for care staff.	

Change Idea #2 Increase Leadership Visibility and Accessibility

Methods	Process measures	Target for process measure	Comments
Leadership schedule accommodations to ensure accessibility, including after hours and weekends. Leadership presence on the floor to observe staff performance.	Number of weekends and after hours that Leadership is in the home.	There will be a leader in the home at least one day of each weekend and at least one leader who attends the home on night shift monthly.	

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	17.02	12.00	Home is aiming to reduce antipsychotic medications to align with provincial initiatives.	

Change Ideas

Change Idea #1 Collect and monitor current resident medication use data

Methods	Process measures	Target for process measure	Comments
Audits will be conducted related to antipsychotic medication use during LTCF assessment completion, including review of routine and PRN administration, as well as corresponding behavioural documentation. Analyze the data, share findings with the team, and make recommendations based on patterns of use.	The number of residents receiving antipsychotic medications will decrease as evidenced in Drug Utilization Reports from pharmacy.	5% decrease in antipsychotics prescriptions.	

Change Idea #2 Ensure data documentation quality on the LTCF Assessments as they relate to residents receiving Antipsychotics without a diagnosis of Psychosis.

Methods	Process measures	Target for process measure	Comments
Audit to ensure that appropriate diagnoses are accurately coded to support clinical decision-making and reporting accuracy.	% of LTCF assessments audited by our RAI-C and Behavioural Support Lead to ensure accurate documentation of Diagnosis, Antipsychotic Usage and Hallucinations/Delusions.	100% of LTCF assessments will be audited prior to submission to ensure accuracy.	