

## 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)	18.11	16.11	The home is aiming for 11% improvement	

### Change Ideas

Change Idea #1 Enhance clinical knowledge of registered staff related to POET and clinical care.

Methods	Process measures	Target for process measure	Comments
Registered staff will participate in educational programs, such as POET, that enhance their knowledge and support the delivery of care within the home	# of Educational programs offered which strengthen knowledge and skills.	At least 2 learning sessions per quarter to enhance knowledge.	

Change Idea #2 Reduce hospital transfers resulting from falls with injury.

Methods	Process measures	Target for process measure	Comments
Focused initiatives related to fall and injury prevention outlined further down in QIP.	# of falls resulting in transfer to hospital due to injury.	5% reduction in falls resulting in transfer to hospital due to injury.	

## Experience

### Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Improve the satisfaction domain in the area of Dining Experience.	C	% / Residents	In-house survey / December 2025 - December 2026	68.00	75.00	The home is aiming for a 10 % improvement in pleasurable dining.	

### Change Ideas

Change Idea #1 Reduce noise by minimizing staff traffic and loud equipment during meals, while adding soft, familiar background music to create a calming, more enjoyable dining atmosphere for residents.

Methods	Process measures	Target for process measure	Comments
Scheduling meal prep and cleaning outside of dining times and playing gentle, familiar music throughout mealtimes to create a quieter, soothing environment. Leadership members will conduct audits in the dining room to ensure implementation.	Dining experience percent will increase for the next resident satisfaction survey.	70% is the targeted goal	

Change Idea #2 Increase variety of foods from different cultures through menu and in collaboration with Recreation.

Methods	Process measures	Target for process measure	Comments
Gain feedback from residents on food preferences through dining room audits and feedback from residents council. Add foods from different cultures have cultural themed activities involving food in collaboration with the Recreation Team.	# of cultural themed meals or events involving food each month.	Have at least 1 culturally themed meals or events involving food each month.	

## 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	15.20	14.50	To improve our falls stat by approximately 5%.	

### Change Ideas

Change Idea #1 Utilize data to trend, analyze and identify areas of opportunity as it relates to fall prevention.

Methods	Process measures	Target for process measure	Comments
Home will complete audits on the falls prevention program at required intervals to identify areas of opportunity as it relates to fall risk identification, fall prevention strategies, and documentation. Home will utilize workbooks to track and trend falls throughout the home and the multidisciplinary team, including Nursing, PT, Restorative Care, Physician, Programs and others will analyze the data to determine areas of focus.	% of scheduled audits completed. Evidence of trend analysis with action items identified in workbooks.	100% of scheduled audits related to the Falls Prevention program will be completed and analyzed for opportunities of improvement. Monthly and quarterly analysis of trends with action items identified.	

Change Idea #2 Ensure consistent access to fall prevention and injury reduction equipment.

Methods	Process measures	Target for process measure	Comments
Monitor fall prevention equipment by completing routine inventory checks and timely reordering of needed equipment to ensure availability.	Frequency of inventory checks and availability of equipment.	Monthly inventory checks will be completed to ensure availability of fall and injury prevention equipment available to staff at all times.	

Change Idea #3 Consistent interdisciplinary fall huddles will be used to review trends, reinforce accountability, and evaluate the effectiveness of interventions to support a sustained decrease in overall fall rates.

Methods	Process measures	Target for process measure	Comments
Ongoing education for registered staff on how to complete a Post Fall Huddle, including evaluating fall prevention interventions and identifying new strategies. Clinical Leaders will review post fall huddles and provide ongoing feedback and training based on review.	Consistency of post fall huddles.	All post fall huddles will held after each fall with the team to determine cause of fall, effectiveness of interventions and new strategies. Consistent documentation of this process will be evident in PCC.	