

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)	12.32	11.00	Aiming for a 10% relative improvement to align with the provincial objectives.	

Change Ideas

Change Idea #1 Identify trends and opportunities associated with transfer to ED using a tracking tool which can be analyzed monthly.

Methods	Process measures	Target for process measure	Comments
All residents' transfers to the ED will be tracked and analyzed to identify trends and opportunities for improvement, education and awareness.	% of transfers that will be tracked, trended and analyzed for opportunities for improvement.	100% of residents' transfers to the ED will be tracked and analyzed.	The need for more frequent review and analysis of trends will foster earlier identification.

Change Idea #2 Increase knowledge of staff, residents and families on how the home can support residents clinical needs to avert ED transfers.

Methods	Process measures	Target for process measure	Comments
Once the reasons for residents' transfers to the ED are identified, education sessions will be held monthly to increase registered staff assessment and clinical skills (i.e., IV therapy, Wound Care, Palliation, etc.). To review with residents and families on how the home can support residents clinical needs to avert ED transfers.	% of registered staff that receive additional training that supports their clinical knowledge and skills.	100% of registered staff have the opportunity to participate in the education offered.	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience survey satisfaction as it relates to the Dining Experience.	C	% / LTC home residents	In-house survey / 2026 Annual Survey	67.00	72.00	Aim to have an additional 5% of residents who are satisfied with the Dining Experience.	

Change Ideas

Change Idea #1 Obtain feedback from residents, family and staff on how to enhance the overall dining experience and implement strategies based on feedback.

Methods	Process measures	Target for process measure	Comments
Monthly review of feedback/input from the Resident Food Committee, Residents Council and Family Council meetings. Leadership Team audits.	The Annual Resident Satisfaction Survey identifies need for improvement in "choice of food and general dining atmosphere". Number of concerns received from residents and families. The number of staff members trained in "Pleasurable Dining" The Percent of Residents in the "Strongly Agree" category from the 2026 Residents' satisfaction survey.	100% of Dining Audits will be completed as per schedule. # of concerns related to the Dining Experience will be less than 10%. Overall Dining Satisfaction score will increase by 5%.	Based on our residents' satisfaction score of 67% in the strongly agree category. We have shown improvement of 8% in this indicator from the prior year and we continue to work on this indicator as we are aiming to have an additional 5% of residents who are very satisfied with the Dining Experience.

Change Idea #2 Increase the number of themed meals through increased participation and feedback through Resident Food Committee meetings.

Methods	Process measures	Target for process measure	Comments
Encourage more residents' participation in attending the monthly Food Committee. Continue to engage with the Residents Food Committee to review menus and to get feedback into menu choices and themed meals. Incorporate choices in the menu at least twice in a 6 week period. To advertise and announce the the Residents Food Committee meetings so more residents will have the opportunity to review the seasonal menus and to garner feedback into menu choices and themed meals.	# of menu changes/themed meals.	Minimal of 2 menu change/themed meal per 6 weeks.	

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	3.43	3.00	The assigned RN (Skin Care Coordinator) will continue to build knowledge capacity. The Registered Staff will become more proficient in early identification, assessment, treatment aided by the Wound care Application.	

Change Ideas

Change Idea #1 To continue to build staff knowledge capacity in prevention, early identification, assessment and treatment skills.

Methods	Process measures	Target for process measure	Comments
The Skin Care Coordinator (SCC) will attend the SWAN program (Skin Wellness Associator Nurse) for further education. The Home's Attending Nurse Practitioner along with the SCC will collaborates with the Registered Staff and provide leadership and mentorship that enhances their knowledge and assessment skills. Medline Clinical Specialist will be providing education on Prevention & Treatment of Pressure Injury.	% of Registered staff who receive mentorship, education and training in the area of assessment and treatment skills related to Kin and Wound Care.	To have 100% of Registered Staff receive mentorship, education and training in the area of assessment and treatment skills related to skin and wound care.	

Change Idea #2 Early identification and interventions to minimize the risk of alteration to skin integrity.

Methods	Process measures	Target for process measure	Comments
Continue with the ET - visits Q monthly - for new and worsening wounds including PI. Referral to interdisciplinary team Dietitian, MD, OT, for residents who meets the criteria for nutritional I supplement, pressure relief, Medications to support wound healing and turning and repositioning program.	The percentage of residents whose stage 2 to 4 pressure ulcers improved. Residents with a PURS of 3 or greater has a focus for skin and wound prevention.	The percentage of residents whose stage 2 to 4 pressure ulcer worsened by the end of the QIP year will be our target of 3.00%	