

## 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)	24.35	19.48	Establish a 20% reduction target to address the increase in ED visits observed in 2025/26 and to strengthen proactive clinical management within the home.	

### Change Ideas

Change Idea #1 Enhance proactive clinical intervention and goals of care processes.

Methods	Process measures	Target for process measure	Comments
1) Educate staff on early identification and in-home management of clinical changes; 2) strengthen goals of care discussions and family communication	1) % of registered and front-line staff who complete education on early recognition and in-home management of clinical deterioration; 2) % of residents with documented goals of care reviewed annually or following significant deterioration in condition.	1) >80% completion; 2) >95% compliance	

## Change Idea #2 Enhance Tracking and Analysis of ED Transfers

Methods	Process measures	Target for process measure	Comments
1) Maintain a structured tracking tool to monitor and analyze ED transfers, identify trends, and inform proactive interventions and targeted education; 2) Share and discuss findings in Registered Staff meetings and CQI	1) % of ED transfers reviewed monthly with documented trend analysis and follow-up actions identified; 2) % of monthly Registered Staff and CQI meetings where ED transfer analysis is reviewed and documented in meeting minutes.	1) 100% of ED transfers reviewed monthly; 2) 100% of meetings include documented ED review.	

## Equity

### Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	100.00	100.00	Establish a validated baseline and achieve 100% completion to strengthen organizational commitment to equity, diversity, inclusion, and anti-racism education.	

### Change Ideas

Change Idea #1 Implement a comprehensive equity, diversity, inclusion, and anti-racism education.

Methods	Process measures	Target for process measure	Comments
Assign educational modules via Surge Learning to all staff.	% of staff completing educational and training sessions.	100% of staff participation in education and/or training sessions.	

Change Idea #2 Implement structured cultural awareness initiatives to promote diversity, inclusion, and a culture of belonging among residents and staff.

Methods	Process measures	Target for process measure	Comments
1) Plan and host EDI-focused cultural awareness events; 2) Plan and host cultural awareness initiatives and promote participation through newsletters, posters, etc.	1) Number of EDI-related awareness events hosted annually; 2) Number of cultural awareness initiatives implemented and communicated annually.	1) Minimum 2 EDI-focused events per year; 2) Minimum 2 initiatives per year with documented communication.	

## Experience

### Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents satisfied with Dining Services	C	% / LTC home residents	In-house survey / 2025-2026	56.00	65.00	A 9% improvement represents a meaningful and achievable increase in resident dining satisfaction, driving focused enhancements in food quality, pleasurable dining experience, cultural responsiveness, and communication.	

### Change Ideas

**Change Idea #1** Strengthen dining quality, cultural responsiveness, and communication to enhance overall resident satisfaction by educating staff on pleasurable dining..

Methods	Process measures	Target for process measure	Comments
Provide ongoing staff education on pleasurable dining practices, food temperature monitoring, and resident-centered mealtime support	% of front-line staff who complete annual education on pleasurable dining;	> 90% annual staff education completion	

**Change Idea #2** Increase food quality and consistency monitoring through regular temperature audits, meal satisfaction audits, and dining experience audits.

Methods	Process measures	Target for process measure	Comments
Conduct monthly meal service, temperature, meal satisfaction audits, and dining experience audits and analyze trending and compliance.	Percentage of scheduled meal service audit conducted monthly	100% of scheduled audits completed monthly.	

Change Idea #3 Introduce cultural meals to incorporate resident preferences and expand menu variety;

Methods	Process measures	Target for process measure	Comments
Introduce cultural meals into the menu.	Number of cultural meal implemented annually;	Minimally 12 cultural themed meals implemented annually.	

Change Idea #4 Strengthen communication of menu changes and dining initiatives through advance postings and Food Committee updates.

Methods	Process measures	Target for process measure	Comments
Review and communicate all menu changes at Food Committee meetings.	% of menu changes and special dining initiatives communicated in advance and reviewed at Food Committee meetings.	100% of menu changes and dining initiatives communicated and documented monthly.	

## Safety

### Measure - Dimension: Safe

Indicator #4	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	2.96	2.50	A 15% reduction represents a meaningful and achievable improvement that supports strengthened prevention strategies while acknowledging the clinical complexity and resident acuity factors influencing advanced pressure injuries in long-term care.	

### Change Ideas

Change Idea #1 Utilize a standardized monitoring tool to track skin alteration and progression

Methods	Process measures	Target for process measure	Comments
Implement tracking of altered skin integrity issues on a standardized tool	% of residents with identified skin alterations documented and tracked using the standardized monitoring tool	100% of residents with identified skin alterations documented and tracked using the standardized monitoring tool	

### Change Idea #2 Implement individualized, person-centered skin prevention interventions based on risk assessments and clinical status

Methods	Process measures	Target for process measure	Comments
Complete risk assessments on all residents and develop preventative strategies based on risk. Review resident with altered skin integrity and personalize interventions to improve or prevent from worsening.	% of high-risk residents with individualized, person-centered skin prevention interventions documented and implemented	> 95% of high-risk residents with individualized, person-centered skin prevention interventions documented and implemented	

### Change Idea #3 Conduct regular interdisciplinary reviews and initiate timely consult

Methods	Process measures	Target for process measure	Comments
Review all resident with stage 2-4 pressure ulcers monthly to determine if additional interventions or referrals are required.	% of residents with stage 2–4 pressure ulcers reviewed at interdisciplinary meetings with consults initiated as indicated	100% of residents with stage 2–4 pressure ulcers reviewed at interdisciplinary meetings with consults initiated as indicated	

### Change Idea #4 Provide ongoing education to front-line staff on pressure injury prevention, early identification of skin changes, and documentation requirements.

Methods	Process measures	Target for process measure	Comments
Assign educational modules through Surge Learning and partner with Medline to provide inservices to front-line team members on pressure injury prevention and treatment strategies.	% of front-line staff who complete annual education on pressure injury prevention, early identification, and documentation.	> 90% annual completion of pressure injury prevention education by front-line staff.	