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)	40.69	37.00	We believe that a target of a 9% decrease from the current performance is a measurable, attainable, and realistic goal based on the 2025 baseline, with sustained reduction achievable through strengthened clinical oversight and early interventions by December 2026.	NPSTAT; BSO; PRCs; LTC+ Paramedics, CNPS - Canadian Nurse Practitioner Services, Ontario Shores Centre For Mental Health Sciences

Change Ideas

Change Idea #1 Build capacity and strengthen overall clinical assessment skills among Registered Staff through education on the most common reasons for transfers to the ED.

Methods	Process measures	Target for process measure	Comments
Conduct a needs assessment to identify staff skill gaps, and assign a clinician to provide both theoretical and bedside education based on the results.	Percentage of staff who complete the needs assessment and receive education aligned with their identified learning needs.	1) By August 2026, ensure that 60–80% of Registered Staff complete education or re-education on clinical assessment skills and effective communication with physicians and Nurse Practitioners. 2) Reduce Emergency Department transfers by 9% each quarter until the target reduction is achieved.	Collaborate with stakeholders (e.g.Vital Aire, CareRx Pharmacy, MDs, other external partners) to deliver clinical education to registered staff.

Change Idea #2	DOC and/or designate to review the ED tracker to identify common reasons for transfers, present findings at Nursing Practice meetings, and lead the development of strategies to prevent future ED visits.		
Methods	Process measures	Target for process measure	Comments
Utilize the internal hospital tracking tool to analyze each transfer. Nursing leadership (DOC, ADOC, and Quality Manager) will complete and review ED transfer audits monthly. Findings will be reported at quarterly PAC meetings and included as a standing agenda item in Nursing Practice meetings.	Number of analyses, evaluations, and reported findings shared with internal and external stakeholders to support improvement efforts	100% identification and analysis of all ED transfers, with findings reported through quarterly CQI and monthly staff meetings.	Utilizing hospital tracking audit tools will support root-cause analysis and strengthen dialogue with stakeholders

Change Idea #3	Enhance In�Home Management Through Optimized Clinical Tools and Interdisciplinary Care and Strengthen the home’s capacity to manage residents with complex needs by improving the use of clinical assessment tools (e.g., PPS for palliative residents) and increasing collaboration with interdisciplinary partners (e.g., Palliative Care Teams, Doula support). This approach supports proactive care planning, stabilizes residents in place, and reduces avoidable hospital transfers		
Methods	Process measures	Target for process measure	Comments
Establish regular interdisciplinary huddles (daily or weekly) to review residents with complex needs by discussing care plans that clearly outline roles for nursing, PSWs, BSO, recreation, dietary, and social work. Invite external partners (e.g., Palliative Care Team and Doula) to case conferences for high-risk residents. Proactive goals-of-care discussions using PPS trends to guide conversations and hold family education sessions on palliative approaches and end-of-life supports.	Percentage of palliative residents with a documented PPS score within the required time (admission) Percentage of residents with a change in condition (End of Life) who receive a PPS reassessment within 24 hours Number of of high-risk residents reviewed in interdisciplinary huddles each week Number of residents with complex needs who have an interdisciplinary care plan documented	100% of palliative residents will have a documented PPS score during admission 100% of residents with a change in condition (End of Life) will receive a PPS reassessment within 24 hours 90% of high-risk residents who have complex and change in condition will be reviewed in interdisciplinary huddles each week and as needed 90% of residents with complex needs and change in condition will have an interdisciplinary care plan documented and updated	

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	99.26	100.00	Through Diversity, Equity and Inclusion education, the Home expects to have an increase understanding of this criteria over the next 6 months	Ontario Centres for Learning, Research and Innovation in Long-Term Care (Ontario CLRI); Indigenous community groups; LGBTQ2S+ advocacy organizations, Surge Learning

Change Ideas

Change Idea #1 Strengthen Workplace Culture by Embedding Diversity, Equity, and Inclusion, (DEI) Principles into Everyday Dialogue and Practice by enahancing staff awareness, confidence, and engagement in DEI conversations and creating structured opportunities for dialogue, integrating inclusive practices into daily workflows, and fostering a psychologically safe environment where diverse perspectives are valued and respected

Methods	Process measures	Target for process measure	Comments
To build dialogue within the team by creating a safe-space discussion during meetings and offer mandatory Diversity, Equity, and Inclusion education	Percentage of team meetings that include a DEI discussion prompt Percentage of staff who complete the DEI training modules through Surge Learning	60% of team meetings include a DEI discussion 100% of staff completing the DEI training through Surge Learning	

Change Idea #2	To initiate a Cultural Diversity Committee Comprised of Staff, Residents, and Families to Guide Inclusive Programming and Recognition Activities through creation of a collaborative, representative committee within the home that brings together staff, residents, and family members to support the development of culturally inclusive programs, advise on meaningful recognition events, and promote a welcoming environment that reflects the diverse identities and traditions of the home community

Methods	Process measures	Target for process measure	Comments
Establish the Committee Structure with define membership and create a clear mandate and meeting schedule Develop a cultural calendar highlighting key traditions represented in the Home	Percentage of committee roles filled with staff, residents and families Number of committee meetings held per quarter Average attendance rate across all member group Number of home-wide events that include cultural recognition events	75% of committee roles filled with staff residents and families 100% of committee meetings will be held quarterly 80% of the member group will be in attendance at each quarterly meeting 4 to 6 per year of culturally inclusive programs developed and held at the Home	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	97.32	98.50	We are setting a target that exceeds our current facility performance because we have already surpassed the corporate average of 89.66%, achieving a current performance level of 97.32%	Resident Council of Ontario; Family Council of Ontario; Canadian Network for Prevention of Elder Abuse; Durham Regional Police Senior Support

Change Ideas

Change Idea #1 To create a "Safe Environment Culture" that increase residents’ confidence that they can speak up, share concerns, and offer feedback without negative repercussions

Methods	Process measures	Target for process measure	Comments
Train staff on active listening, neutral responses, and non-defensive communication. Re-review the Zero Tolerance of Resident Abuse and Neglect and Unlawful Conduct, Power Imbalance, and Complaint and Customer Service education	Percentage of staff who completed psychological safety training and non-abuse, power imbalance and Complaint and Customer Service education	80% of staff complete the the training and review by October 2026	Total Surveys Initiated: 112

Change Idea #2	To continue to empower residents of feedback mediation option through the Resident Council Meeting, Care Conference and Social Worker who can bring concerns forward on behalf of residents.		
Methods	**Process measures**	**Target for process measure**	**Comments**
Enhanced quarterly Resident Council and Care Conference meetings and ensure availability of Social Worker for an open discussion with the resident to ensure fairness and comfort	Number of residents attending each forum Number of Social Worker's Wellness check visit to ensure resident well-being and concerns are addressed and feedback given in a timely manner	40% of residents attend at least one forum per quarter 80% of resident raised concern at the Resident council and Care Conference Meeting and with the Social Worker completing Wellness checks	

Safety

Measure - Dimension: Safe

Indicator #4	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	18.05	16.00	The target aligns with the established corporate benchmark and reflects our commitment to achieving or surpassing organizational expectations.	CareRx Pharmacy Clinical Consultant

Change Ideas

Change Idea #1 To continue to implement a “Falls Safety Huddle” After Every Fall

Methods	Process measures	Target for process measure	Comments
Conduct rounding every 2 hours focused on the 4 Ps: pain, position, personal needs, possessions and document each round in real time.	Percentage of scheduled purposeful rounds completed and documented for rounding compliance	90% of purposeful rounds completed and documented	

Change Idea #2 Implement a cognitive and medication review rounds by the interdisciplinary team focusing on sedatives, antipsychotics, and polypharmacy

Methods	Process measures	Target for process measure	Comments
Interdisciplinary review of sedatives, antipsychotics, and polypharmacy. Adjust medications and update care plans as needed.	Percentage of high-risk residents reviewed bi-weekly by the interdisciplinary team focusing on medication review	80% of high-risk residents reviewed bi-weekly	

Measure - Dimension: Safe

Indicator #5	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	23.91	20.00	Target aligned with corporate benchmark with commitment to exceed corporate average through sustained deprescribing efforts and strengthened interdisciplinary review	Behavioural Support Ontario; PRC - Psycho-geriatrician Resource Consultant; CNPS Nurse Practitioner; Lakeridge Health Hospital; Ontario Shores Centre for Mental Health Sciences, Medical Doctors/ Physicians, CareRx Pharmacy Clinical Consultant

Change Ideas

Change Idea #1 Implement an interdisciplinary Antipsychotic Stewardship program

Methods	Process measures	Target for process measure	Comments
Bi-weekly Antipsychotic Medication Review Rounds through reviewing residents that are on antipsychotics without a psychosis diagnosis	Percentage of residents on antipsychotics without psychosis diagnosis reviewed bi-weekly	95% of residents who are using antipsychotic medication reviewed bi-weekly	

Change Idea #2 Staff coaching at the Point of Care on Responsive Expression by training the staff on dementia informed care, triggers, de-escalation and alternatives to medication

Methods	Process measures	Target for process measure	Comments
Staff Coaching on Trigger Avoidance by identifying the responsive expression and how to prevent triggers. Reinforce consistent approaches across shifts	Percentage of staff who received at least one coaching session per month	above 70% of staff receive monthly coaching	

Measure - Dimension: Safe

Indicator #6	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	2.36	2.00	Target is based on corporate averages. We aim to meet or exceed corporate goals.	CNPS - ET/Wound Nurse; Medline

Change Ideas

Change Idea #1 Implement an Enhanced Early�Stage Pressure Injury Prevention Protocol to intervene rapidly and consistently when a Stage 2 pressure injury is identified so it never progresses to a deeper wound

Methods	Process measures	Target for process measure	Comments
Every new Stage 2 wound must be reassessed by a registered nurse or wound champion within 24 hours. Confirm staging, measure size, and identify contributing factors.	Percentage of Stage 2 wounds reassessed within 24 hours of identification	Above 95% of Stage 2 wounds reassessed within 24 hours	

Change Idea #2 Implement a Seating Surface optimization protocol at the Home such as Cushion assessments by OT/ PT and "offloading" process

Methods	Process measures	Target for process measure	Comments
Equipment optimization through use of heel offloading boots for heel injuries	Percentage of Stage 2 wounds placed on appropriate pressure-relieving surfaces within 24 hours	100% of Stage 2 wounds placed on appropriate surfaces within 24 hours.	