

Access and Flow

Measure - Dimension: Efficient

| Indicator #2 | 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) | 17.62 | 16.00 | Home specific target | |

Change Ideas

Change Idea #1 Implementation of Ontario Laboratories Information System (OLIS) into our Point Click Care (PCC) platform.

| Methods | Process measures | Target for process measure | Comments |
|--|---|--|----------|
| Collaborate with IT, PCC vendor, and OLIS representatives to implement software app. Develop staff training plan with staff development resource. Educate registered staff on use of OLIS and how to access it through PCC | The % of registered staff trained to access and utilize OLIS platform within PCC. | 90% of our registered staff members will be trained on how to access OLIS on PCC by Dec 2026 | |

Change Idea #2 Implement a nurse-led hypodermoclysis (HDC) protocol for eligible patients with mild to moderate dehydration to reduce avoidable ED transfers for IV fluid administration.

| Methods | Process measures | Target for process measure | Comments |
|---|---|--|----------|
| The Home will develop HDC eligibility criteria (e.g., mild dehydration, poor oral intake, stable vitals). We will Create: Clinical guidelines, Nursing Order set, and Monitoring protocol, and will educate registered nursing staff. | The % of registred staff trained in HDC by end of April 2026. | 90% of our registered staff will be trained in HDC by the end of April 2026. | |

Experience

Measure - Dimension: Patient-centred

| Indicator #3 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|--|------|---|---|---------------------|--------|---|------------------------|
| Percentage of residents responding positively to: "I enjoy eating meals in the dining room." | C | Rate per 100 residents / LTC home residents | In-house survey / Jan 1, 2026 to Dec 31, 2026 | 66.70 | 80.00 | Home specific target to meet Benchmark. | |

Change Ideas

Change Idea #1 Re-implement and reinforce the dining room table rotation/flower system to identify which residents should be served first.

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| Provide education to residents and staff on how the system works and expectations for service order. | Staff education completed. Flower system consistently used during meals. Feedback from residents during Food Council | 100% of dietary and nursing staff will receive email explaining flower system rotation. This email education will be completed by April 30, 2026 | |

Change Idea #2 Address noise levels in the dining room by educating staff on maintaining a calm dining environment.

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|----------|
| Registered staff will be present in the dining room to support staff and manage noise levels during meals. | Staff education during registered staff and team meetings. Registered staff presence during meals. | 100% of registered staff will be educated on importance of being in the dining room during meal service to help manage noise levels by May 31, 2026 | |

Change Idea #3 Trial calming background music during one meal/day using the Bose system on a selected terrace to determine if it improves the dining experience. Proposal will be presented to Resident Council for approval prior to trial.

| Methods | Process measures | Target for process measure | Comments |
|--|---|---|----------|
| Resident Council feedback. Completion of trial and evaluation of resident feedback | if approved by Resident council will trial use of Bose system on a selected terrace to play music/calming background noise during meal times. Once trial is completed will have residents/staff vote on effect and decide whether to move forward with this change. | Greater than 60% of residents/staff to agree to the change before implementing it Home-wide. Aug 31, 2026 | |

Change Idea #4 Improve food temperature and timeliness of service.

| Methods | Process measures | Target for process measure | Comments |
|--|---|---|----------|
| Educate dietary and nursing staff to ensure meals are ordered and delivered immediately when ready, so food remains hot when served. | Staff education during team meetings. Registered staff will monitor meal delivery timing as well as ensuring optimal noise levels in the dining room. Resident feedback at Food Council | 100% of nursing staff and dietary staff will receive education on ordering meal, preparing meal and serving meal when hot by April 30, 2026. The Home will continue to get feedback from residents at food council about temperatures of meals. | |

Measure - Dimension: Patient-centred

| Indicator #4 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|---|---|---------------------|--------|---|------------------------|
| Percentage of residents responding positively to: "If I have a concern, I feel comfortable raising it with staff members in my Home". | C | Rate per 100 residents / LTC home residents | In-house survey / Jan 1, 2026 to Dec 31, 2026 | 78.00 | 85.00 | Home specific target to meet Benchmark. | |

Change Ideas

Change Idea #1 Implement a standardized process within care conferences to review how residents and families can raise concerns.

| Methods | Process measures | Target for process measure | Comments |
|--|--|---|----------|
| Staff will explain the steps for reporting missing belongings and identify the appropriate staff contact for concerns or complaints. Information on the home's feedback and complaint process will be reviewed during care conferences | Percentage of Care Conferences where the concern-reporting process is reviewed with residents/families. Documentation of discussion in care conference notes. | 100% of all care conferences will review concern-reporting process. This new process will be in place by June 1 2026. | |

Safety

Measure - Dimension: Effective

| Indicator #1 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
|---|------|---|---|---------------------|--------|-----------------------|------------------------|
| Percentage of Long-term care residents experiencing choking incidents in the Home | C | Rate per 100 residents / LTC home residents | In house data collection / January 1, 2026, to December 31, 2026. | CB | 10.00 | Home specific target. | |

Change Ideas

Change Idea #1 Provide Education sessions for registered nursing staff completing the Risk Management Report accurately with correct and relevant information included.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|----------|
| Choking incidents will be tracked through incident reports and clinical documentation referrals. Data will be collected by the Dietitian and reported quarterly to CQI committee for review and trending. | % of registered nursing staff completing education. | 90% of registered staff will complete education by December 31, 2026. | |

Measure - Dimension: Safe

| Indicator #5 | 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 | 5.73 | 3.00 | Home specific target | |

Change Ideas

Change Idea #1 Reduce the percentage of resident whose stage 2-4 pressure injury worsened.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|----------|
| Provide education to registered staff on accurate pressure injury staging, completion of weekly wound assessments on PCC, appropriate discontinuation of wound assessments when wounds are resolved, updating care plan when staging changes. | % of registered staff who complete wound staging and documentation education. | 95% of our registered staff will complete wound staging and documentation education by December 31, 2026. | |