

## 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	C	Rate per 100 residents / Residents	Other / Q3 2024/25-Q2 2025/26	31.00	21.70	To reduce the rate of required ED visits to be equivalent or below the provincial average	

### Change Ideas

Change Idea #1 Increase awareness of reasons for ED transfers and changes in condition

Methods	Process measures	Target for process measure	Comments
Review each ED visit and determine potentially avoidable causes. Provide further education to staff, residents and families on appropriate ED visits	# of ED Visits reviewed	Reduction in % of ED visits	

## Equity

### Measure - Dimension: Equitable

Indicator #3	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	84.00	90.00	Organizational goal to support residents, families and employees. All team members are required to complete the equity, diversity, inclusion and anti-racism education	

### Change Ideas

Change Idea #1 Have all team members complete education upon orientation and annually on Diversity, Equity and Inclusion, as well as Anti-Racism

Methods	Process measures	Target for process measure	Comments
Assignment of education through our Surge learning platform upon orientation and annually	Rate in % of employees who have completed the Surge modules by December 31, 2025	90% or above of team members will have completed their assigned education	Total LTCH Beds: 37

## Experience

### Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
percent of residents who respond positively to "My care conference is a meaningful discussion that focuses on what's working well, what can be improved, and potential solutions.	C	% / Survey respondents	In house data collection / Q3 2024/25- Q2 2025/26	CB	CB	We are striving to ensure that resident feel involved in their care by actively participating in their care conferences and care planning	

### Change Ideas

Change Idea #1 To improve communication, the team will revamp the current survey and distribution processes to ensure it is comprehensive and easily completed.

Methods	Process measures	Target for process measure	Comments
Schedule care conference meetings to allow sufficient time for meaningful discussions and to provide opportunities for resident and family to ask questions and fill out survey	% of Surveys completed, with positive response to the survey question "My care conference is a meaningful discussion that focuses on whats working well, what can be improved, and potential solutions"	70% positive responses	We are hoping to gain more insights from residents and families to ensure the quality of our services provided.

## Safety

### Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home resident who experienced moderate pain daily or any severe pain during the 7 days prior to their most recent resident assessment	C	% / Residents	CIHI eReporting Tool / Q3 2024/25-Q2 2025/26	12.50	4.60	We strive to reduce the percentage of residents experiencing pain to match or to below the provincial average	

### Change Ideas

Change Idea #1 To improve the process of reviewing identified residents who are experiencing pain by implementing new processes in revision, action and treatment

Methods	Process measures	Target for process measure	Comments
To have charge RN complete monthly report review and communicate with the team via pain rounds at huddle and MD rounds	CIHI indicator for Pain will decrease in % to get closer to provincial averages	The home will see a 5% reduction in residents who identify as having pain to bring performance down closer to the provincial average	