

## 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)	22.58	20.00	To strengthen clinical assessment & timely intervention within the home to manage ambulatory care-sensitive conditions and reduce unnecessary transfers to the ED department	

**Change Ideas**

**Change Idea #1** Develop STOP & WATCH TOOL. This tool will guide front line PSWs in early detection of resident changes and offer the foundation for an appropriate communication platform.

Methods	Process measures	Target for process measure	Comments
Provide staff with an early detection tool to support further clinical assessment and rapid identification of resident health status changes.	Completion, development and approval of the STOP & Watch early detection tool	Tool completed and in use.	

**Change Idea #2** Educate all staff on the STOP & WATCH tool

Methods	Process measures	Target for process measure	Comments
Providing in person education to PSWs on recognizing early changes in resident condition and how to apply the STOP & WATCH to communicate observations to registered staff	% of PSWs and nursing staff who have completed education on early change detection and the use of the STOP & WATCH Tool.	70% of staff trained	

## 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	98.00	98.00	Providing EDIB education supporting a respectful and inclusive workplace while strengthening culturally competent, Resident-centered care for residents, families, and staff	

### Change Ideas

Change Idea #1 Maintain mandatory EDIB (Including anti-racism) Education for all staff ensuring it is incorporated EDIB education for all team members upon orientation and annually

Methods	Process measures	Target for process measure	Comments
Assign education through our Surge learning platform upon orientation and annually thereafter	% of overall staff that have completed EDIB education within the calendar year	90% of Team members will have completed EDIB education at orientation and annually	

## Experience

### Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
You are satisfied with how the Doctor/Nurse practitioner involves you and your family in deciding about your care	C	% / LTC home residents	In-house survey / Q3 2025-Q2 2026	CB	CB	Involving residents and families in care discussions supports resident-centered care, informed decision-making, and trust in the care team.	

### Change Ideas

Change Idea #1 Continue to promote resident and family participation in care conferences and care discussions

Methods	Process measures	Target for process measure	Comments
Ensure residents and families are consistently invited to care conferences and encouraged to participate in discussions related to care planning and decision-making.	% of care conferences where resident and/or family participation is documented in the care conference record.	60% of resident or families will participate in annual care conferences and agree that they were satisfied with the way they were involved in deciding about thier care	

## 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 thier assessment	C	Rate / LTC home residents	IRRS / Fiscal quarter Q2 2025-2026	21.50	19.00	Maintaining structured post-fall root cause analysis to help identify contributing factors and support targeted interventions to reduce repeat falls and improve resident safety	

### Change Ideas

Change Idea #1 Standardizing Post-Fall Root Cause Analysis processes to identify contributing facts such as mobiltyy changes, toileting needs, medications, environmental hazards

Methods	Process measures	Target for process measure	Comments
Establish a falls prevention committee: falls data will be reviewed by the interdisciplinary team to identify patterns and guide trageted falls prevention strategies	Number of falls reviewed per quarter	Reduce the percentage of residents who fell in the last 30 days to 19% which is under the provincial average	Regardless of this data being reviewed monthly the total number of falls reviewed should be compared to the total number of falls reported each quarter in IRRS