

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)	18.07	18.00	As an organization, we believe that a target of 18.00 is both a measurable and an attainable goal, as we look to remain under the provincial average, while continuing to improve. Through implementation of our change ideas, the home expects an improvement over the next 12 months.	Nurse Practitioner, Pain and Symptom Management, ET Nurse

Change Ideas

Change Idea #1 Support early recognition of residents at risk for ED visits by providing preventive care and early treatment for common conditions leading to potentially avoidable ED visits

Methods	Process measures	Target for process measure	Comments
Educate residents and families about the benefits of and approaches to preventing ED visits. The home's attending NP/MD will review and collaborate with the registered staff on residents who are at high risk for transfer to ED, based on clinical and psychological status	Number of staff who demonstrated use of education in SBAR documentation quarterly.	Maintain below provincial average of 22.5% and decrease in ED visits by 0.7% by implementing the use of proper SBAR documentation and communication by December 31st 2026	Utilize Southbridge Nurse Practitioner, NP Stat, other stake holders such as Medigas, CareRx Pharmacy, Community Paramedics if available, and MDs to provide education to registered staff on topics.

Change Idea #2 To Provide IV training for all Registered staff

Methods	Process measures	Target for process measure	Comments
Arrange education sessions for all Registered staff using IV training arms in consultation with Consultant team	Number of Registered staff provided educational sessions on IV insertion	100% of the Registered staff will have completed education on IV insertion and hold a certificate by December of 2026.	

Change Idea #3 Director of Care or designate to review ED tracker, for the common reasons/trends for transfer to ED, to develop strategies to prevent future ED visits

Methods	Process measures	Target for process measure	Comments
ED transfer audit will be completed and reviewed monthly by nursing leadership (DOC, ADOC). Audit findings will be reviewed at quarterly PAC meetings; and standing agenda in nursing practice meeting	% of interdisciplinary meetings where ED tracker was reviewed	100% of nursing practice and PAC meetings will review the monthly identified trends from the ED tracking tool.	

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	Through education, the Home expects to continue to improve its understanding of this criteria over the next 8 months	Surge Education

Change Ideas

Change Idea #1 To increase awareness by providing education for staff on equity, diversity, inclusion and anti-racism

Methods	Process measures	Target for process measure	Comments
Ensure all staff have access to the learning modules through Surge Education	% of staff educated on Culture and Diversity through Surge Education	100% of staff educated on Culture and Diversity. December 31, 2026	

Change Idea #2 Promotion of culture/diversity bulletin board representing and promoting relevant equity, diversity, inclusion and anti-racism education for both resident and team members in the home.

Methods	Process measures	Target for process measure	Comments
Information to be readily available and visible on a bulletin board that provides education and insight on topics such as equity, diversity, inclusion and anti-racism	# of months that there is education available on the bulletin board	Information will be posted on bulletin board and made available by May 1, 2026.	

Change Idea #3 To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace

Methods	Process measures	Target for process measure	Comments
Designating specific days throughout the year where we acknowledge and celebrate relevant diverse cultures and beliefs	# of days in the calendar year associated with acknowledging and celebrating relevant diverse cultures and beliefs	A minimum of 9 separate days will be designated to the promotion of equity, diversity, inclusion, and anti-racism by December 31, 2026	

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	97.37	98.00	We aim to exceed current facility performance as we have surpassed corporate average of 89.66 with a current performance of 97.37	Satisfaction Survey

Change Ideas

Change Idea #1 Increase the home's goal from 91% in 2025 to 98%. Engaging residents in meaningful conversations during care conferences and resident council meetings. Review "The Resident's Bill of Rights", at monthly residents' Council meetings with an emphasis on Resident Rights #29. "Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themselves or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else";

Methods	Process measures	Target for process measure	Comments
Include the review of the resident's bill of rights in the monthly resident council meeting for discussion.	% of resident council meetings that review the resident bill of rights and provide residents with the opportunity to speak freely about their concerns	100% of resident council meetings will review the resident bill of rights and provide an opportunity for residents to speak freely about any ongoing concerns	Total Surveys Initiated: 38

Change Idea #2 Timely discussion and response completion of resident concerns through Resident Council Meetings regarding the operations of the Homes

Methods	Process measures	Target for process measure	Comments
Review of meeting minutes and acknowledgement of concerns with plan within the proper timeline of completion	% of meetings with concerns acknowledge by the Executive Director or designate with plan of action response	100% of concerns acknowledge and responded within the requested time frame by resident council	

Change Idea #3 Review the complaint process within the home during admission and annual care conferences

Methods	Process measures	Target for process measure	Comments
Providing a review of the investigation process within the home during admission and care conferences	% of admissions and annual care conferences will review the complaint process	100% of admission and annual care conferences will review the complaint process	

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	15.16	15.00	We aim to meet corporate average of 15%	RNAO, CareRX Pharmacy, Physiotherapist

Change Ideas

Change Idea #1 Re-education of staff on falls prevention and injury reduction

Methods	Process measures	Target for process measure	Comments
Educational sessions on Surge Learning and live education sessions to be provided to staff on falls prevention and injury reduction	% of staff educated on falls prevention and injury prevention	100% of staff to be educated on falls prevention and injury prevention by December 31, 2026.	

Change Idea #2 To facilitate a weekly falls huddle on each unit with the interdisciplinary team to help develop multi-disciplinary interventions to prevent reoccurring falls

Methods	Process measures	Target for process measure	Comments
Weekly interdisciplinary team huddles on each resident home area to review resident plan of care for frequent fallers, to mitigate risk of falls and prevent injury	% of weekly meetings completed in the calendar year	100% of weeks in the calendar year will have a completed interdisciplinary falls huddle completed by December 31, 2026	

Change Idea #3 Review Activation programming during times when most falls occur

Methods	Process measures	Target for process measure	Comments
Review activities and program preferences for residents who are at high risk of falls	% of high risk residents who did not fall during the month when activity was occurring	85% of high risk residents will not fall during each month when activity was occurring. 85% mark to be reached by September 30, 2026	

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	13.70	13.00	Continue to work on reducing this target that was successfully met in previous year and maintain below corporate average of 17.5%.	PASE Team, GABU, External BSO

Change Ideas

Change Idea #1 Residents who are prescribed antipsychotics for the purpose of management of responsive expressions will have a quarterly review, for the potential of reduction or discontinuation of medication

Methods	Process measures	Target for process measure	Comments
BSO lead and nursing team will ensure that residents who receive antipsychotics for responsive expressions have a quarterly medication review	% of residents prescribed an antipsychotic for the purpose of managing responsive expressions to have a quarterly review completed	100% of residents prescribed an antipsychotic for the purpose of managing responsive expressions to have a quarterly review completed by December 31, 2026	

Change Idea #2 Gentle Persuasion Approach (GPA) training/education to be provided to interdisciplinary team members within the home to help effectively manage resident exhibiting responsive expressions

Methods	Process measures	Target for process measure	Comments
Deliver education sessions to staff within the home from a trained GPA educator	% of full-time nursing staff provided GPA education from a trained GPA educator	100% of full-time nursing staff provided GPA education from a trained GPA educator by December 31, 2026	

Change Idea #3 Enhance facility's interdisciplinary team's collaborative opportunities with BSO

Methods	Process measures	Target for process measure	Comments
Invite Behavioural Support Lead to PAC meetings or other interdisciplinary meetings to increase the opportunity for collaboration and education for interdisciplinary team on how to manage responsive expressions and provide non-pharmacological interventions	% of PAC meetings with BSO representative present	100% of PAC meetings will have a BSO representative present by December 31, 2026	

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	1.10	1.00	We aim to improve our indicator and remain under the corporate benchmark of 2%	Physiotherapist, Wound Consultant, Medline

Change Ideas

Change Idea #1 The home will have a trained NSWOC Registered staff member to support the skin and wound program

Methods	Process measures	Target for process measure	Comments
Providing the homes treatment nurse with educational opportunities to become certified for NSWOC	Number of Registered staff certified for NSWOC in the home	1 Registered staff member to be certified for NSWOC within the home by December 31, 2026	

Change Idea #2 Education for Registered staff and PSW staff regarding wound prevention and interventions

Methods	Process measures	Target for process measure	Comments
Educational sessions with Medline, Wound consultant and NSWOC to be held to promote wound prevention with this home	% of Registered staff and PSW staff who have attended educational sessions	100% of Registered staff and PSW staff will attend educational sessions by December 31, 2026	

Change Idea #3 Proper identification and documentation for residents who are at risk of pressure injuries

Methods	Process measures	Target for process measure	Comments
Utilization of skin and wound tracker to better analyze pressure related injuries in the home and help develop a proper plan of care to promote healing and prevent deterioration	% of facility acquired pressure related injuries that have improved/resolved	100% of facility acquired pressure injuries to improve/resolve by December 31, 2026	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents in daily physical restraints	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	0.00	0.00	The goal is to maintain our current performance of 0.00 and remain under the corporate benchmark of 1%.	

Change Ideas**Change Idea #1** For the home to remain restraint free

Methods	Process measures	Target for process measure	Comments
Through family and resident engagement, health teaching to be provided on the risks associated with restraints, and alternative interventions	% of residents without a restraint	100% of residents will not have a restraint by December 31, 2026	

Change Idea #2 Staff are educated on the risks associated with restraints

Methods	Process measures	Target for process measure	Comments
Staff are educated through Surge Learning modules on the risks associated with restraints and what alternative options are available	% of staff educated on the risks associated with restraints and what alternative options are available	100 % of staff educated on the risks associated with restraints and what alternative options are available by December 31, 2026	