

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) | 34.85 | 31.33 | Through implementation of our change ideas, the home expects an improvement over the next 12 months. | OHAH, psychogeriatrics, Vital Aire, CareRx Pharmacy |

Change Ideas

Change Idea #1 Use of SBAR -Registered in charge nurse to communicate to physician and NP, a comprehensive resident assessment, to obtain direction prior to initiating an ER transfer.

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| Education/re-education to registered staff on the continued use of SBAR tool a standardize communication between clinicians. | Number of communication process used in the SBAR format, between clinicians per month; number of staff educated. | 80% of communication between physicians, NP and registered staff will occur in SBAR Format by July 2026. 100% of Registered staff will be educated on the SBAR tool. | |

Change Idea #2 Build capacity and strengthen overall clinical assessment skills of Registered Staff; through education supported by NP and Nursing PLEDGE Mentorship program.

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|--|
| Conduct a needs assessment to identify staff skill gaps, and assign a clinician through the OHAH Nursing PLEDGE program and/or NP 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 | 60-80% of Registered staff will have an assessment of clinical skills reviewed and education/re-education to strengthen their knowledge base. | Utilize Nurse Practitioner, other stake holders such as Medigas/Vital Aire, CareRx Pharmacy and MDs to provide education to registered staff on topics |

Change Idea #3 Strengthen MD–NP communication to ensure timely updates on residents’ current condition.

| Methods | Process measures | Target for process measure | Comments |
|---|--|--|----------|
| NP/MD will meet twice a week to maintain consistent and transparent communication regarding residents’ current condition. | Review the communication program monthly with the NP/MD for feedback and goal of decreasing the ED visits. | 80% of the monthly communications will regarding the resident health conditions will be conducted. | |

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 the education of equity, the Home expects to increase understanding of this criteria over the next 6 months. | |

Change Ideas

Change Idea #1 To increase diversity training through Surge education and/or live events.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|----------|
| Training and/or education through Surge education or live events. | Number of staff education on Culture and Diversity. | 100% of staff educated on topics of Culture and Diversity | |

Change Idea #2 External organizations to assist with education.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|----------|
| Celebrate culture and diversity events; educational opportunities | Number of Celebration completed in the home | 5 educational events in the next 8 months | |

Change Idea #3 To include Cultural Diversity as part of CQI meetings

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| Quarterly PAC meeting standing agenda-review the number of programs, education completed | Culture and Diversity reviewed at 100% of PAC meetings over the next year. | 100% Culture and Diversity reviewed at PAC for the year. | |

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 | 90.00 | 90.70 | Target to increase this average by 1% in the next 12 months. | |

Change Ideas

Change Idea #1 To increase our goal from 90.7% (as compared to previous year 90.7%) to 93.7%. Engaging residents in meaningful conversations, and care conferences, that allow them to express their opinions. Review ""Resident's Bill of Rights"" more frequently, at residents' Council meetings monthly. With a focus 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 |
|---|---|---|------------------------------|
| Add resident right #29 to standing agenda for discussion on monthly basis by program Manager during Resident Council meeting. Re-education and review to all staff on Resident Bill of Rights specifically #29 at department meetings monthly by department managers; | 100% of resident Council meeting will have Residents' Bill of Right #29, added at each monthly review by 100% of Standing Agenda for residents council. | 100% of residents will have received the education on resident Bill of Rights #29 | Total Surveys Initiated: 100 |

Change Idea #2 Review the Concern process in the home on admission and during annual care conference

| Methods | Process measures | Target for process measure | Comments |
|---|--|--|----------|
| Review of the concerns and complaints policy and procedure with resident and family with admission and annual care conferences. | The number of admission process, care conferences. | 100% of residents and families will have reviewed the education on resident Bill of Rights #29 | |

Change Idea #3 Social worker, completing wellness checks with residents

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|----------|
| Social worker will visit the residents monthly, when referred by the registered team and when identified issues arise in the home, on an ongoing basis. | The total number of social visits reviewed monthly at quality meetings. | 80% of residents will be supported by the social worker | |

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 | 19.40 | 17.45 | Target is based on decrease the percentages by 10% to meet the corporate averages. | |

Change Ideas

Change Idea #1 Injury prevention - review of FRS, ensure appropriate medication prescribed for prevention of bone density loss

| Methods | Process measures | Target for process measure | Comments |
|---|--|---|----------|
| Resident list of FRS of 3 or greater, offer fracture prevention medication will be reviewed monthly by the Falls team lead and will make referrals to the NP/MD for review of fracture preventative measures. | Number of referrals made for review of fracture prevention to the NP/MD. | 100% of residents with FRS of 3 or greater will have referrals for review of fracture prevention. | |

Change Idea #2 Purposeful rounding, for resident at high risk for falls

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| Purposeful rounding is incorporated into the new PSW job routines, reinforced with walk abouts, audit POC documentation. Near misses and witnessed falls will be reported to the Registered team and documented in PCC under risk management report. | Number of reported near misses, and witnessed falls. | 100% of near misses and witnessed falls will be reported and reviewed. | |

Change Idea #3 During admission process, review with resident and history of falls, and interventions implemented

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| Reviewing previous falls history and ensuring that the admission checklist is completed. | Random audits monthly of admissions checklist. | 100% checklist have residents fall history on admission. | |

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 | 17.45 | 17.10 | Target is based on exceeding the corporate averages | |

Change Ideas

Change Idea #1 The MD, NP, BSO internal and external (including Psychogeriatric Team), with nursing staff will meet monthly to review residents on antipsychotic medication for diagnosis and indication for use, and assess for deprescribing.

| Methods | Process measures | Target for process measure | Comments |
|--|--|--|----------|
| Meet monthly with the Interdisciplinary team and external consultants to review antipsychotics and the possible reduction. | Number of meetings held monthly by interdisciplinary team. Number of antipsychotics reduced monthly and to be reviewed monthly the at Quality Meetings and PAC Meetings. | 100% of residents who are prescribed antipsychotic medications will receive a review to determine potential for reduction in dosage or discontinuing antipsychotics. | |

Change Idea #2 All new admissions will be reviewed if on an antipsychotic and be placed on the BSO list for possible reduction.

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|----------|
| Admissions nurse/RAI will ensure referrals are sent to internal BSO when a new admission has an antipsychotic medication on their list. | Number of new residents added to the BSO list per month/quarter and reviewed at quality meetings and PAC. | 100% of new admissions will be reviewed for antipsychotic medication. | |

Change Idea #3 Development of care plans with non pharmacological approach - identification of triggers and interventions

| Methods | Process measures | Target for process measure | Comments |
|---|---|---|----------|
| Internal BSO will review Care Plans monthly to ensure non-pharmacological interventions are considered. | Number of residents whose plan of care have been reviewed and updated to include non-pharmacological interventions. | 100% of residents with antipsychotic medications will be reviewed quarterly with non-pharmacological interventions. | |