

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)	35.29	30.29	Through implementation of our change ideas, the home expects to reduce by 5% from the current performance.	Physician, NLOT (NP), External BSO support, In home Diagnostic services

Change Ideas

Change Idea #1 To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner;

Methods	Process measures	Target for process measure	Comments
1) 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; develop care plans with early identification signs and treatment plans 2) DOC to review ED tracker, for the common reasons for transfer to ED - review in Nursing practice meetings, to develop strategies to prevent future ED visits.	1) The number of residents whose transfers were a result of family or resident request. 2) The number of ER transfers averted monthly. 3) Number of transfers to ED who returned within 24 hours; 4) Number of admission to hospital as result of hospital transfer. 5) Number of visit by NP	Decrease by 1% until goal is achieved by reviewing all process measures in a quarterly basis;	Utilization of NP

Change Idea #2 Build capacity and improve overall clinical assessment skills of Registered Staff, and PSW; through education supported by NP

Methods	Process measures	Target for process measure	Comments
1) NP to provide education to enhance, build capacity with registered staff skill set 2) Conduct needs assessment from Registered Staff to identify clinical skills and assessment that will enhance their daily practice. 3) Education with registered staff and interdisciplinary team on clinical pathways. Education for PSW/reg. staff on STOP and WATCH 4) Utilization of the ED/Hospital tracker, to analyze the reason for transfer 5) Education provided to PSW related to symptoms of illness	1) Number of education session completed 2) Number of Registered staff who attended the education sessions 3) Number of Clinical Needs assessments completed	1) 100% of staff will attend a education session	Utilize Nurse Practitioner, other stake holders such as Medigas CareRx Pharmacist and MDs to provide education to registered staff on topics

Change Idea #3 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
1) Director of care and NP, to provide education on the use of SBAR communication tool	1) Number of education session held with Registered staff 2) Number of communication process used in the SBAR format, between clinicians per month; number of staff educated.	80% of staff to utilize the SBAR format, in preparation for contacting the physicians	

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 have an increase understanding of this criteria over the next 6 months	External community organizations

Change Ideas

Change Idea #1 To increase diversity training through Surge education, to develop Safe Cultural

Methods	Process measures	Target for process measure	Comments
1) Training and/or education through Surge education or live events; 2) Introduce diversity and inclusion as part of the new employee onboarding process; 3) Education staff on therapeutic conversation	1) Number of live education session completed 2) Number of staff who have completed diversity training.	100% of staff to complete diversity training.	Community partners to assist with education

Change Idea #2 Cultural assessment on admission, (language, faith, gender preference for care, family roles)

Methods	Process measures	Target for process measure	Comments
1) Completed cultural assessment on admission 2) Develop resident plan of care to reflect, preferences, faith, culture- reviewed with staff during shift report	1) Number of cultural assessment completed 2) Ensure correct pronunciation of names of residents	100% of culture assessment completed	

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	85.00	90.00	Target is based on survey results, and action plans developed as result of the survey. We aim to meet or exceed home goals, benchmarks.	

Change Ideas

Change Idea #1 1) To increase our goal from 85.58% to 90%. Engaging residents in meaningful conversations, and care conferences, that allow them to express their opinions.

Methods	Process measures	Target for process measure	Comments
1) Review of the whistleblower policy during admission conference and then annually. 2) Policies -Zero tolerance to abuse, and Whistleblower posted in the home 3) Review of Investigation process in the home (during admission and care conferences)	1) Number of review of policy- Whistleblower and Complaints and concerns during admission conference, and annual. 2) Number of concerns expressed to the home.	100% of resident and family will have the Policy reviewed, related to Whistleblower and Complaints and concerns	Total Surveys Initiated: 60

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	14.11	12.00	Below target. Through implementation of our change ideas, the home expects to sustain or reduce by 2% from the current performance.	Physiotherapist, Occupational therapist, Physician, NP, Pharmacist consultant,

Change Ideas

Change Idea #1 Re-establish the restorative care program in the home (provide education on how residents qualify for the program)

Methods	Process measures	Target for process measure	Comments
1) Review/re-educate on the Restorative program, with Registered staff, and PSW 2) Establish Restorative care lead 3) Restorative assessment to be completed for resident who have had functional decline in ADL	1) Number of resident who have been admitted to the Restorative program 2) Number of resident who have been discharged from the program after reaching desired outcome	1) 100% of resident with decline to ADL's will have restorative assessment completed 2) 100% of staff have been re-educated on the restorative program.	

Change Idea #2 To facilitate a Weekly Fall Huddles on each unit; with the interdisciplinary team

Methods	Process measures	Target for process measure	Comments
1) Weekly interdisciplinary team huddles on resident home area to review resident plan of care, to mitigate the risk of falls or injury related to falls; 2) Review of falls aides to prevent injury, use of hip protectors, floor mats, bed and chair alarms 3)	1)Number of Weekly Fall Huddles completed 2) Number of falls aides utilized in the home	By September 1, 2026, 80% of Weekly Falls Huddles to be completed with the interdisciplinary team	Collaboration with PT, OT, CareRx pharmacist consultant,

Change Idea #3 To reduce the number of falls in the home

Methods	Process measures	Target for process measure	Comments
1)During admission process, review with resident and history of falls, and interventions implemented 2)Use of visual depth cues, use of night lights (motion sensor/or on during the night) 3)Resident list of FRS of 3 or greater, offer fracture prevention medication 4)Review of the plan of care with families, during care conferences, post fall 5)Create activity bins for resident	1) Number of falls which occur in the home on monthly bases 2) Number of activity bins developed 3) Number of resident identified as high risk for falls on admission (High morse fall risk) 4) Number of medication changes (addition of fracture prevention medication)	1) 100% of admission to the home will have fall assessment completed 2) 100% of resident's with FRS 3 or greater to have medication review completed 3) 100% of resident to have care plan reviewed, post fall, with consultation with family related to the fall	

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	11.59	10.00	Target aligned with corporate benchmark with commitment to exceed corporate average through sustained deprescribing efforts and strengthened interdisciplinary review	Royal Ottawa Health Care Group (BSO), Physician, Psychogeriatrician, NP, CareRx pharmacist consultant

Change Ideas

Change Idea #1 1) The MD, NP, BSO internal and external (including Psychogeriatric Team), with nursing staff will meet monthly to review newly admitted residents on antipsychotic medication for diagnosis and indication for use. This is standing item in CQI/PAC quarterly meeting agenda.

Methods	Process measures	Target for process measure	Comments
1) Utilization of antipsychotic medication tracker (for de-prescribing) 2) Development of plans of care, with non pharmacological approach - identification of triggers and interventions 3)BSO lead and nursing team will ensure that residents who receive antipsychotics for responsive expressions will have their medication, plan of care reviewed, quarterly by the interdisciplinary team (including resident and family) -to develop a person centered approach	1)Number of resident, to which the antipsychotic was decrease, or de-prescribed/discontinued 2)Number of care plans updated	100% of resident on antipsychotic medication with have review of plan of care by September 2026	Collaboration with NP, physician, CareRX pharmacist, and Royal BSO support

Change Idea #2 During admission conference, review with families, reason for the prescribing of antipsychotic medication, interventions effective in management of responsive expressions (if admission from another LTC home, inquire if care plan can be sent for review, review of Behavioural assessment provided by Ontario Home at Health)

Methods	Process measures	Target for process measure	Comments
1)BSO lead will participate in the admission conference, for resident who have been identified by Ontario Home at Health for having responsive expressions. 2) Develop a plan of care with - identified triggers, and effective interventions 3)	1) Number of residents admitted to the home on antipsychotic medication. 2) Number of antipsychotic medication de-prescribed.	100% of resident will have review of medication on admission, (with review on use of antipsychotic medication) BSO lead will participate in admission and annual care conferences for resident with responsive expressions.(100% of care conferences)	

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	3.36	2.30	Through implementation of our change ideas, the home expects to reduce by 1.3% from the current performance.	NSWOC, NP, Physician, Physiotherapist, Occupational therapist

Change Ideas

Change Idea #1 To reduce the percentage of resident who develop, or experience worsening pressure injury

Methods	Process measures	Target for process measure	Comments
1) Home to collaborate with NSWOC to provide in home and virtual consults 2) Registered staff to complete wound rounds with the NSWOC to enhance knowledge on wound care management 3) Develop a list of resident who PURS is 3 or greater, review plan of care, for the appropriate pressure relieving devices 4) Education -PSW for early identification of pressure related injuries 5) ROHO education, implementation ROHO champion	1) Number of in home and virtual consults 2) Number of worsening pressure injuries, Number of pressure injuries which improved/resolved 3) Number of wounds completed with NSWOC 4)Number of pressure relieving surfaces utilized 5) Number of care plan updated	1) 100% of resident with pressure injury 3 or greater to be assessed by NSWOC 2) 100% of staff to be educated on the proper inflation of ROHO 3) 100% of PSW will completed education on early identification of pressure injuries.	Collaboration with NSWOC, PT, OT, Dietician