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)	31.72	28.50	28.5 visits per 100 residents is still higher than the provincial average but a 10% achievement is likely the upper limit of what can realistically be achieved.	

Change Ideas

Change Idea #1 Increase utilization of advance care planning with families and residents to clarify goals of care

Methods	Process measures	Target for process measure	Comments
•Implement a standardized process to review and update Advance Directives and Goals of Care for all residents on admission and with any significant change in condition •Educate residents and families on Advance Directives, levels of care, and expected disease trajectories using structured conversations led by nursing staff and/or physicians. •Integrate Advance Directive status into MDT conferences.	Percentage of residents with a documented and up-to-date Advance Directive/Goals of Care.	=75% of residents will have a documented and current Advance Directive/Goals of Care.	Barriers may include family hesitancy, cognitive impairment of residents, and time constraints; these will be addressed through early engagement and substitute decision-maker involvement.

Change Idea #2 Improve staff education on early identification and management of ambulatory care-sensitive conditions to prevent unnecessary ED visits.

Methods	Process measures	Target for process measure	Comments
Create customized case-studies and assessments based on real avoidable examples in our home for registered staff	Education being assigned and completed in 2026.	1) Yes education is developed and assigned 2) 100% of registered staff complete by December 31, 2026	

Safety

Measure - Dimension: Safe

Indicator #2	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	24.02	22.00	Over the past two years, we've seen an increase in the percentage of LTC residents who have fallen in the 30 days leading up to their assessment. We had a notable improvement this year and are aiming for another 8% decrease this year. This target is based on our own data and our commitment to improving resident safety. We've set it at a level that's realistic and achievable while considering challenges like resident frailty, cognitive decline, and the need for ongoing staff education in falls prevention.	

Change Ideas

Change Idea #1 We are currently increasing our PSW care hours. Once the vacancies are filled this should translate into more frequent checks on residents to proactively prevent falls.

Methods	Process measures	Target for process measure	Comments
Hiring and recruitment via job fairs and indeed.	Will be measured by PSW hours per resident per day from internal data.	Go from 2.6 to 2.8 hours per resident per day	The home is currently enrolled in a number of provincial recruitment incentive programs such as JOIN-LTC however recruitment remains a challenge due to our rural location

Change Idea #2	A couple of falls in the last quarter have been due to residents tripping over tubing from their oxygen concentrators. The home is switching to brightly coloured oxygen tubing so it is more clear to residents with impaired vision		
Methods	Process measures	Target for process measure	Comments
We will change tubing	Percent of clear tubing replaced with high contrast tubing on concentrators	100% of tubing replaced across the home	This change is currently in progress

Change Idea #3	Continue with implementation of 4 P's of Purposeful Rounding		
Methods	Process measures	Target for process measure	Comments
Begin enforcing the the practice through auditing once PSW hours are increased.	Internal audits by management	We would like to see the 4 P questions being asked at least 60% of in-room PSW interactions.	

Measure - Dimension: Safe

Indicator #3	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	37.63	32.00	Over the past two years, we've noticed an increase in the percentage of residents without psychosis being prescribed antipsychotic medications. This trend highlights the need for focused actions to make sure these medications are being prescribed appropriately and in line with best practices. Our goal is to stabilize this trend and reduce the percentage by 15% over the next year, with a longer-term goal of achieving a more significant reduction in inappropriate antipsychotic use over the next 3-5 years.	

Change Ideas

Change Idea #1	Complete a thorough review of residents with inappropriate antipsychotic use to determine if diagnoses may need to be updated. Some residents may be receiving appropriate antipsychotic use but diagnoses are outdated and do not meet the criteria codes.		
Methods	Process measures	Target for process measure	Comments
Use PCC reporting to determine quarterly inappropriate use and analyze diagnoses	Auditing of residents for which InterRAI identified inappropriate antipsychotic use.	50% of residents meeting this criteria are audited for potential diagnosis changes	

Change Idea #2	Complete staff education on non-pharmacological behaviour interventions		
Methods	Process measures	Target for process measure	Comments
Identify and educate staff on resident-specific interventions for behavioural symptoms of dementia	Complete huddles on residents meeting the criteria of inappropriate use per quarter	At least 30% of residents have analysis and education completed by BSO team	

Change Idea #3	Continue with pharmacy-physician collaboration on regular medication reviews for deprescribing		
Methods	Process measures	Target for process measure	Comments
Physicians to continue reviewing pharmacy deprescribing recommendations and implementing them if agreed to based on physician judgement.	Percent of residents receiving antipsychiotics reviewed for de-prescribing opportunities	100% of residents reviewed each quarter	Although 100% of residents are reviewed each quarter, many residents may not be candidates for deprescribing.