

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)	37.50	35.50	Through implementation of our change ideas, the home expects an improvement over the next 12 months	William Osler Health System, CareRx

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 June 2026	Utilize Nurse Practitioner, other stake holders such as Medigas/Vital Aire/Medpro, CareRx Pharmacy ands MDs to provide education to registered staff on topics

Change Idea #2 Support early recognition of residents at risk for ED visits. by providing preventive care and early treatment for common conditions leading potentially avoidable ED visits - this includes IV training initiative and other education provided by practitioners.

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; develop care plans with early identification signs and treatment plans	The number of residents whose transfers were a result of family or resident request. Number of staff who demonstrated education application via documentation quarterly. The number of ER transfers averted monthly. Number of transfers to ED who returned within 24 hours;	Decrease by 5% until goal is achieved by reviewing all process measures in a quarterly basis;	Utilize Nurse Practitioner, other stake holders such as Medigas/Vital Aire/Medpro, CareRx Pharmacy ands MDs to provide education to registered staff on topics

Change Idea #3 Build capacity and improve overall clinical assessment skills of Registered Staff; through education supported by NP

Methods	Process measures	Target for process measure	Comments
Conduct needs assessment from Registered Staff to identify clinical skills and assessment that will enhance their daily practice. 4) Nurse Practitioner on site will provide education theoretically and at bedside.	% of staff who complete needs assessments. Completion records for education as a result of needs assessment.	100% Staff education completed.	Utilize Nurse Practitioner, other stake holders such as Medigas/Vital Aire/Medpro, CareRx Pharmacy ands MDs to provide education to registered staff on topics

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	99.20	100.00	Through education, the Home expects to have an increase understanding of this criteria over the next 6 months	

Change Ideas

Change Idea #1 To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace;

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	80-100% staff education on Culture and Diversity;

Change Idea #2 To increase diversity training through Surge education or live events;

Methods	Process measures	Target for process measure	Comments
Introduce diversity and inclusion as part of the new employee onboarding process;	number of new employee trained of Culture and Diversity;	100% of staff educated on topics of Culture and Diversity	

Change Idea #3 To facilitate ongoing feedback or open door policy with the management team;

Methods	Process measures	Target for process measure	Comments
Celebrate culture and diversity events; educational opportunities	Number of Celebration completed in the home	100% of staff educated on topics of Culture and Diversity	80-100% staff education on Culture and Diversity; 2) number of new employee trained of Culture and Diversity

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	CB	100.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	

Change Ideas

Change Idea #1 Increase our performance from 98.91% to 100% by strengthening resident engagement through meaningful conversations and care conferences that support residents in expressing their opinions. Review the 'Residents' Bill of Rights' more frequently, including monthly at Residents' Council meetings, with a focused emphasis on Resident Right #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;	Number of times the Residents' Bill of Rights specifically Resident Right #29 is reviewed with residents during admission, care conferences, and monthly Residents' Council meetings.	Achieve 100% completion of Resident Right #29 review at admission, during annual care conferences, and monthly at Residents' Council meetings.	

Change Idea #2 Review of the Whistleblower policy

Methods	Process measures	Target for process measure	Comments
Review of policy with resident and family with admission and care conferences	Number of whistleblower policy reviews completed per admission	Achieve 100% completion of whistleblower policy reviews for every new admission.	

Change Idea #3 Review the Concern process in the home on admission and during annual care conference

Methods	Process measures	Target for process measure	Comments
Policies -Zero tolerance to abuse, and Whistleblower posted in the home	Number of times the Concern Process is reviewed with the resident/substitute decision-maker at admission and during the annual care conference.	Ensure 100% completion of Concern Process review at both admission and annual care conference	

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	12.91	12.50	Target is based on corporate averages. We aim to meet or exceed the corporate goal.	CareRx

Change Ideas

Change Idea #1 To facilitate a Weekly Fall Huddles on each unit; with the interdisciplinary team

Methods	Process measures	Target for process measure	Comments
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;	Number of weekly meeting in each unit	Achieve 100% completion of Weekly Fall Huddles on every unit, with full participation from the interdisciplinary team, by the end of Q4 2026	

Change Idea #2 Implement a documentation/ charting buddy system where PSWs complete documentation alongside residents at high risk for falls to support accurate identification of contributing factors and reasons for falls.

Methods	Process measures	Target for process measure	Comments
<p>Establish charting buddies by having PSWs complete documentation alongside residents at high risk for falls. This process promotes accurate identification of fall causes by documenting events, behaviours, and environmental factors immediately after care is provided. Interdisciplinary staff will review documentation during weekly fall huddles</p>	<p>Number of high-risk-for-fall residents who received charting buddy documentation</p>	<p>Complete charting buddy documentation for at least 5 high-risk residents per month.</p>	

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	14.92	14.50	Target is based above corporate averages. We aim to do better than corporate average.	CareRx

Change Ideas

Change Idea #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
Number of meetings held monthly by interdisciplinary team. Number of antipsychotics reduced as a result monthly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics;	Number of meetings held monthly by interdisciplinary team. Number of antipsychotics reduced as a result monthly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics;	100% of newly admitted residents will have been reviewed for the appropriateness of antipsychotics use;	

Change Idea #2 Residents who are prescribed antipsychotics for the purpose of management of Responsive expressions, will have a quarterly review, for the potential of reduction or the 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 will have their medication, plan of care reviewed, quarterly by the interdisciplinary team (including resident and family) to develop a person centred approach.	Number of residents prescribed antipsychotics medications over the number of residents who have received a medication review in the last quarter.	100% of residents who are prescribed antipsychotic medications will receive a 3 month review to determine potential for reduction in dosage or discontinuing antipsychotics.	

Change Idea #3 Develop individualized plans of care that use non-pharmacological approaches based on identified triggers and tailored interventions.

Methods	Process measures	Target for process measure	Comments
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 Monitor of sleep hygiene, (adequate rest)	Number of residents prescribed antipsychotics medications over the number of residents who have received a medication review in the last quarter. Number of resident who plan of care has been reviewed	100% of residents who are prescribed antipsychotic medications will receive a 3 month review to determine potential for reduction in dosage or discontinuing antipsychotics. 100% of full time, nursing staff receive GPA training	

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	2.35	2.00	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	Medline

Change Ideas

Change Idea #1 Enhance preventive practices to minimize both new pressure injuries and deterioration of existing ones.

Methods	Process measures	Target for process measure	Comments
Arrange education for Registered staff and PSW, with Wound Care Specialist or Medline Wound Consultant	Number of Registered staff and PSW who have completed education.	Achieve 100% completion of skin care and pressure injury prevention education for all PSWs and Registered Staff to support enhanced preventive practices and minimize pressure injury incidence and deterioration	

Change Idea #2 Home to collaborate with Wound Care Specialist to provide in home and virtual consults

Methods	Process measures	Target for process measure	Comments
Develop a list of resident who PURS is 3 or greater, review plan of care, for the appropriate pressure relieving devices, review of surfaces in place	Number of consultation per quarter Number of pressure related injuries which have resolved	100% of resident with PURs 3 or greater, comprehensive assessment completed At least 1 visit from Wound Care Specialist per quarter	

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	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	CareRx, William Osler Health System

Change Ideas

Change Idea #1 Strengthen resident and family engagement to support a restraint-free philosophy by increasing understanding of the risks of restraint use and encouraging the use of safer, person-centred alternatives

Methods	Process measures	Target for process measure	Comments
Family and resident engagement, health teaching provided on the risk associated with restraints, and alternative interventions	Number of restraints being used in the home	100% of staff to completed education	

Change Idea #2 Increase the application of individualized, non-pharmacological and clinical strategies that address the underlying causes of behaviours, discomfort, or restlessness to reduce reliance on restraints.

Methods	Process measures	Target for process measure	Comments
Medication review (potential side effects of medication causing restlessness/agitation) Clinical review of the resident, to determine no underlying causes, (pain)	Number of restraints being used in the home	Maintain 0% physical restraint through consistent implementation of individualized, non-pharmacological strategies.	