

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)	15.00	10.00	We want to reduce visits as much as possible	

Change Ideas

Change Idea #1 Our Nurse Practitioner is on-site 4 days per week managing clinical issues.

Methods	Process measures	Target for process measure	Comments
Nurse Practitioner on site managing medical issues as they arise	Number of residents sent to emergency department	Reduce number of residents sent to emergency department to be closer to the provincial average	

Change Idea #2 Collaboration with the Community Paramedic Program in our area.

Methods	Process measures	Target for process measure	Comments
Administrator will connect with program and investigate areas of assistance available to our home	Number of residents sent to emergency department	Reduce number of residents sent to emergency department to be closer to the provincial average	

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	15.95	15.00	We continually strive to decrease falls	

Change Ideas

Change Idea #1 Decrease number of falls from 15.95 to 15 over the next year

Methods	Process measures	Target for process measure	Comments
Regular reviews of our recent falls, frequent fallers, fall prevention strategies and our restorative program.	Decreased number of falls		Our falls will decrease from 15.95 to 15 over the next year.

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	35.81	30.00	To be reduce the use of antipsychotic medications, moving closer to the provincial average.	

Change Ideas

Change Idea #1 Continue to review antipsychotic use at monthly internal BSO meeting

Methods	Process measures	Target for process measure	Comments
Each month at our internal BSO meetings the team reviews the residents who have quarterly med reviews in that month for use of antipsychotics	Reduce antipsychotic use from 35.81 to 30 over the next year	To move closer to the provincial average	

Change Idea #2 Our Pharmacist is now attending our Collaborative Meeting, along with the psychiatrist and our NP.

Methods	Process measures	Target for process measure	Comments
Our pharmacist, NP and psychiatrist collaborate to reduce number of antipsychotics used.	Reduce antipsychotic use from 35.81 to 30 over the next year	To move closer to the provincial average.	

Change Idea #3 Our NP is now reviewing the pharmacy quarterly audits and following up with recommendations.

Methods	Process measures	Target for process measure	Comments
Each month the quarterly audits are sent to the NP to be reviewed.	Reduce antipsychotic use from 35.81 to 30 over the next year	To move closer to the provincial average	

Measure - Dimension: Safe

Indicator #4	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	7.64	7.00	To move closer to the provincial average	

Change Ideas

Change Idea #1 Development of a Wound Care Team

Methods	Process measures	Target for process measure	Comments
Training for 4 new staff - 1 RN, 1 RPN, 2 PSWs to develop a team. Once team is developed using these champions will provide more education to all staff, families and residents.	Reduced number of residents with worsening ulcers	Reduce worsening stage 2 to 4 ulcers from 7.64 to 7	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who experienced moderate pain daily or any severe pain during the 7 days prior to their most recent resident assessment	C	Rate per 100 residents / Residents	CIHI eReporting Tool / Apr 1 - Mar 31	19.10	10.00	To move closer to the provincial average of 4.6	

Change Ideas**Change Idea #1** Provide staff with education on recognizing and treating pain

Methods	Process measures	Target for process measure	Comments
NP and external sources to provide staff education	Reducing residents experiencing pain from 19.1 to 10	To move closer to the provincial average	

Change Idea #2 Having a massage therapist come in regularly to provide some relief to residents with pain

Methods	Process measures	Target for process measure	Comments
Regular scheduled appointments with a massage therapist	Reducing residents experiencing pain from 19.1 to 10	To move closer to the provincial average	

Change Idea #3 Botox clinic scheduled regularly to provide some relief to residents with pain

Methods	Process measures	Target for process measure	Comments
Regularly scheduled botox injections	Reducing residents experiencing pain from 19.1 to 10	To move closer to the provincial average	