

## 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)	22.30	20.00	Goal is to decrease our rate of ED transfers to below the current provincial average.	

### Change Ideas

Change Idea #1 1. Increase access to and operational education of on-site diagnostic tools, tests, and treatments (e.g., x-rays, ultrasounds, bladder scanner, lab tests, intravenous therapy) to manage conditions within the home.

Methods	Process measures	Target for process measure	Comments
1. Home will utilize LPF to support in purchasing and maintenance of identified equipment. 2. Home will implement Clinical mentor utilizing PLEDGE funding to increase reg staff skill capacity. Mentor will provide weekly education and onsite support on ways to avoid improper transfers.	rate per 100 residents/LTC home residents	The home will see a 2.2% decrease in the number of residents transferred to ED	

**Change Idea #2** Work collaboratively with clinical supports, such as nurse-led outreach teams to deliver education, training, and clinical guidance to home staff and participate in decisions to transfer a resident to a hospital

Methods	Process measures	Target for process measure	Comments
New ADOC PLEDGE mentor will work with NLOT on creation and delivery of monthly education huddles for registered staff on topics identified to assist in decrease ED visits such as identifying infections and delirium, palliative care, IV, hydration etc. NLOT team will conduct education for PSW on observation and importance of reporting these findings to registered staff.	number of education sessions provided per month	12 education session will occur in 2026 and 100% of registered staff will attend a monthly education session by ADOC mentor in 2026	

**Change Idea #3** Enhance staff training on early recognition and management of common conditions that may result in ED visits, such as falls, infections and dehydration

Methods	Process measures	Target for process measure	Comments
1. Home to create clinical mentorship position with PLEDGE funding to support in-house clinical skills and capacity. 2. Home to utilize NLOT supports to provide clinical expertise and consultations	Number of hours of mentorship provided through PLEDGE funding	100% of registered staff will have opportunity to receive clinical mentorship. Clinical mentor will have capacity to provide 15 hours a week of mentorship support to new and current registered team members starting in April 2026.	

## Experience

### Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who respond positively to the statement:"I believe the food is tasty and at the right temperature"	C	% / LTC home residents	In-house survey / na	54.00	60.00	Home will aim to see a 6% increase in these scores	

## Change Ideas

### Change Idea #1 Home will improve plating presentation

Methods	Process measures	Target for process measure	Comments
1. Cooks and servers will receive education through surge learning on importance of strong presentation. 2. Plating expectations will be communicated at monthly department meetings 3. DNM will recognize strong presentation efforts at quick connect and monthly departmental meetings.	Number of cooks and servers completing surge education. Monthly meeting minutes identifying discussion and recognition at departmental meetings.	100% of dietary cooks and servers will receive plating with pride education. 100% of monthly staff meetings starting April 1st will have a focus on plating tips and recognition.	

## Change Idea #2 Home will implement point of care beverage carts in all dining rooms

Methods	Process measures	Target for process measure	Comments
1. DNM will update job descriptions and routines to pivot from pre-pouring beverages to point of care service 2. DNM will educate PSW and servers on the "Why" and process for the change 3. DNM will update dining room audit to include POS expectations. 4. DNM will rollout the program on in one dining room, to identify and eliminate concerns. Move process to additional dining rooms.	# of beverages during meal service will be poured table side.	100% of beverages in the dining room will be poured at table side.	

## Change Idea #3 Residents will have increased opportunity to provide feedback and make adjustments to menus.

Methods	Process measures	Target for process measure	Comments
1. DNM will implement comment cards to allow for continual feedback. Card and improvement initiatives to be reviewed at Food meetings. 2. DNM to increase food committees to monthly including tasting opportunities prior to new menu implementation	1. Home will receive comment cards monthly to review 2. Home to increase frequency of food committee meetings	1. 100% of residents and their SDM will have opportunity to complete comment card 2. 100% of received comment cards will be addressed at Food committees 3. DNM wil host 12 food committee meetings annually	

## Safety

### Measure - Dimension: Safe

Indicator #3	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	22.75	18.00	To utilize provincial average as the target justification.	

### Change Ideas

Change Idea #1 Home will implement RNAO risk assessments to increase awareness of residents risks and have ability to implement fall reduction strategies. Home will also implement RNAO post fall assessment to be completed by multidisciplinary team.

Methods	Process measures	Target for process measure	Comments
Falls lead will educate all registered staff on updated assessments. Training will be included in orientation and annual.	The number of residents that will be screened for falls risk on admission, change in status and readmission. # of post fall huddles completed.	100% of residents will be screened for falls risk with updated assessment. 100% of falls will have detailed post fall assessment completed.	Early identification will support falls prevention and risk mitigation strategies.

## Change Idea #2 Home will implement purposeful rounds for frequent fallers

Methods	Process measures	Target for process measure	Comments
Falls team will identify frequent fallers by listing and discussions at Quick Connects. PSW will be educated on 4P's Approach to purposeful rounds and conduct hourly rounds with this focus.	Number of residents identified as a frequent faller receiving a check hourly reviewing 4 P's Approach.	100% of residents will receive purposeful round checks hourly	audited by falls leads.