

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)	19.75	19.75	The home is currently below the provincial average.	NP, Medical Director, Psychogeriatrician Resource Consultant, Pain Consultant, Palliative Consultant, NP NLOT

Change Ideas

Change Idea #1 1. Maintain unnecessary hospital transfers below the provincial average. Continue with education to staff on the SBAR communication and documentation process twice a year, and as part of the onboarding process for all Reg. Staff.

Methods	Process measures	Target for process measure	Comments
1. Education and re-education will be provided to registered staff on the continued use of the SBAR tool and support standardize communication between clinicians.	1. Number of training and communication processes used in the SBAR format, between clinicians per month.	1. 100% of Registered Staff will be trained and assessed for use of SBAR communication processes by June 30, 2026.	

Change Idea #2 2. Continue with on the spot education on early recognition of residents at risk for ED visits by providing preventative care and early treatment for common conditions leading to potentially avoidable ED visits.

Methods	Process measures	Target for process measure	Comments
2. Nurse Practitioner on site will provide monthly education, in both theory and/or at bedside.	2. Number of formal educational sessions per month.	2. Avoidable transfers will be maintained between 19-20 % compared to the provincial average target date, March 31/27.	

Change Idea #3 3. Interdisciplinary team to review monthly ED transfers tracker to determine trends and review opportunities for education and process review.

Methods	Process measures	Target for process measure	Comments
3. DOC to establish a monthly schedule with the interdisciplinary team. NLOT NP to be included in the process.	3. Number of meetings held in the year.	3. 100 % of the scheduled avoidable ED meeting reviews will completed by March 31/27.	

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	The target is based on the current mandatory training requirements.	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
1. Training and/or education through Surge education and live events.	1. Number of staff education on diversity, inclusion, equity and anti-racism in the workplace.	1. 100% of staff to be educated on the mandatory Culture and Diversity training sessions by December31/26.	

Change Idea #2 2. To include Cultural Diversity as part of the monthly quality meetings.

Methods	Process measures	Target for process measure	Comments
2. Monthly quality meetings standing agenda: review the number of programs, education completed, number of staff trained to date.	2. Number of staff education on diversity, inclusion, equity and anti-racism in the workplace.	2. 100% of staff to be educated on the mandatory Culture and Diversity training sessions by December 31/26.	

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	91.67	91.67	The target is based on the current mandatory training requirements.	

Change Ideas

Change Idea #1 1. Increase awareness of the Bill of Rights and whistleblower policy

Methods	Process measures	Target for process measure	Comments
1. Review the Bill of Rights and the whistleblower policy in Resident council meetings.	1. Number of resident council meetings in which the resident Bill of rights was reviewed. This will be done, 3-4 rights per meeting.	1. 100 % of the resident council meeting will review resident Bill of rights by December 31/26.	Total Surveys Initiated: 36

Change Idea #2 2. Review the complaint process and open door policy during admission with residents/SDM's and yearly care conferences and open door philosophy

Methods	Process measures	Target for process measure	Comments
2. During admission with residents/SDM's and yearly care conferences and open door philosophy.	2. Number of admissions and yearly care conferences in which the complaint process and open-door policy were reviewed	2. 100 % of all new and yearly admissions, will have the opportunity to review the complaint process and open door philosophy by December 31/26.	

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	14.42	14.42	The home is currently below the provincial average .	Physio, Nurse Practitioner, Pharmacist, Medical Director

Change Ideas

Change Idea #1 1. Complete Weekly Fall Huddles for each unit with the interdisciplinary team.

Methods	Process measures	Target for process measure	Comments
1. Complete a weekly huddle with unit staff regarding ideas to help prevent risks of falls or injury related to falls.	1. Number of weekly falls huddles in each unit per month.	1. 100% of staff participation on Falls Weekly huddle in each unit by March 31/27.	

Change Idea #2 2. In collaboration with the Falls committee, the Falls lead, and the interdisciplinary team residents who are determined medium to high-risk and have recently sustained a fall will be reviewed for both non-clinical and clinical interventions. This review will also include the resident's plan of care, environmental assessment, Pharmacist/MD/NP for medication reviews, and PT for physio regimen. Residents and SDMs will be active participants in this process.

Methods	Process measures	Target for process measure	Comments
2. Completion of the Monthly clinical falls review meetings.	2. The number of residents reviewed monthly who have recently sustained a fall and are at medium and high risk for falls	2. 100 % completion of all monthly clinical falls review meetings by March 31/27.	

Change Idea #3 3. Re-launch of Purposeful rounding (4 Ps), for residents at medium and high risk for falls.

Methods	Process measures	Target for process measure	Comments
3. Education to the nursing staff on Purposeful rounding (4 Ps). The home will ensure that residents who are determined to be at medium and high risk for falls, their plan of care will include purposeful rounding (4 Ps).	3. The number of staff educated on Purposeful rounding (4 Ps) and the number of residents whose care plans include purposeful rounding.	3. 100 % of all nursing staff are to be educated on purposeful rounding by May 15/26. 100 % of residents' care plans determined medium and high risk for falls, will include purposeful rounding in their care plans by June 15/26 and onwards.	

Change Idea #4 4. Resident list of FRS of 3 or greater, offer fracture and injury prevention alternatives, both pharmacological and non-pharmacological.

Methods	Process measures	Target for process measure	Comments
4. Education provided to registered staff on fracture and injury prevention. Involve restorative care lead .	4. The number of care plans updated with pharmacological and/or non-pharmacological interventions to reduce the risk of potential injuries.	4. 100 % of the Reg staff to be educated on fracture and falls related injury prevention by December 31/26.	

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	7.48	7.48	The home is currently below the provincial average .	PASE, Pharmacist, Physician, Nurse Practitioner

Change Ideas

Change Idea #1 1. The MD, NP, BSO internal and external (including the Psychogeriatric Team), and other members of the interdisciplinary team will meet monthly to review newly admitted and existing residents on antipsychotic medication for diagnosis and indication for use. This will also be a standing item in the CQI/PAC quarterly meeting agendas.

Methods	Process measures	Target for process measure	Comments
1. Monthly meetings with the interdisciplinary team with a focus on Antipsychotic use and interventions for the reduction/tapering of antipsychotic medication usage. Review data during CQI and PAC meetings.	1. The number of meetings held monthly by the interdisciplinary team and the number of antipsychotic reductions as the result of these meetings.	1. 100% of residents on antipsychotic medications without psychosis will be assessed for the possible reduction or tapering of antipsychotic use. 100 % completion of the monthly interdisciplinary meetings and quarterly CQI/PAC meetings antipsychotic data review.	

Change Idea #2 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. Utilization of tracking tool (antipsychotic).

Methods	Process measures	Target for process measure	Comments
2. The BSO lead and the nursing team will ensure that residents who receive antipsychotics for responsive expressions will have their medication, and plan of care reviewed, quarterly by the interdisciplinary team (including resident and family).	2. Number of residents on antipsychotic medications whose care plans have been reviewed on a quarterly basis.	2. 100 % of the residents on antipsychotic medications will have their quarterly reviews completed. Target date: March 31/27	

Change Idea #3 3. Development of plans of care, with non-pharmacological approach - identification of triggers and interventions.

Methods	Process measures	Target for process measure	Comments
3. Review of the plan of care for non-pharmacological approaches, and triggers leading to Personal expressions.	3. The number of residents whose plans of care have been reviewed for both non-pharmacological and trigger interventions.	3. 100 % of the residents on Antipsychotics, will have their care plans reviewed for both non-pharmacological and trigger interventions.	

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	1.46	1.46	The home is currently below the provincial average .	Medline, Skin and Wound Care Specialist

Change Ideas

Change Idea #1 1. Education to be provided to all Reg staff on the completion of the weekly skin assessments as per Southbridge policy and procedures.

Methods	Process measures	Target for process measure	Comments
1. Skin and wound care lead to rollout formal and on the spot education on the completion of weekly skin assessments.	1. Number of formal and spot education on the completion of weekly skin assessments.	1. 100 % of all Reg staff, including agency personnel, will receive education on the completion of weekly skin assessments by March 31/27.	

Change Idea #2 2. Education to be provided to all nursing staff on preventative measure to minimize risk of skin-related injuries or pressure ulcers.

Methods	Process measures	Target for process measure	Comments
2. Skin and wound care lead to work in collaboration with Medline and skin and wound care specialists to roll out preventative measure to minimize risk of skin-related injuries and pressure ulcers to all nursing staff including agency personnel.	2. Number of education sessions on preventative measure to minimize risk of skin-related injuries and pressure ulcers.	2. 100 % of all nursing staff will receive education on preventative measure to minimize risk of skin-related injuries and pressure ulcers by March 31/27.	

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	1.40	1.40	The home is currently below the provincial average .	Psychogeriatric team, Physio

Change Ideas

Change Idea #1 1. Review utilization of alternatives to restraints.

Methods	Process measures	Target for process measure	Comments
1. Review all residents on restraints and consider alternatives, including residents (when appropriate) and SDMs in the process.	1. Number of reviews completed on a monthly basis.	1. 100 % of all residents on restraints will be reviewed by April 30/26.	

Change Idea #2 2. Enhance awareness of corporate least restraint policy on admission and yearly care conferences and/or as required based on the resident's care needs.

Methods	Process measures	Target for process measure	Comments
2. BSO to hold meetings with residents/family members to discuss alternatives to restraints.	2. Number of care conferences held with residents/family members to discuss alternatives to restraints.	2. 100 % of care conferences with residents on restraints will include the review restraints alternatives. Target date March 31/27.	