

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.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	24.04	23.00	We continue to utilize the equipment that we purchased through the LPF, to treat Residents within the Home and avoid unnecessary transfers.	

Change Ideas

Change Idea #1 Continue to monitor ED visits and discuss as a team which ones could be avoided.

Methods	Process measures	Target for process measure	Comments
Monitor and follow-up with registered staff on the advantages and improvements provided by utilizing the RNAO - BPG tool for PCC. Interdisciplinary team to communicate about falls in PAC meetings.	Number of staff trained annually; audited training received Decreased number of visits to ED	100% of new staff, plus current staff will have training by the end of Q4. 2-5% ED visit decrease by Q4	

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	625.00	750.00	The Home is collaborating with The Municipality to build a DEI committee and implement changes throughout the quarters.	SurgeLearning, DEI Committee, CLRI Training

Change Ideas

Change Idea #1 Education Platform for DEI has been completed by the leadership team and the Corporation has formed a committee. We have also added this as part of our education in SURGE learning in June 2025.

Methods	Process measures	Target for process measure	Comments
The policies relating to Diversity, inclusion and equity in the workplace will be made available on Surge Learning as well.	per staff completion	100% will be completed in Q4	Total LTCH Beds: 84

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 Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	16.17	15.00	Continue to collaborate with external partner (LifeMark) with reducing falls and different techniques to apply quarterly.	

Change Ideas

Change Idea #1 Sharpen Falls Program

Methods	Process measures	Target for process measure	Comments
Utilizing RNAO Best Practice Falls Guidelines -HJ McFarland continues to strive to decrease the falls in the home using Best Practice guidelines relating to falls prevention.	Decreased number of falls in the home.	5-10% falls decrease by Q4 2025	

Measure - Dimension: Safe

Indicator #4	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 Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	29.96	27.00	Continue to collect information before admission to ensure proper medication requisitions are completed, leaning away from antipsychotics.	

Change Ideas

Change Idea #1 Non-Pharmalogical Interventions

Methods	Process measures	Target for process measure	Comments
BSO support - continue to utilize the BSO support team using non-pharmalogical and GPA approach for residents.	Decreased number of behaviour incidents that may lead to negative outcome, such as heightened verbal aggression.	2-5% decrease by Q4	

Change Idea #2 Drug Reviews with Pharmacist/MD

Methods	Process measures	Target for process measure	Comments
Continue Quarterly Drug Reviews where the Pharmacy will flag/communicate residents who do not have a psychosis diagnosis receiving antipsychotic and MD to review and implement changes as needed.	Number of residents assessed for antipsychotics.	Decreases by 2-5% by Q4	