

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)	21.57	15.00	Emergency Department transfers for ambulatory care sensitive conditions represent situations where timely assessment, early intervention, and proactive management in the long-term care home may prevent deterioration requiring hospital transfer. These conditions commonly include dehydration, urinary tract infections, pneumonia, congestive heart failure exacerbations, COPD exacerbations, and complications related to diabetes. The organization is setting a target of 15.00, representing approximately a 30% percent reduction in ED visits for ambulatory care/sensitive conditions. This target is ambitious but achievable through improved clinical monitoring, strengthened interdisciplinary communication, and increased use of internal clinical resources.	

Change Ideas

Change Idea #1 Improve Early Identification of Resident Condition Changes

Methods	Process measures	Target for process measure	Comments
- Train PSWs and registered team members to recognize and report subtle clinical changes. - Introduce standardized escalation procedures for changes in condition. - Reinforce documentation and communication during shift reports.	Percentage of reported resident condition changes documented using a standardized early warning tool.	Greater than 90 percent of condition changes documented using the tool.	

Change Idea #2 Strengthen In-Home Clinical Assessment Prior to Transfer

Methods	Process measures	Target for process measure	Comments
- Implement a structured nursing assessment protocol before initiating hospital transfer. - Implement clinical pathways for common conditions - Offer education through NLOT team to the registered team members on assessment skills - Increase education to team members on what should be included in conversations with families prior to transfers (ie. what can be offered at WDFL)	Percentage of potential transfers where the medical team was consulted prior to ED transfer.	Greater than 85 percent consultation prior to transfer.	

Change Idea #3 Strengthen Hydration and Infection Prevention Practices

Methods	Process measures	Target for process measure	Comments
- Implement hydration and fluid intake monitoring for high-risk residents. - Increase team member education on early signs of infection and dehydration. - Introduce a hydration promotion initiative during high-risk seasons.	Percentage of high-risk residents with daily hydration monitoring documentation.	Greater than 90 percent compliance.	

Change Idea #4 Conduct Post-Transfer Reviews

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none">- Review every ED transfer during monthly Quality Improvement meetings.- Identify avoidable transfers and contributing factors.- Implement targeted education and corrective actions based on findings.	Percentage of ED transfers reviewed within 30 days.	100 percent review of ED transfers.	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents experiencing clinical decline who receive a documented palliative assessment and care planning intervention within 24 hours of recognition.	C	% / LTC home residents	In house data collection / April 1, 2026 - March 31, 2027	CB	90.00	Improve the implementation of a palliative approach to care and end-of-life support for residents and families. A palliative approach ensures residents experiencing serious illness or decline receive timely assessment, effective symptom management, and compassionate care focused on comfort, dignity, and quality of life. This includes early recognition of decline, clear communication with families, emotional and spiritual support, and respectful end-of-life practices. Internal reviews show opportunities to improve the timely recognition of decline and initiation of palliative assessments. The home has set a target of 90% compliance with palliative assessments within 24 hours of decline, supported through team member education, standardized assessment processes, and stronger interdisciplinary communication. This initiative will also strengthen the home's palliative culture through respectful end-of-life practices such as honour guard processes and memorial recognition.	

Change Ideas

Change Idea #1 Provide Education on End-of-Life Pain Management and the Palliative Performance Scale (PPS)

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> - Develop and deliver a standardized education module focused on: End-of-life pain and symptom management, Recognizing signs of clinical decline, and Use of the Palliative Performance Scale (PPS) to assess functional decline - Provide training sessions to all Registered Team Members. - Administer a post-education knowledge quiz to evaluate learning outcomes. - Track completion rates and quiz scores. 	Percentage of Registered Team Members who complete the palliative education module and post-education quiz.	100% completion by registered team members with an average quiz score of greater than 80%	

Change Idea #2 Implement Resident Decline Assessment Through Point-of-Care (POC) Tasks

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> - Implement the new Point-of-Care (POC) task and Registered Team Member Resident Decline Assessment - Require completion of the assessment when residents are identified as experiencing clinical decline. - Ensure assessments are completed within 24 hours of recognition of decline. - Audit compliance monthly. - Review results at each Palliative Care Committee meeting to identify improvement opportunities. 	Percentage of residents experiencing clinical decline who receive a documented Resident Decline Assessment within 24 hours.	Greater than 90% compliance with completion within 24 hours.	

Change Idea #3 Implement a Standardized Honour Guard Process

Methods	Process measures	Target for process measure	Comments
- Develop a standardized Honour Guard process to support residents at end of life. - Provide education to team members on the process and expectations. - Ensure team members understand how to coordinate the honour guard respectfully and consistently. - Track implementation through quarterly audits.	Percentage of residents who pass away in the home where the Honour Guard process is offered.	100% of residents are offered the Honour Guard process following their passing.	

Change Idea #4 Create a Dedicated Memorial Space to Honour Residents

Methods	Process measures	Target for process measure	Comments
- Establish a memorial space in the front lobby to honour residents who have passed. - Include memory elements such as: A memorial display board, Candles or flowers, and Name cards recognizing residents - Inform families and team members of the space and its purpose. - Collect feedback from families and team members regarding the impact of the memorial space.	Completion of memorial space implementation and collection of feedback from families and team members.	Memorial space implemented by July 31, 2026, with feedback collected three months post-implementation.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who report that they are involved in decisions related to their care and/or medications (Resident Satisfaction Survey).	C	% / LTC home residents	In-house survey / January 1, 2026 to December 31, 2026	39.00	48.00	Resident involvement in care and medication decisions is a key principle of resident-centred care and the Resident Bill of Rights, supporting autonomy, dignity, and trust between residents and care providers. Resident Satisfaction Survey feedback identified opportunities to strengthen communication and engagement, as residents may not always feel consulted when care plans or medications change. Improving team member awareness, documentation of resident input, and communication processes such as SBAR will support greater resident participation. The home has set a target to increase satisfaction scores related to involvement in care decisions by 9 points through improved communication and reinforcement of resident-centred care practices.	

Change Ideas

Change Idea #1 Share Resident Satisfaction Survey Results and Improve Team Member Awareness

Methods	Process measures	Target for process measure	Comments
- Share Resident Satisfaction Survey results with during Team Exchanges, Registered Team meetings, and PSW meetings. - Facilitate discussions with team members to identify opportunities to improve resident engagement in care and medication decisions. - Reinforce the importance of involving residents in conversations about their care plan and treatment options.	Percentage of scheduled team meetings where Resident Satisfaction Survey results and resident involvement strategies are discussed.	Resident involvement in care decision discussions included in 100% of Team Exchange and departmental meetings during implementation period.	

Change Idea #2 Improve Documentation of Resident Input in PCC

Methods	Process measures	Target for process measure	Comments
- Conduct documentation audits within PCC to ensure resident feedback and participation are documented when care plan or medication changes occur. - Reinforce expectations that resident preferences, concerns, and feedback are documented during care conferences and when changes occur to care plans. - Provide feedback and coaching to team members when documentation does not reflect resident involvement.	Percentage of audited PCC notes documenting resident input during care plan or medication changes.	Greater than 90% of PCC documentation includes resident input where appropriate.	

Change Idea #3 Update SBAR Process to Support Resident Involvement

Methods	Process measures	Target for process measure	Comments
- Update the SBAR communication template and process to include confirmation that changes to care plans or medications are discussed with the resident when appropriate. - Require registered team members to ensure residents are informed and involved when discussing changes with physicians or nurse practitioners. - Monitor compliance through SBAR documentation audits	Percentage of SBAR communications that document resident discussion regarding care or medication changes.	Greater than 90% compliance with SBAR documentation reflecting resident involvement.	

Change Idea #4 Reinforce Resident Participation in Care Conferences and Clinical Discussions

Methods	Process measures	Target for process measure	Comments
- Encourage residents to attend care conferences whenever possible. - Ensure residents are provided opportunities to express preferences and concerns regarding their care plans and medications. - Document resident participation and feedback in PCC following discussions.	Percentage of care conferences where resident participation or input is documented.	Greater than 90% of care conferences include documented resident participation or feedback.	

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	20.69	15.69	Falls are a common risk in long-term care and can lead to injury, hospital transfers, and reduced independence. The current fall rate of 20.69% highlights the need to strengthen prevention through better risk identification, interdisciplinary interventions, and consistent monitoring. Evidence supports multifactorial assessments, individualized care planning, environmental safety measures, and team member education to reduce falls. The home has set a target of 15.69% (a 24% reduction), achievable through improved early identification of risk and consistent implementation of individualized prevention strategies.	

Change Ideas

Change Idea #1 Implement Individualized Fall Prevention Interventions

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> - Develop individualized fall prevention plans for residents identified as high risk. - Interventions may include: Low beds, Hip protectors, Scheduled toileting, Mobility aids Sensor alarms or monitoring systems, and Physiotherapy involvement - Ensure interventions are documented and communicated to all team members 	Percentage of high-risk residents with documented individualized fall prevention interventions.	100% of high-risk residents have individualized interventions in place.	

Change Idea #2 Improve Resident Mobility and Strength

Methods	Process measures	Target for process measure	Comments
<ul style="list-style-type: none"> - Increase referrals to physiotherapy or restorative care for residents at risk of falls. - Implement strengthening and balance programs where appropriate. - Encourage regular mobility with team member support. - Integrate mobility promotion into daily care routines. - Creation of Balance/Strength exercise classes through collaboration with the PT & Recreation departments and with co-op students 	Percentage of high-risk residents referred to physiotherapy or restorative care.	100% referral rate for high-risk residents	

Change Idea #3 Strengthen Falls Prevention Through Data Analysis

Methods	Process measures	Target for process measure	Comments
- Develop a monthly falls data analysis report that identifies trends including: High-risk days of the week for falls, High-risk times of day when falls most frequently occur, Locations within the home where falls are occurring most often, Residents with repeat falls, Contributing factors identified during post-fall reviews - Share neighbourhood-specific fall data with each neighbourhood monthly to increase team member awareness of patterns and risk factors.	Percentage of neighbourhoods receiving and reviewing monthly fall trend reports.	100% of neighbourhoods receive and review monthly fall data.	

Change Idea #4 Implement a standardized procedure for enhanced fall prevention monitoring

Methods	Process measures	Target for process measure	Comments
Review the monthly falls analysis at the Falls Committee meeting, where interdisciplinary team members will: Examine trends and root causes, Identify targeted prevention strategies, and Develop action items to address identified risks - Communicate committee recommendations and prevention strategies back to each neighbourhood team. - Based on the analysis of fall trends, identify high-risk periods during the day when falls are most likely to occur.	Percentage of Falls Committee meetings that include review of fall trend analysis and action planning.	100% of Falls Committee meetings include data review.	

Change Idea #5 Strengthen Falls Prevention Through Targeted Registered Team Member Monitoring

Methods	Process measures	Target for process measure	Comments
<p>- Implement a structured Registered Team Member proactive monitoring schedule during identified high-risk times. - Audit will be created to monitor what areas are being checked to formalize the process They will conduct rounds on neighbourhoods to: Walk the floors during peak fall-risk periods, Observe resident mobility and behaviour, Provide additional supervision for residents at high risk of falling, Ensure mobility aids and safety interventions are in place and Provide real-time coaching and support to team members</p>	<p>Percentage of identified high-risk fall periods covered by Registered Team Members proactive monitoring rounds.</p>	<p>Greater than 90% coverage of high-risk periods by Registered Team Members monitoring rounds.</p>	<p>This proactive approach will improve team member awareness of fall trends and increase clinical oversight during periods when falls are most likely to occur.</p>

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents with daily and/or severe pain.	C	% / LTC home residents	CIHI CCRS / April 1, 2026 - March 31, 2027	4.80	2.80	Pain is common but often under-recognized in long-term care and can significantly impact residents' quality of life, mobility, sleep, and participation in activities. The home's current rate of 4.8% of residents experiencing daily or severe pain indicates opportunities to strengthen assessment, monitoring, and management. Evidence shows that comprehensive pain assessments, interdisciplinary care planning, and monitoring of treatment effectiveness can reduce unmanaged pain. The home has set a target of 2.8% (a 42% reduction), achievable through improved assessment processes, interdisciplinary management strategies, and monitoring of medication effectiveness and side effects.	

Change Ideas

Change Idea #1 Evaluate and Strengthen the Current Pain Management Program

Methods	Process measures	Target for process measure	Comments
<p>- Conduct a comprehensive review of the home's current pain management program, policies, and procedures to ensure alignment with best practices and regulatory expectations. - Standardize the use of a comprehensive pain assessment tool for residents reporting pain or showing signs of discomfort. - Ensure pain assessments are completed: On admission, Quarterly, With any change in condition, and Following reports or indicators of pain - Provide education to registered team members on recognizing both verbal and non-verbal indicators of pain, particularly in residents with cognitive impairment. - Ensure interdisciplinary involvement in pain management planning, including nursing, physicians, pharmacy, physiotherapy, and restorative care. - Update care plans to reflect individualized pain management strategies.</p>	<p>Percentage of residents with documented comprehensive pain assessments when pain is identified or suspected.</p>	<p>Greater than 95% of residents with suspected pain receive a comprehensive pain assessment.</p>	

Change Idea #2 Implement a Sedation Monitoring Scale for Medication Management

Methods	Process measures	Target for process measure	Comments
- Develop and implement a sedation scale to monitor potential side effects associated with pain medications, particularly opioids or other sedating medications. - Require the use of the sedation scale when: Initiating new pain medications, Increasing medication dosages, and Adjusting medication regimens - Train registered team members to use the sedation scale to assess residents for: Drowsiness, Reduced responsiveness, and Changes in level of consciousness - Document sedation scores during medication monitoring periods and communicate concerns to physicians or nurse practitioners. - Review sedation monitoring results during medication reviews and interdisciplinary care conferences.	Percentage of residents started on new or increased pain medications who receive sedation scale monitoring.	Greater than 90% compliance with sedation monitoring following medication changes.	

Change Idea #3 Improve Ongoing Pain Monitoring and Reassessment

Methods	Process measures	Target for process measure	Comments
- Implement routine pain reassessment following pain interventions or medication administration. - Ensure team members reassess pain levels within appropriate timeframes after pharmacological and non-pharmacological interventions. - Incorporate pain monitoring into daily care routines and shift reports. - Encourage team members to document resident responses to interventions.	Percentage of residents receiving documented pain reassessment following pain intervention.	Greater than 90% of pain interventions followed by documented reassessment.	