

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)	16.00	12.00	Although we are below the provincial average of 22.3, we are working to reduce this percentage to less than 5%. Our current goal is to reduce by 25%	

Change Ideas

Change Idea #1 Reduce unnecessary ED visits by increasing the availability of diagnostic services offered in-home.

Methods	Process measures	Target for process measure	Comments
Train all RPN and RN staff to use the ECG machine Training will be provided to available staff by a certified trainer Trained staff will then train others	Number of Registered staff (RN and RPN) trained Number of residents sent to ED for heart related concerns following ECG Number of residents sent to ED for heart related concerns following ECG that were unnecessary	100% of registered staff trained 0 residents sent to ED unnecessarily following ECG	

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	We continue to aim for 100%	

Change Ideas

Change Idea #1 Regular and relevant mandatory education

Methods	Process measures	Target for process measure	Comments
Surge learning modules. In person training.	Number of active staff (as of Dec. 31 2026) who have completed the required education	100% of active staff will have completed all required modules	

Change Idea #2 Home policies and procedures are considerate and inclusive to all cultures. Staff are trained and knowledgeable in all procedures.

Methods	Process measures	Target for process measure	Comments
Review of current policies using an equity lens. Creation of new policies to address gaps Regular review of applicable policies by staff	Number of current policies reviewed using an equity lens Number of current policies revised using an equity lens Number of new policies created to address gaps Number of active staff who reviewed pertinent policies	2 policies reviewed in 2026 1 new policy created in 2026 100% of active staff will review pertinent policies/education	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of residents/caregivers who rated their move-in / transition experience as positive	C	Number / Other	In-house survey / 2026	CB	CB	Starting in 2026, all new admissions will receive the transition experience survey	

Change Ideas

Change Idea #1 Provide New Admission - Transitions in Care survey to residents and/or caregivers to assess their satisfaction with their transition (move in) experience. Aligns with RNAO's BPG 'Transitions in Care'

Methods	Process measures	Target for process measure	Comments
Provide residents and/or families/caregivers with Family Support Survey on admission day with a request to return at the Admission Care Conference. Resident Counsellor will review purpose of the survey with families and encourage them to fill out and return.	Number of new admissions Number of Family Support Surveys distributed Number of Family Support Surveys completed and returned	100% of new admissions receive survey 50% of surveys completed and returned	

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	12.50	9.00	We would like to continue to reduce the number of residents with falls (especially with injury) as we work toward the provincial benchmark of 9% or less.	

Change Ideas

Change Idea #1 Reduce Falls through targeted education on Lifts and Transfers education to PSW's including point of care risk assessments for staff on Monarch Manor and Plaza 2.

Methods	Process measures	Target for process measure	Comments
Restorative Care will provide in-person hands-on training for proper lifts and transfers of residents. Training will include a booklet that must be read prior to the training and has knowledge check questions which must be answered. Training will reinforce proper techniques for transferring residents in/out of bed, toileting as well as safe techniques while providing care in bed (Turning, rolling, positioning) as well as how to complete a point of care risk assessment.	# of PSW's on MM and RHA2 # of PSW's completing training	90% of PSW's will complete training	

Measure - Dimension: Safe

Indicator #5	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	5.02	2.00	Our goal is to reduce pressure injuries below the provincial average of 2.3%	

Change Ideas**Change Idea #1** Decrease rate of pressure injuries through education

Methods	Process measures	Target for process measure	Comments
Use "Seymour Butts" to provide hands on education to staff Assign Wound care education in Surge Learning Provide education to PSWs on the importance of off-loading pressure Provide education to Registered staff on wound assessment, specifically wound depth	Number of education sessions using Seymour Butts % of staff completing wound modules in Surge Number of PSW's attending education Number of Registered staff attending education % of residents with worsening PI's	minimum of 4 education sessions using Seymour Butts 100% of staff completing wound modules on Surge 50% of PSW's (FT and PT) attending education 100% of FT Registered staff and 50% PT attending education 2% of residents with worsening PI's	

Change Idea #2 Wound care audits

Methods	Process measures	Target for process measure	Comments
Best Practice Clinician will randomly select residents with pressure injuries and conduct audits during wound care / dressing changes. This will ensure proper wound care practices are being followed and provides the opportunity for 'Just-in-time' bedside coaching.	Number of residents with pressure ulcers/injuries Number of residents with PI's audited	50% of residents with a pressure injury will be audited	

Change Idea #3 Eliminate use of Night Briefs for residents with Pressure Injuries in alignment with Best Practice recommendations

Methods	Process measures	Target for process measure	Comments
Best Practice Clinician will audit and identify residents currently using night briefs on each home area and will review each resident's scenario, consult with families and staff, and transition residents to regular briefs where appropriate. Care plans will be updated accordingly after discussions and changes are implemented.	# of residents with pressure injuries using night briefs # of resident with pressure injuries using night briefs transitioned to regular briefs	100% of resident with pressure injuries who use a night brief will be transitioned to regular briefs	Night briefs are known to increase heat, which can make pressure injuries break down faster. Changing to regular briefs also ensures more frequent changes, which results in more offloading and skin care.

Measure - Dimension: Safe

Indicator #6	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	6.60	1.80	Our goal is to become a zero restraint home. We continue to work toward this goal.	

Change Ideas**Change Idea #1 Bed Rail Removal Prior to New Resident Admission**

Methods	Process measures	Target for process measure	Comments
Before a new resident moves into their room, all bed rails will be removed until a Restraint/PASD assessment is completed. Bed rail assessments have been added to Point Click Care and trigger automatically for new admissions	Bed rails will be removed prior to new admissions moving in New resident admissions will have a restraint/PASD assessment completed within 72 hours	100% of new resident admissions will have bed rails removed prior to moving in 100% of new resident admissions will have a restraint/PASD assessment completed within 72 hours	

Change Idea #2 Bed rail assessments will be completed for all existing residents

Methods	Process measures	Target for process measure	Comments
Bed rail assessments are available in PCC and can be initiated manually Assessments will be completed for all existing residents. If bed rails are not required as a PASD or restraint, residents/caregivers will be contacted to provide information as to why the rails will be removed Bed rails that are not required will be removed	Existing residents will have a bed rail assessment completed Existing residents/caregivers will be contacted to discuss removal of bed rails when not required Bed rails not required as PASD's will be removed Bed rails required as PASD's will have current assessment and documentation on file	100% of existing residents will have a bed rail assessment completed 100% of residents/caregivers will be contacted to discuss removal of bed rails when not required 100% of bed rails not required as PASD's will be removed 100% of bed rails required as PASD's will have current assessment and documentation on file	

Change Idea #3 Education will be provided to staff and families regarding restraints / bed rail removal to support buy-in.

Methods	Process measures	Target for process measure	Comments
Education sessions offered for staff Pioneer Talks sessions offered for families/caregivers	Number of Education sessions offered for staff Number of Pioneer Talks sessions offered for families/caregivers	8 Education sessions offered for staff 2 Pioneer Talks sessions offered for families/caregivers	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Overall reduction in behavioural and physical expressions (directed to staff)	C	% / Residents	In house data collection / 2026-27	CB	50.00	Our goal is a 50% reduction in behavioural and physical expressions directed to staff on RHA 4 as we begin implementation of the Butterfly model on this home area. This is in line with the numbers we achieved on Monarch Manor during our implementation.	

Change Ideas

Change Idea #1 Create a more home-like environment on RHA 4 as we continue to expand our Butterfly model - emotion based model of care.

Methods	Process measures	Target for process measure	Comments
Butterfly / Emotion Based Care training Environmental changes (painting, design)	Number of FT and PT staff working regularly on RHA 4 who have completed the Butterfly training	100% of FT and PT staff on RHA 4 will have completed the training by December 2026	We are excited to continue spreading the Butterfly model throughout our home