

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)	21.14	15.00	provincial benchmark	

Change Ideas

Change Idea #1 Increased education to registered staff to manage residents care in the home.

Methods	Process measures	Target for process measure	Comments
In services by NLOT Utilize NLOT acute management support	Each month ED transfers will be reviewed	10% reduction of ED transfers by the end of 2026	

Change Idea #2 Provide education to residents and families on the benefits of receiving care in the home.

Methods	Process measures	Target for process measure	Comments
Provide verbal and written education to residents and their families.	Number of residents and families that demonstrate uptake of education documented per quarter.	100% of residents and families with be provided with education on the benefits of receiving care in the home and the benefit of avoiding unnecessary ED transfers.	

Change Idea #3 Increase equipment and services provided in the home to support residents receiving care in the home instead of in ED

Methods	Process measures	Target for process measure	Comments
Increase service providers that will come into the home to provide care for residents (i.e. xray imaging, community paramedicine).	Each month residents who received services in the home instead of being transferred to ED.	decrease in unecessary ED transfers by 10%	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement "Overall I am satisfied with the food and dining room experience".	C	% / LTC home residents	In-house survey / 2026	82.35	95.00	percent improvement	

Change Ideas

Change Idea #1 Education to all staff on pleasurable dining.

Methods	Process measures	Target for process measure	Comments
education on pleasurable dining at staff huddles integrate pleasurable dining into the onboarding process education to staff throughout the year on pleasurable dining	staff understanding pleasurable dining	100% of staff will receive education on pleasurable dining	

Change Idea #2 Review/Revise job descriptions

Methods	Process measures	Target for process measure	Comments
Each department updates the job description of each role in the department which will help aid in roles during meal times.	Staff understand their job descriptions and role during dining	100% of revised dietary, nursing and support staff job descriptions are revised in 6 months.	

Change Idea #3 Change in staff practices and focuses

Methods	Process measures	Target for process measure	Comments
Support transition from task-focused feeding to relationship-centred dining adaptive utensils residents are not supported to leave the dining room until the are finished and ask to leave Each course is not offered until the resident is finished their current course Plates are not removed until the resident is finished	dining room audits staff conversing with residents throughout their meal	95% of residents will rate the food and their dining room experience as pleasurable.	

Change Idea #4 Active involvement of residents input into menu choices.

Methods	Process measures	Target for process measure	Comments
resident food committee standing agenda with resident food committee for feedback on pleasurable dining and dietary choices continue to use encourage residents to use feedback forms for dining	Feedback from residents that they feel their dining experience is pleasurable	90% of resident will respond positively to overall i am satisfied with the food and dining experience through our resident satisfaction survey 95% of residents will respond positively to my dining experience is pleasurable 75% of resident will respond positively to I am given the opportunity to give input into the menu choices on the resident satisfaction survey.	

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	18.03	15.00	percent improvement	

Change Ideas

Change Idea #1 Revise current falls prevention program with a focus on decreasing the number of falls with injuries in the home.

Methods	Process measures	Target for process measure	Comments
explore and collaborate with external stakeholder/university on research/interventions for falls prevention (i.e. PREVENT Trial)	Falls team to review current falls with injuries on a monthly basis.	decrease monthly falls with injuries by 15%	

Change Idea #2 Comprehensive Geriatric Assessments on resident who are high risk for falls.

Methods	Process measures	Target for process measure	Comments
Comprehensive assessment completed by NLOT team Pharmacy review of medications MD review of medications related to medications that increase the risk for falls	Number of medication assessments for residents taking medications that increase the risk of falls.	100% of residents who are considered high risk for falls have a comprehensive geriatric assessment completed annually.	

Change Idea #3 Individualized restorative mobility, strength and balance program for residents who qualify and are high risk for falls.

Methods	Process measures	Target for process measure	Comments
Implement a structured, individualized restorative care plan for residents.	Review of number of falls for residents in the restorative program monthly.	25% reduction in falls in residents who are participating in the program.	

Change Idea #4 Implementing post fall discussion at weekly interdisciplinary huddles

Methods	Process measures	Target for process measure	Comments
develop a standardized huddle tool to be added to the weekly huddle meeting minutes	Review of completed post fall weekly huddle	The team will meet and complete a post fall huddle for 100% of falls in the home.	

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Interactive Educational Emergency code drills conducted	C	% / Staff	Local data collection / 2026	12.00	24.00	theoretical best	

Change Ideas

Change Idea #1 Education on emergency codes

Methods	Process measures	Target for process measure	Comments
Education will be provided both written and in person each month on the code of the month	Leadership team in collaboration with the business and finance administrator will provide education to each staff member on the focused emergency code for that month. Obtain feedback from staff	100% of staff will understand the process for each emergency code	

Change Idea #2 create Code Champions/Leads for each code who will be responsible for running each mock code.

Methods	Process measures	Target for process measure	Comments
Each member of the leadership team will be designated a code(s) and month(s) that they are responsible for. Each leadership team member will become education on the emergency code and the policy and procedure.	Review of each post huddle meeting minutes.	In a 12 month period a drill for each code will be reviewed at least once per shift.	

Change Idea #3 Each drill will be created by and include an interdisciplinary team

Methods	Process measures	Target for process measure	Comments
The code lead will bring the code policy/procedure to the designated committee where a scenario will be developed to be rolled out to the home.	Review of the post code huddle minutes and the impact to each discipline General feedback from staff for relevance to their specific role	Each department understands their role in each emergency code	