

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) | 11.88 | 10.50 | The Home is below provincial benchmarks and will aim to further decrease avoidable ED visits to 10.5% | Clinton Family Health Team, Lifemark Senior Wellness, Listowel Wingham Hospitals Alliance, Ontario Health atHome, Ontario HomeHealth, Pain, Pain & Symptom Management Consultant Program - Southwestern Ontario, RNAO, St. Josephs Southwest NLOT |

Change Ideas

Change Idea #1 Establish a standards of practice within the home to administer on-site IV therapy enabling safe IV therapy within the Home.

| Methods | Process measures | Target for process measure | Comments |
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| 100% of Registered staff will receive training for IV Therapy while exploring further opportunities to include IV services within our Home for safe, effective care of our residents and avoiding unnecessary transfers to hospital emergency departments. The Home will work collaboratively with the Physician, Nurse Practitioner and NLOT. | # of residents who are offered and received IV Therapy in the Home. # of residents who were transferred to the ED for IV Therapy. | Monthly review at the Registered Staff Meetings. Quarterly reviews at the CQI Meeting. Meeting the target performance of 10.5% by December 31, 2026. | |

Change Idea #2 Create a Medical Directive to enhance better communication between the Physician and the Registered Nurses to implement IV Therapy.

| Methods | Process measures | Target for process measure | Comments |
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| The Director of Care will work collaboratively with the Medical Director/Physician to determine the directives. | % of Registered Staff educated on the Medical Directives | 100% of Registered receive education on the Medical Directives and it's usage. | |

Experience

Measure - Dimension: Patient-centred

| Indicator #2 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
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| Improve percentage of the Resident Satisfaction Survey results for "I have been given the opportunity to express my palliative goals (including end of life)". | C | % / LTC home residents | In-house survey / January 2026-December 2026 | 63.64 | 80.00 | Huronlea deploys a survey through the use of an electronic or paper survey. Anything above 80% is considered as high satisfaction. | Southwest NLOT, RNAO, Ontario Health, St. Joseph's Healthcare - Pain and Symptom Management Consultation, Centres for Learning, Research and Innovation in Long Term Care, Southwest Hospice Palliative Care Network, Hospice Palliative Care Ontario, Huron Hospice |

Change Ideas

Change Idea #1 Provide education to Residents and Families on Palliative Care and End of Life Goal Planning.

| Methods | Process measures | Target for process measure | Comments |
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| The Social Worker and the Director of Care will develop and gather Palliative Care and End of Life Goal Planning resources to include in newsletters and to provide at care conferences/meetings with residents and families. | # of Residents/Families provided with information. # of residents with personalized goal planning forms completed at care conferences. | 100% of newsletters in 2026 will include education and resources on palliative care and end of life planning. | |

Change Idea #2 Update the Palliative Care 'Comfort Carts' and available resources for families and caregivers when residents are palliative.

| Methods | Process measures | Target for process measure | Comments |
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| The Social Worker will show the new comfort carts to Family Council and the Program Manager will show the Residents Council. The carts include, educational/supportive resources and other items useful during palliation and ask residents if any additional resources need to be included in the carts. | 100% of Residents Council and Family Council members will be aware of the availability and usage of the Palliative Care 'Comfort Carts' through in person conversations, posters and newsletter communication. | Palliative Care Comfort Carts are offered to 100% of palliative residents. | |

Change Idea #3 Implement a new resident program regarding End of Life Planning at the Home.

| Methods | Process measures | Target for process measure | Comments |
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| The Social Worker will collaborate with the Activity Department to create and implement a new End of Life Planning program. This program will be a small group, focused on education, reflection, advanced care planning topics as we strengthen residents understanding and expressing palliative and end of life goals as per the resident survey completed in December 2025. | # of times the program is offered. # of residents who attend the program and developed individual goals. | Social Worker and Program Manager to create a new program by June 2026. New program to be fully implemented beginning in July 2026 and will be offered monthly or by preference of the residents participating. | |

Safety

Measure - Dimension: Safe

| Indicator #3 | Type | Unit / Population | Source / Period | Current Performance | Target | Target Justification | External Collaborators |
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| Percentage of long-term care home residents who experienced moderate pain daily or any severe pain during the 7 days prior to their most recent resident assessment | C | % / LTC home residents | CIHI CCRS / October 1, 2025 - December 31, 2025 | 16.10 | 12.00 | The Home is currently above the provincial average by 47% and plans to decrease to 12% by Q3 October - December 2026. | Southwest NLOT, Clinton Family Health Team, Lifemark Senior Wellness, Listowel Wingham Hospitals Alliance, Palliative, Pain and Symptom Management Consultant Program - Southwestern Ontario, RNAO |

Change Ideas

Change Idea #1 Revise and strengthen the current Pain Program in order to reflect and improvement to the increased frequency of pain assessments and follow up required from Registered staff regarding effectiveness.

| Methods | Process measures | Target for process measure | Comments |
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| Collaborate with NLOT, RNAO and our sister home to finalize the new program/policy by April 30, 2026. | Date of implementation of the new program. | Ensure the new program is implemented by May 2026. | |

Change Idea #2 Revise the current pain assessment tool to ensure it is more comprehensive and that it covers all aspects of pain.

| Methods | Process measures | Target for process measure | Comments |
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| The Director of Care and RAI Coordinator will work collaboratively to create a new tool in Point Click Care. | Date of implementation of the new assessment tool. | Successful implementation of the assessment tool by May, 2026. | |

Change Idea #3 Provide Education the all staff on the new Pain Program.

| Methods | Process measures | Target for process measure | Comments |
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| Director of Care, Associate Director of Care and NLOT will partner to ensure education is provided to 100% of staff. | 100% of staff will receive education within their scope on the new pain program. | Ensure 100% of the education is completed by the end of May, 2026. | |

Change Idea #4 Implement multidisciplinary pain review discussions to encourage engagement and collaboration from all care partners.

| Methods | Process measures | Target for process measure | Comments |
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| The Director of Care will create a discussion template and the RN's will ensure the discussion takes place during clinical review meetings or care conferences while ensuring residents, SDM and the multidisciplinary team all share perspectives in pain therapy ideas and look to adjust medications and interventions accordingly. | # of care conferences successfully completed with the pain review component incorporated. | Reduction of residents experiencing worsened pain from 16.10% to 12%. | |