

## 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)	35.11	33.00	Realistic improvement towards provincial average with consideration for increasing acuity and complex needs of residents in long term care.	North Simcoe Muskoka Local Health Integration Network, Orillia Soldiers' Memorial Hospital

### Change Ideas

Change Idea #1 1) To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner; and local hospital NLOT program

Methods	Process measures	Target for process measure	Comments
1) Recruitment of NP and continued engagement with NLOT program	1) Number of NP recruited and hours worked on-site 2) Number of residents reviewed by NLOT team	1) 1 PT NP onsite weekly 2) All hospitalized resident repatriating from hospital reviewed by NLOT team	

Change Idea #2 Education/re-education to registered staff on the continued use of SBAR tool a standardize communication between clinicians.

Methods	Process measures	Target for process measure	Comments
Education/re-education to registered staff on the continued use of SBAR tool a standardize communication between clinicians.	Number of communication process used in the SBAR format, between clinicians per month; number of staff educated	85% of communication between physicians, NP and registered staff will occur in SBAR Format monthly 100% of registered staff educated	

Change Idea #3 Build capacity and improve overall clinical assessment skills of Registered Staff; through education supported by NP/NLOT Team

Methods	Process measures	Target for process measure	Comments
Conduct needs assessment from Registered Staff to identify clinical skills and assessment that will enhance their daily practice. Nurse Practitioner/ NLOT team, on site will provide education theoretically and at bedside.	% of staff who complete needs assessments. Completion records for education as a result of needs assessment.	100% staff education completed	

Change Idea #4 Support early recognition of residents at risk for ED visits. by providing preventive care and early treatment for common conditions leading potentially avoidable ED visits.

Methods	Process measures	Target for process measure	Comments
Education with registered staff and interdisciplinary team on clinical pathways. Education for PSW/reg. staff on STOP and WATCH	# of education sessions with Registered staff # of education completed with PSW	100% staff education	

Change Idea #5 Education on palliative approach and end of life for staff, residents and families

Methods	Process measures	Target for process measure	Comments
Collaboration with North Simcoe Muskoka Hospice Palliative Care Network to provide monthly education for staff Utilization of admission brochures for strengthening palliative approach to care as applicable	# of monthly education sessions held on site # of brochures provided on admission when applicable	At least 10/12 monthly education sessions completed All residents with an applicable diagnosis provided the applicable palliative approach brochure	

## 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	CB	100.00	Through education, the Home expects to have an increase understanding of this criteria over the next 6 months	surge, Behavioural Support Niagara

### Change Ideas

Change Idea #1 To Improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace;

Methods	Process measures	Target for process measure	Comments
Training and/or education through Surge education or live events;	Number of staff education on Culture and Diversity;	100% of staff educated on topics of Culture and Diversity	

Change Idea #2 To increase diversity training through Surge education or live events;

Methods	Process measures	Target for process measure	Comments
Training and/or education through Surge education or live events;	Number of employees trained of Culture and Diversity;	80-100% staff education on Culture and Diversity; 2) number of new employee trained of Culture and Diversity	

## Change Idea #3 Creation of culture board, of the cultures of the resident and team members in the home

Methods	Process measures	Target for process measure	Comments
Celebrate culture and diversity events; educational opportunities	Number of Celebration completed in the home	100% of staff educated on topics of Culture and Diversity	

## Experience

### Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	97.00	98.00	Our current score is 97.5% and the goal is to keep open communication with residents.	

### Change Ideas

**Change Idea #1** To increase our goal from 97.5 % to 98 %. Engaging residents in meaningful conversations, and care conferences, that allow them to express their opinions.

Methods	Process measures	Target for process measure	Comments
Invite residents and SDM to attend the care conference to openly express their preferences, opinions, and care needs.	100% of the residents/SDM to attend care conferences by December 31st,2026.	100% of residents/SDM to attend the care conferences.	Total Surveys Initiated: 100

**Change Idea #2** Improve resident and family awareness and understanding of the home's Concern Reporting Process by reviewing it during admission and annual care conferences.

Methods	Process measures	Target for process measure	Comments
Review the Concern Reporting Process with residents and families at the time of admission	Percentage of residents and families who were offered a review of the Concern Reporting Process at admission and during annual care conferences.	98% of the residents and families will be given opportunity to review Concern Reporting Process during admission and care conferences.	

**Change Idea #3** Review ""Resident's Bill of Rights"" more frequently, at residents' Council meetings monthly. With a focus on Resident Rights #29. ""Every resident has the right to raise concerns or recommend changes in policies and services on behalf ofthemselves or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else""

Methods	Process measures	Target for process measure	Comments
Add resident right #29 to standing agenda for discussion on monthly basis by program Manager during Resident Council meeting. Re-education and review to all staff on Resident Bill of Rights specifically #29 at department meetings monthly by department managers;	100% of all department standing agendas will have Residents' Bill of Right #29 added, for review by By September 31st, 2026.	100% of all staff and residents and families will have completed the education on resident Bill of Rights #29	

**Change Idea #4** Strengthen understanding and transparency by reviewing the Whistleblower Policy with residents and families.

Methods	Process measures	Target for process measure	Comments
Review the Whistleblower Policy with residents and families during admission and at care conferences	Percentage of residents and families who are offered the opportunity to review the Whistleblower Policy at admission and care conferences.	100% of residents and families are provided the opportunity to review the Whistleblower Policy and ask questions.	

## 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	18.89	16.00	To lower our current performance towards the provincial target with a realistic approach to the resident population and challenges and barriers present in the long term care setting.	BIM, NLOT

### Change Ideas

Change Idea #1 To facilitate a Weekly Fall Huddles involving each unit; with the interdisciplinary team

Methods	Process measures	Target for process measure	Comments
Weekly interdisciplinary team huddles on resident home area to review resident plan of care, to mitigate the risk of falls or injury related to falls; Interdisciplinary team comprehensive post fall analysis, post resident fall	weekly meeting in each unit; At least 8 staff participants on each weekly falls meeting	100% of required staff participation on Falls Weekly huddle in each unit	

**Change Idea #2** Establishing documentation/charting buddies, (PSW complete documentation with resident's at high risk for falls - assists with the identification/reason for falls)

Methods	Process measures	Target for process measure	Comments
To increase training and/or education of Falls program; Monthly collaboration with the Fall committee, (during Quality meeting), to review the resident's plan of care (identification of the triggers, related to the fall) referrals to MD/NP for medication reviews, PT for physio regiment/programming; During shift report review resident high risk for falls, frequent falls,	Improved data collection around route cause of falls; Reduced number of falls during charting times.	100 % of residents who have a fall will be evaluated for appropriateness of initiating charting buddy initiation.	

**Change Idea #3** Injury prevention - review of FRS, ensure appropriate medication prescribed for prevention of bone density loss

Methods	Process measures	Target for process measure	Comments
Participation with RNAO Best Practice Coordinators navigate falls processes; resident list of FRS of 3 or greater, offer fracture prevention medication ; completion of GAP analysis; Use of falls, aides to prevent injury, use of hip protectors, floor mats, bed and chair alarms	Number of medication change (addition of fracture prevention medication)	100% of residents will have FRS score evaluated (3 or higher) to be considered for reduction of bone density loss medication by the physician/PA/NP	

**Change Idea #4** Create activity bins, for resident to assist with engagement who are at an increased risk of falls and display agitation or reduced engagement.

Methods	Process measures	Target for process measure	Comments
Interdisciplinary team comprehensive post fall analysis, post resident fall to identify appropriate residents for the program	100% number of GAP analysis completed related to falls,	100% of residents who experience a fall will be evaluated for the appropriateness of the use of activity bins	

## Change Idea #5 Purposeful rounding, for resident at high risk for falls

Methods	Process measures	Target for process measure	Comments
Participation with RNAO Best Practice Coordinators navigate falls processes; Increased interactions with residents at a high risk of falls to address needs prior to resident initiating activity unsupervised.	Increase the frequency of interactions between care staff and residents at high risk of falls.	100% of residents who have a fall will be evaluated for purposeful rounding	

**Measure - Dimension: Safe**

Indicator #5	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 September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	5.26	5.00	Continuous improvement in reducing the percentage of antipsychotic medication without a diagnosis of psychosis in LTC while maintaining realistic expectations for residents receiving off label effective treatment for other conditions.	North Simcoe Muskoka Specialized Geriatric Services, CareRx

**Change Ideas**

**Change Idea #1** The MD, NP, BSO internal and external (including Psychogeriatric Team), with nursing staff will meet quarterly to review newly admitted residents on antipsychotic medication for diagnosis and indication for use. This is standing item in CQI/PAC quarterly meeting agenda.

Methods	Process measures	Target for process measure	Comments
Number of meetings held quarterly by interdisciplinary team. Number of antipsychotics reduced as a result quarterly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics	Number of meetings held Quarterly by interdisciplinary team. Number of antipsychotics reduced as a result Quarterly Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics	1) 100% of newly admitted residents will have been reviewed for the appropriateness of antipsychotics use	

**Change Idea #2** Residents who are prescribed antipsychotics for the purpose of management of Responsive expressions, will have a quarterly review, for the potential of reduction or the discontinuation of medication. Utilization of tracking tool (antipsychotic)

Methods	Process measures	Target for process measure	Comments
BSO lead and nursing team will ensure that residents who receive antipsychotics for responsive expressions will have their medication, plan of care reviewed, quarterly by the interdisciplinary team (including resident and family) -to develop a person centered approach	Number of residents prescribed antipsychotics medications over the number of residents who have received a medication review in the last quarter.	100% of residents who are prescribed antipsychotic medications will receive a 3 month review to determine potential for reduction in dosage or discontinuing antipsychotics.	

**Change Idea #3** Development of plans of care, with non pharmacological approach - identification of triggers and interventions

Methods	Process measures	Target for process measure	Comments
Referral to internal and external BSO for comprehensive assessment	Number of resident who plan of care has been reviewed	100% of newly admitted residents will have been reviewed for the appropriateness of antipsychotics use;	

Change Idea #4 Gentle Persuasive approaches (GPA) training/education -establish GPA trainers, educators in the home

Methods	Process measures	Target for process measure	Comments
GPA training to be held in the home	Number of staff receive education GPA /number of sessions	100% of full time, nursing staff receive GPA training	

Change Idea #5 BSO admission process, responsive expressions, the initiating of the DOS to establish baseline, (review the Behavioural assessment, completed team huddle prior to admission) BSO team to co-ordinate related antipsychotic medication

Methods	Process measures	Target for process measure	Comments
Implementation of DOS, with change in responsive expressions, analysis of the DOS, with review of plan of care	Number of resident who plan of care has been reviewed	100% of residents who are prescribed antipsychotic medications will receive a 3 month review to determine potential for reduction in dosage or discontinuing antipsychotics.	