

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)	19.58	17.62	<ul style="list-style-type: none"> • Many ED visits from LTC residents are avoidable with timely on-site interventions, minimizing stress and risk for residents. • With enhanced care protocols, staff training, and access to on-site clinical resources, a reduction in avoidable ED visits is achievable. • Literature and LTC best practices demonstrate that proactive assessment, early intervention, and advanced care planning reduce unnecessary ED transfers. • Decreasing avoidable visits supports improved quality of care, resident satisfaction, and optimal use of healthcare resources. • Data sources: Continuing Care reporting System and National Ambulatory Care Reporting System data provided by the Health Analytics and Insights Branch of the Ministry of Health and the Ministry of LTC. 	

Change Ideas

Change Idea #1 Partner with NLOT community services for additional support to be offered in-house to decrease avoidable ED visit.

Methods	Process measures	Target for process measure	Comments
Provide education to registered staff on NLOT services and their value to decrease avoidable ED visits. Provide NLOT brochures on each unit. Include NLOT representative at information booth during Nursing Week.	Number of NLOT services requested.	NLOT services will be used 24 times or more by March 31, 2027.	

Change Idea #2 Analysis completion on each avoidable ED visit.

Methods	Process measures	Target for process measure	Comments
Provide education to NP and registered staff on criteria of avoidable ED transfers. Provide education to residents and families on services that the Villa can provide or require ED transfer. Provide guidelines for interdisciplinary team on completing analysis and making recommendations.	Percentage of analysis completed.	100% of all avoidable ED transfers have an analysis completed.	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	92.06	92.07	<ul style="list-style-type: none"> •The target to increase satisfaction in these areas is based on feedback from previous surveys identifying opportunities for improvement. •Achievable through staff training, fostering open communication and regularly soliciting resident input. •Success will be measured by follow-up surveys and improved satisfaction scoring, aligning with the goal of enhancing resident centered care. 	

Change Ideas

Change Idea #1 Improve resident knowledge and confidence on reporting and speaking up with confidence in committees and meetings.

Methods	Process measures	Target for process measure	Comments
Provide education/presentation to residents. Complete surveys and receive feedback on presentation during Therapeutic Recreation unit meetings. Analyze data and make improvements.	Percentage of resident satisfaction on surveys.	Residents will be satisfied with their knowledge and involvement in committees/meetings 80% of the time.	Total Surveys Initiated: 126

Change Idea #2 Provide opportunities for resident involvement in initiatives.

Methods	Process measures	Target for process measure	Comments
Promote committee membership for different internal committees through flyers, review at resident council, and review at therapeutic recreation unit meetings. Offer satisfaction surveys after initiative involvement.	Number of initiatives that residents provided input and feedback.	Residents will have the opportunity to participate in 4 initiatives by March 31, 2027.	

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	88.10	88.20	<ul style="list-style-type: none"> •The target to increase satisfaction in these areas is based on feedback from previous surveys identifying opportunities for improvement. •Achievable through staff training, fostering open communication and regularly soliciting resident input. •Success will be measured by follow-up surveys and improved satisfaction scoring, aligning with the goal of enhancing resident centered care. 	

Change Ideas

Change Idea #1 Provide a forum to review Resident Bill of Rights.

Methods	Process measures	Target for process measure	Comments
Residents are provided with bill of rights information during admission process. Review Resident Bill of Rights at resident council meetings. Provide information of resident rights in flyer.	Number of times Bill of Rights is reviewed at Resident Council and posted in flyer.	Residents are provided with review of Resident Bill of Rights 8 times before March 31, 2027.	Total Surveys Initiated: 126

Change Idea #2 Residents will receive education that they can speak up without fear of consequence.

Methods	Process measures	Target for process measure	Comments
Presentation will be developed with resident feedback on importance of reporting and no consequence. Education will be provided during TR unit meetings. Satisfaction Surveys will be completed for feedback and analyzed to identify improvements as needed. Reminder to complete "Tell Us How We Are Doing" form.	Proportion of residents satisfied with education sessions.	80% resident satisfaction survey regarding education session on reporting without fear of consequence.	

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	17.64	15.88	The target to decrease falls and improve resident safety, is based on evidence showing that falls can be prevented through falls risk assessment, staff education and the use of assistive devices. This goal is achievable through regular monitoring, tailored care plans, and environmental adjustments. Success will be measured by tracking fall rates and analyzing trends over time. Data sources: Continuing Care reporting System data provided by CIHI via CCRS eReports or Integrated RAI Reporting System	

Change Ideas

Change Idea #1 Implement new falls screener for residents in long term care home.

Methods	Process measures	Target for process measure	Comments
Research more appropriate and sensitive falls screener. Approve new falls screener to replace FRAT. Create training and provide education on new MORSE falls screener. Request feedback from registered nurse staff on new tool. Revise electronic record templates to include new screener. Revise policy.	Completion of MORSE falls screener for each applicant and resident.	100% of all new admissions and current residents will have the MORSE falls screener completed.	

Change Idea #2 Improve completion of post fall assessment reviews.

Methods	Process measures	Target for process measure	Comments
Educate managers on importance of post fall assessment timelines, identify timelines and necessary documentation. Managers to complete post fall assessment reviews at huddles. Develop audit process and timelines. Review audit scores with managers and identify areas of improvement.	Percentage of completed post fall assessment reviews.	80% of all post fall assessment reviews will be completed.	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of leaders who have completed Just Culture training.	C	% / Staff	In house data collection / April 1, 2026 to March 31, 2027	CB	75.00	<ul style="list-style-type: none"> Implementing a just culture fosters open communication about errors, strengthens resident safety, and promotes staff well-being by reducing fear of blame. This approach encourages accountability, continuous improvement, and aligns with best practices, ultimately benefiting both the organization and those it serves. To address recommendations in IHI report. 	

Change Ideas

Change Idea #1 Develop policy and implement a Just Culture philosophy.

Methods	Process measures	Target for process measure	Comments
Work collaboratively with health system to develop a policy. Request feedback from system partners on policy. Roll out policy to leaders and staff. Make policy accessible to all staff.	Number of policies developed.	1 policy developed prior to March 31, 2027.	

Change Idea #2 Implement training on Just Culture for leaders.

Methods	Process measures	Target for process measure	Comments
Research and develop Just Culture education module specific for leadership team. Register leaders for training. Request feedback/satisfaction survey for Just Culture training module.	Percentage of leaders completing Just Culture training.	75% of all leadership complete Just Culture training.	

Change Idea #3 Deliver education on the importance of reporting staff near misses.

Methods	Process measures	Target for process measure	Comments
Facilitate education sessions on Just Culture reporting to staff. Educate management in promoting near misses/good catches.	Number of near misses reported on staff incident reports.	35 completed near misses on staff incident reports.	