

## 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.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	16.36	15.00	McQuigge would like to decrease this by approximately 10%	

### Change Ideas

Change Idea #1 Review both advanced directives as well as decision tree for transfer to hospital at initial care conference and at any time of significant change in condition.

Methods	Process measures	Target for process measure	Comments
Review at initial care conference, annual care conference or during significant change in condition	Review any change in directives	80% decide to maintain care at our Home unless an emergency	Some families will insist transfer

## 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.	C	% / Staff	In house data collection / 2025	CB	95.00	This is a new endeavour to ensure staff complete education provided through Surge Learning Platform. Our realist target is 95% this year. Through further promotion and expectations we would like to see 100% moving forward.	

### Change Ideas

Change Idea #1 100% staff will be provided relevant equity, diversity, inclusion and antiracism education

Methods	Process measures	Target for process measure	Comments
Surge Learning will tabulate all staff statistics regarding completion of courses	Each month education will be monitored for completion	100% staff will complete required education	

## 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 Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	13.19	12.00	We are looking to decrease by approximately 10% and to be at provincial average or lower	

### Change Ideas

Change Idea #1 Falls Team that includes our physiotherapist, create resident specific plans to share at huddles each shift.

Methods	Process measures	Target for process measure	Comments
Each fall is recorded on resident's chart and reported to Falls team for follow-up	All falls will be reviewed by Falls team	Each fall is followed up with review and huddle for strategies	

Access and Flow | Efficient | **Optional Indicator**

	Last Year		This Year		
<b>Indicator #2</b>	<b>X</b>	<b>4</b>	<b>16.36</b>	<b>--</b>	<b>15</b>
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (E. J. Mcquigge Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

All new admissions will receive a decision tree information form regarding hospital transfers, in their admission packages.

**Process measure**

- # residents admitted receiving form # residents having form reviewed at initial care conference

**Target for process measure**

- 100 percent to receive and understand decision tree regarding transfer to hospital

**Lessons Learned**

We have found it helpful reviewing this information at Initial Care Conferences

**Comment**

We are a very small Home. One resident can impact our percentages immensely.

Safety | Safe | **Optional Indicator**

Indicator #1	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (E. J. Mcquigge Lodge)	17.95	10	13.19	26.52%	12



**Change Idea #1** ☒ Implemented ☐ Not Implemented

Increase exercise programs to strengthen muscles and increase walking.

**Process measure**

- # residents at exercise program per week

**Target for process measure**

- 100% residents with risk of falls attend exercise programs

**Lessons Learned**

We have increased the hours of our Physiotherapy assistant to 5 days per week. We have also been successful having our RSA works with the Physiotherapy assistant allowing 2 staff at all times walking our residents.

**Change Idea #2** ☒ Implemented ☐ Not Implemented

Falls Team provide individual plan of care.

This plan is communicated at huddles each shift

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

More resident specific information provides clear direction for all staff

**Comment**

As we are a very small Home one resident that may fall impacts our percentages greatly. We continue to be resident focused with all aspects of care and safety.

ACCESS AND FLOW

EFFICIENT

Rate of ED visits for modified list of ambulatory care-sensitive conditions\* per 100 long-term care residents.

Last Year's Performance (LY)

X4.0

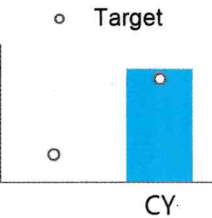
2024/25Target

Current Year's Performance (CY)

16.415.0

2025/26Target

↓ Lower is better



## EQUITY

## EQUITABLE

Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education

## Last Year's Performance (LY)

2024/25

Target

## Current Year's Performance (CY)

2025/26

Target

↑ Higher is better

○ Target

## EQUITABLE

Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education.

## Last Year's Performance (LY)

2024/25

Target

## Current Year's Performance (CY)

CB

2025/26

95.0

Target

○ Target



**EXPERIENCE****PATIENT-CENTRED**

Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"

**Last Year's Performance (LY)****Current Year's Performance (CY)**

↑ Higher is better

○ Target

**2024/25****Target****2025/26****Target****PATIENT-CENTRED**

Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".

**Last Year's Performance (LY)****Current Year's Performance (CY)**

↑ Higher is better

○ Target

**2024/25****Target****2025/26****Target**

## SAFETY

## SAFE

Percentage of LTC home residents who fell in the 30 days leading up to their assessment

## Last Year's Performance (LY)

**18.0**

2024/25

**10.0**

Target

## Current Year's Performance (CY)

**13.2**

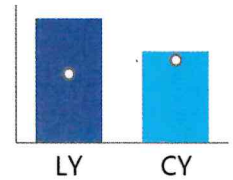
2025/26

**12.0**

Target

↓ Lower is better

○ Target



## SAFE

Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment

## Last Year's Performance (LY)

2024/25

Target

## Current Year's Performance (CY)

**18.0**

2025/26

Target

↓ Lower is better

○ Target

