

## 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)	27.03	20.00	Additional review of CIHI processes complete and better understanding of medical diagnosis and link to antipsychotics.	

### Change Ideas

Change Idea #1 Leverage NLOT, BSO, and the Nurse Psychogeriatric Educator to manage acute clinical and behavioural issues within the long-term care home, reducing reliance on Emergency Department transfers.

Methods	Process measures	Target for process measure	Comments
Integrate recommendations from NLOT/BSO into resident care plans and review them at care conferences and team huddles and providing focused staff education on using these partners proactively for clinical and behavioural concerns.	Number of NLOT and BSO consults requested per quarter.	Increase NLOT/BSO consults by 15% from baseline within 12 months.	This change idea builds on existing partnerships already within the home.

## 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	12.50	15.00	Providing addition education and reminders to residents about their rights, as well as explaining to staff the resident Bill of Rights	

### Change Ideas

Change Idea #1 Implement "STOP-LOOK-LISTEN" communication approach for all staff to strengthen active listening and improve the percentage of residents who feel staff listen to them.

Methods	Process measures	Target for process measure	Comments
Introduce the STOP-LOOK-LISTEN framework in brief education sessions and huddles for all departments and shifts (STOP = pause and be present, LOOK = use eye contact and observe non-verbal cues, LISTEN = avoid interrupting, reflect back, ask open questions). Post simple visual reminders (e.g., "STOP-LOOK-LISTEN before you walk away") on resident floor area and in staff areas.	Percentage of staff who attended STOP-LOOK-LISTEN education.	90% of staff complete STOP-LOOK-LISTEN education within 12 months.	Total Surveys Initiated: 8

## 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	CB	90.00	Based on 2025 annual surveys and potential interventions.	

## Change Ideas

Change Idea #1 Introduce a consistent "Thank you for telling me" response standard for all staff when residents share concerns, preferences, or complaints, to reinforce that speaking up is welcomed and safe.

Methods	Process measures	Target for process measure	Comments
Educate staff on the impact of their immediate reactions on resident comfort and willingness to speak up, using brief in-service or huddle education. Teach and practice a simple response script such as: "Thank you for telling me, I'm glad you shared that. I will make sure this is followed up."	Percentage of staff who received education on the "Thank you for telling me" response.	90% of staff receive education on the "Thank you for telling me" response within 12 months.	

## 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	13.76	11.00	Additional equipment purchased and additional staff available to monitor resident health and well-being.	

### Change Ideas

Change Idea #1 Enhance resident and family engagement in falls prevention by providing clear education and involving families in agreeing to individualized falls prevention interventions.

Methods	Process measures	Target for process measure	Comments
Develop and distribute simple falls education materials (e.g., handouts, posters) on safe footwear, proper use of walkers, and asking for assistance with transfers. Incorporate a brief falls education discussion into admission, care conferences, and post-fall follow-up meetings with residents and families.	Percentage of new admissions where falls education for resident/family is documented.	90% of new admissions have documented resident/family falls education within 30 days.	This change idea supports a shared-responsibility approach to falls prevention, ensuring residents and families understand risks and actively participate in choosing strategies that promote safety while respecting resident preferences.

Change Idea #2 Implement regular footwear and clothing safety checks to ensure residents are wearing well-fitting, non-slip footwear and appropriate clothing, reducing falls related to unsafe footwear and garments.

Methods	Process measures	Target for process measure	Comments
Add a monthly “footwear check” to identify unsafe footwear (loose slippers, socks without grips, ill-fitting shoes). Provide gentle education to residents and families about safe footwear and clothing choices as part of ongoing fall-prevention messaging.	Percentage of residents identified as high risk for falls who have safe, non-slip footwear documented.	100% of residents have a documented footwear check every month.	

**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	42.86	20.00	Additional education and training provided and changes being implemented	

**Change Ideas**

Change Idea #1 Implement a standardized “safety check” for all new antipsychotic medication orders to ensure they are used only when clinically appropriate and clearly indicated.

Methods	Process measures	Target for process measure	Comments
Develop a brief antipsychotic safety checklist for new orders (e.g., documented diagnosis/indication, target symptoms).	Percentage of new antipsychotic orders with a completed safety checklist (including diagnosis/indication and review/stop date) within 72 hours.	95% of new antipsychotic orders have a completed safety checklist within 72 hours by 12 months.	