

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)	31.43	25.00	With new introduction of an NP into our home, and continued use of community paramedicine program we hope to decrease to 25%	

Change Ideas

Change Idea #1 #1) Continue to evaluate ED visits relating to diagnosis and reason for transfers

Methods	Process measures	Target for process measure	Comments
Recently retained a full-time NP which will assist in decreasing ED transfers and more consultation with the Medical Director. Also have an agreement with Hastings Paramedics so that they can do certain diagnostics in our home which would decrease ER transfers	Continue to share collaboratively with all disciplines education and guidance around decreasing transfers	Continue to encourage use of the community Paramedicine in our home. Able to contract a mobile imaging company to service our home/residents.	Continue to discuss alternatives to hospital transfers with registered staff. Continue to encourage agency staff to speak with physician/NP prior to transfer. Hospital EDs feel all transfers to them from LTC are avoidable - we don't agree with this statement.

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	95.83	96.00	To achieve a comparative level to previous years	

Change Ideas

Change Idea #1 Through our home specific resident satisfaction survey which is completed yearly between September - November 30th, we ask 3 questions to help inform this indicator. Residents are able to express their opinions without having any feelings of insecurity or consequence

Methods	Process measures	Target for process measure	Comments
Question #1 "I can share my opinion without fear of consequence" (92%) Question #2 "I feel safe and secure with all team members" (100%) Question #3 "I feel safe and secure with other residents" (88%) Question #4 "I feel safe and secure in my home environment" (100%)	Have resident satisfaction survey results in these identified questions score no lower than 80%	A result of 96% indicates we do not require any further action	Total Surveys Initiated: 24 program is going well, but we feel this is an important indicator for continuous improvement

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	91.67	92.00	We increased to 92% this year, we would like to meet this target again.	

Change Ideas

Change Idea #1 No changes at this time.

Methods	Process measures	Target for process measure	Comments
Annual surveys: resident survey, and family/care partner survey	Staff are required to complete their Surge learning on Resident Bill of Rights. Engage with the person in decision making, respecting the person's right to choose the preferred interventions for their health. Collaborate with resident to identify priorities and goals for their care. Share information to promote available options for plan of care and respectfully support the residents choice.	Residents will be more comfortable voicing their opinions and decreasing their fear of consequences. A continued trusting and supportive relationship.	Total Surveys Initiated: 24 program is going well, but we feel this is an important indicator for continuous improvement

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	20.39	15.00	April 1, 2025 we transitioned to the LTCF, this has resulted in some data not being collected accurately	

Change Ideas

Change Idea #1 Investigate falls more thoroughly and routinely. Discuss residents with high numbers of falls collaboratively within the multidisciplinary team.

Methods	Process measures	Target for process measure	Comments
Implemented RNAO best practice pathway for falls. Implementing a new "falling leaf" program. We are currently adding in a fall lead who assess falls weekly.	Compare total number of falls (and #residents who fell) weekly and circumstances surrounding the fall.	Decrease our number of falls by 26%. There is an ongoing discrepancy how the number of falls relates to the number of fallers. We have population demographics or health status changes, the numbers of fallers may change, impacting the number of falls.	We continue to utilize our falling leaf program and address any high risk needs, for example hip protectors, fall mats, bed/chair alarms etc.

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	15.69	15.00	Currently provincial average.	

Change Ideas

Change Idea #1 Continue to work collaboratively with our pharmacy, physician and nurse practitioner to look at residents with prescribed antipsychotics. Utilize our in house BSO team as need is identified.

Methods	Process measures	Target for process measure	Comments
Our pharmacy tracks quarterly all antipsychotic use and give recommendations to the physician. Our BSO team meets with the collaborative care team monthly and as needed, the team may make recommendations regarding antipsychotic use	Ensure that the quarterly medication reviews are completed and evaluated by physician. Our pharmacy benchmarks their homes and have noted that our antipsychotic use is higher than other homes based on our resident population	To remain at or below the provincial average.	Continue with current care planning/multidisciplinary care approach.

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average	5.10	5.10	Currently due to medical complexity of residents on admission, we are seeing an increased number of residents being admitted with a stage 2 or higher ulcer.	

Change Ideas

Change Idea #1 Improve registered staff knowledge and confidence in assessing, identifying and staging pressure ulcers

Methods	Process measures	Target for process measure	Comments
Audit of # of wounds and assessments completed weekly Staff education and in-services provided to all registered staff All complex wounds to be referred to the NP/MD	Education sessions for Registered Staff on wound staging for pressure ulcers, and correct identification of ulcer type	maintain current percentage or be below provincial average.	Stirling Manor is endeavoring to have a dedicated nurse with increased wound knowledge complete wound audit/assessments weekly