

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)	27.63	23.00	With a provincial average of 22% we are looking to get closer to that number. We are aware that our home is going through a major transition this year and with that resident transfers may also increase as a result. We aim to utilize our resources to continue to provide as much care in the home as possible.	

Change Ideas

Change Idea #1 1. We will continue to use the NLOT NPs. 2. Adding an NP to work alongside our MD. 3. Bringing in Xray and Laboratory services to the home for diagnostics

Methods	Process measures	Target for process measure	Comments
Data is captured in PCC and reviewed at least bi-annually with the CQIC.	Data is captured in PCC and reviewed at least bi-annually with the CQIC.	We aim to decrease our ED rate to 22% by utilizing the above resources to their fullest.	

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	100.00	100.00	100% of staff are to received basic EDI training on hire or annually depending on their employee status.	

Change Ideas

Change Idea #1 Continuation of Person and Family Centered Care/EDI monthly meetings.

Methods	Process measures	Target for process measure	Comments
Meeting minutes will be recorded by admin staff, and recorded on our shared drive.	Number of meeting minutes recorded per month.	Host meetings a minimum of 9/12 months of the year.	

Change Idea #2 EDI education provided to all staff within Maple View Lodge.

Methods	Process measures	Target for process measure	Comments
New staff to receive at orientation. Existing staff to complete on SURGE learning platform.	SURGE learning reports reviewed by respective department leads quarterly	Aiming for 100% EDI education completion among all staff at Maple View Lodge.	

Change Idea #3 Question included on Resident Satisfaction survey "Do staff address you in the way you prefer such as by your preferred name, gender and or identity?"

Methods	Process measures	Target for process measure	Comments
Recreation staff to conduct survey with capable residents, or POA as required.	Number of completed surveys vs. responses	95% of residents always or most of the time feel addressed by preferred name, gender and identity.	

Change Idea #4 Designate an EDI champion among frontline staff.

Methods	Process measures	Target for process measure	Comments
An EDI staff champion will be selected among the person and family centered committee	An EDI staff champion will be identified and shared among the team.	One staff champion is identified by the end of the first quarter.	

Experience

Measure - Dimension: Patient-centred

Indicator #3	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	70.00	90.00	Change ideas from 2025 have shown a positive impact due to the increase in residents responding positively to how well the staff listen to them as per results from the 2025 Resident Satisfaction Survey in comparison to the increase in the 2026 Resident Satisfaction Survey as well as percentage increase from 2025 to 2026/current QIP. With a continuation of commitment to change ideas that ensure our residents have a voice, there is potential for further increase in 2027.	Ontario Association of Resident's Council

Change Ideas

Change Idea #1 Review and implement the Ontario Association of Resident's Council (OARC) Engagement Tool-Kit, "Everything about Residents Involves Residents" to educate and inform the residents to ensure voices are heard in all aspects of the home's operations.

Methods	Process measures	Target for process measure	Comments
Resident Council Assistant to review the tool-kit page by page with the residents as a standing agenda item at Resident's Council Meetings as approved by the Residents to ensure open and exchanged dialogue with a goal of implementation involving the residents.	# of meetings tool kit is reviewed.	Review tool kit at every resident council meeting so long as the residents continue to approve.	Total Surveys Initiated: 40

Change Idea #2 Resident Council President to attend orientation to speak with new staff about how residents feel heard and what is important to them residing in Long Term Care to ensure we set the expectation with new staff that it is a priority at our home to ensure our residents voices are heard.

Methods	Process measures	Target for process measure	Comments
# of orientation sessions Resident Council President attends.	# of orientation sessions Resident Council President attends.	Resident Council President or resident designate to attend new staff, in person orientation.	

Measure - Dimension: Patient-centred

Indicator #4	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	90.00	90.00	To maintain current status/percentage.	

Change Ideas

Change Idea #1 Collaboration with the Ontario Association of Residents Council (OARC) Ex: OARC educators coming on site to empower and support the residents through in-person dialogue re: rights residing in Long Term Care as well as supporting residents in attending Annual virtual OARC seminars and webinars to ensure residents remain connected with their community of residents council and fellow residents residing in Long Term Care.

Methods	Process measures	Target for process measure	Comments
Keeping track of OARC related programs and seminars/displaying on the monthly activity calendar.	# of OARC related programs and seminars.	Engage residents in an OARC ran or related program/seminar at least quarterly.	Total Surveys Initiated: 40

Change Idea #2 Completing multiple surveys throughout the year to further measure resident satisfaction to ensure quieter voices are not lost.

Methods	Process measures	Target for process measure	Comments
Distributing multiple resident satisfaction surveys throughout the year.	# of surveys initiated throughout the year.	At least 1 survey quarterly to continue to give residents the opportunity to speak up.	

Change Idea #3 In house Social Service Worker to provide resident support groups on a monthly basis to provide a safe place for residents to express their opinions without fear of consequences.

Methods	Process measures	Target for process measure	Comments
Monthly support groups.	# of support groups/occurrences.	At least 12 resident support groups Annually and more as required.	

Safety

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	22.64	20.00	The province's goal is to decrease to 15% - we feel a goal of 20% for this year is realistic while actively working towards the provincial expectation over the next few years.	

Change Ideas

Change Idea #1 Utilize our BSO RPN to review medication orders and administration history.

Methods	Process measures	Target for process measure	Comments
Have reports provided by pharmacy to review quarterly.	Use and appropriateness of antipsychotics reviewed quarterly by BSO, Geri-Psych and MD.	1-2 medications adjusted or discontinued quarterly.	We hope to continue the downward trend in this focus area

Change Idea #2 Using InterRAI and CIHI data to follow up on usage in the home

Methods	Process measures	Target for process measure	Comments
Have RAI coordinator pull and review these reports and provide to quality leads.	Will be reviewed at minimum bi-annually at CQIC meetings.	Have 20% usage, or lower, by end of this reporting year.	Seeing that this has become a focus for the province - we are working to meet their goals over the next few years.