

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)	29.36	27.36	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	Bluewater Health

Change Ideas

Change Idea #1 Use SBAR for structured communication between registered staff and physicians/NPs to guide decisions before initiating an ER transfer.

Methods	Process measures	Target for process measure	Comments
Provide ongoing SBAR training to registered staff to standardize clinician communication.	Monthly count of SBAR communications and number of staff trained.	80% of physician–NP–staff communication completed using SBAR by July 2026.	Collaborate with stakeholders (e.g. Vital Aire, CareRx Pharmacy, MDs, other external partners) to deliver clinical education to registered staff.

Change Idea #2 Strengthen early identification of residents at risk for ED visits through preventative care and timely treatment of common conditions.

Methods	Process measures	Target for process measure	Comments
Educate residents and families on preventing ED visits; NP/MD to collaborate with staff on high-risk residents and develop care plans with early-warning indicators.	Number of transfers driven by resident/family request; number of staff demonstrating application through documentation; monthly avoided ED transfers; number of residents returning within 24 hours.	Reduce ED transfers by 1% quarterly until target achieved.	Collaborate with stakeholders (e.g.Vital Aire, CareRx Pharmacy, MDs, other external partners) to deliver clinical education to registered staff.

Change Idea #3 Improve clinical assessment skills of registered staff through support of Clinical Educator/NP/MD-supported education.

Methods	Process measures	Target for process measure	Comments
Conduct a needs assessment to identify staff skill gaps; Assigned clinician to provide both theoretical and bedside education based on results.	Percentage of staff completing needs assessments and education records tied to identified needs.	100% registered staff completion of required education by May 2026.	Collaborate with stakeholders (e.g.Vital Aire, CareRx Pharmacy, MDs, other external partners) to deliver clinical education to registered staff.

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	As current performance is consistently at 100%, this target focuses on sustaining existing excellence.	

Change Ideas

Change Idea #1 Create structured opportunities for open dialogue about diversity, inclusion, equity, and anti-racism in the workplace.

Methods	Process measures	Target for process measure	Comments
The Education Department and Leadership Team will coordinate and deliver diversity and inclusion training through online modules and scheduled live sessions.	Number and percentage of staff who complete diversity and inclusion education each month.	Achieve 80–100% completion of diversity and inclusion education for all staff by year-end.	This initiative supports a respectful, inclusive, and culturally aware workplace. Success will depend on collaboration between Human Resources, Education, Programs, and Leadership. These efforts align with organizational values and complement ongoing staff engagement and resident-centered care initiatives. Partnerships with community cultural organizations may further enhance learning opportunities.

Change Idea #2 Expand access to diversity and inclusion training through online learning modules and live education sessions.

Methods	Process measures	Target for process measure	Comments
Human Resources will add diversity and inclusion content to the onboarding checklist and track completion for all new employees.	Number of cultural celebrations or educational events held in the home each quarter.	Ensure 100% of new employees complete diversity and inclusion onboarding training within their first 30 days.	This initiative supports a respectful, inclusive, and culturally aware workplace. Success will depend on collaboration between Human Resources, Education, Programs, and Leadership. These efforts align with organizational values and complement ongoing staff engagement and resident-centered care initiatives. Partnerships with community cultural organizations may further enhance learning opportunities.

Experience

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	84.00	92.15	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	

Change Ideas

Change Idea #1 Increase our performance from 84.18% (previous year: 84.18%) to 92.15% by engaging residents in meaningful conversations and care conferences where they can express their opinions. Review the Resident's Bill of Rights more frequently at monthly Residents' Council meetings, with a specific focus on Resident Right #29, which states that every resident has the right to raise concerns or recommend changes without fear of interference, coercion, discrimination, or reprisal.

Methods	Process measures	Target for process measure	Comments
Add Resident Right #29 as a standing agenda item for discussion at every monthly Residents' Council meeting, led by the Programs Manager. Department managers will review and re-educate staff on the Resident's Bill of Rights specifically Right #29 during monthly department meetings.	Percentage of department meeting agendas that include Resident Right #29 for monthly review.	100% of department meeting agendas will include Resident Right #29 by May 2026.	Total Surveys Initiated: 100 This initiative strengthens resident voice, safety, and empowerment. Success will rely on collaboration between Programs, Nursing, Human Resources, and Leadership. Regular reinforcement of Resident Right #29 supports a culture where residents feel safe to express concerns without fear of reprisal. This work aligns with the Fixing Long-Term Care Act, 2021 and supports continuous quality improvement in resident-centered care.

Change Idea #2 Conduct a review of the home's Whistleblower Policy with staff, residents, and families.

Methods	Process measures	Target for process measure	Comments
Review the Whistleblower Policy and the Concern/Complaint Process with residents and families at admission and during annual care conferences.	Percentage of staff who receive education on Resident Right #29 through department meetings.	100% of staff will receive education on Resident Right #29 by May 2026.	This initiative strengthens resident voice, safety, and empowerment. Success will rely on collaboration between Programs, Nursing, Human Resources, and Leadership. Regular reinforcement of Resident Right #29 supports a culture where residents feel safe to express concerns without fear of reprisal. This work aligns with the Fixing Long-Term Care Act, 2021 and supports continuous quality improvement in resident-centered care.

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	13.93	13.50	Based on current performance exceeding corporate averages, this target focuses on sustaining and surpassing corporate goals and benchmarks.	

Change Ideas

Change Idea #1 Facilitate weekly Falls Huddles on each unit with the interdisciplinary team to review residents at risk and identify prevention strategies.

Methods	Process measures	Target for process measure	Comments
Conduct weekly interdisciplinary Falls Huddles on each resident home area to review care plans, identify risks, and implement strategies to reduce falls or fall-related injuries.	Number of weekly Falls Huddles completed on each unit.	100% of units will complete weekly Falls Huddles with interdisciplinary participation.	This initiative supports early identification of fall risks, timely interventions, and consistent interdisciplinary communication to promote resident safety.

Change Idea #2 Establish documentation/charting partners so Personal Support Workers can complete documentation with residents at high risk for falls, supporting early identification of patterns or contributing factors.

Methods	Process measures	Target for process measure	Comments
Review the home's falls processes using best practice guidance and complete a gap analysis to identify opportunities for improvement.	Number of staff participating in weekly Falls Huddles.	100% of staff will complete required falls-prevention education by July 2026.	This initiative supports early identification of fall risks, timely interventions, and consistent interdisciplinary communication to promote resident safety.

Change Idea #3 Reduce the overall number of falls in the home through consistent assessment, communication, and implementation of individualized interventions.

Methods	Process measures	Target for process measure	Comments
Increase staff training and education on the Falls Prevention Program, including risk factors, interventions, and documentation expectations.	Number of analyses completed related to falls prevention.	100% of residents who experience a fall will receive a comprehensive post-fall assessment and a follow-up huddle.	This initiative supports early identification of fall risks, timely interventions, and consistent interdisciplinary communication to promote resident safety.

Change Idea #4 Strengthen staff knowledge and confidence in falls prevention through ongoing education and the use of best practice guidance.

Methods	Process measures	Target for process measure	Comments
Track and review post-fall assessments to ensure timely follow-up and consistent application of prevention strategies.	Number and percentage of residents who receive a comprehensive post-fall assessment and huddle after a fall.	100% of identified gaps from the analysis will be reviewed and addressed through action planning.	This initiative supports early identification of fall risks, timely interventions, and consistent interdisciplinary communication to promote resident 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	23.94	17.50	Target is based on corporate averages. We aim to meet or exceed corporate goals, benchmarks.	

Change Ideas

Change Idea #1 The Medical Doctor, Behavioural Support team, and nursing staff will meet monthly to review newly admitted residents who are prescribed antipsychotic medication. The review will focus on diagnosis, indication for use, and opportunities for reduction. This will also remain a standing item on the quarterly Continuous Quality Improvement/Professional Advisory Committee agenda.

Methods	Process measures	Target for process measure	Comments
Hold monthly interdisciplinary meetings to review newly admitted residents on antipsychotic medication, assess appropriateness, and identify opportunities for reduction. Track the number of reviews completed and any resulting medication changes.	Number of monthly interdisciplinary meetings completed.	100% of newly admitted residents prescribed antipsychotics will receive a review for appropriateness within their first month.	This initiative supports safe and appropriate use of antipsychotic medications through regular review, use of tracking tools, and emphasis on non-pharmacological approaches to support resident well-being.

Change Idea #2 Residents who receive antipsychotic medication for the management of responsive expressions will have a quarterly review to determine whether a dose reduction or discontinuation may be appropriate. A tracking tool will be used to support monitoring and follow-up.

Methods	Process measures	Target for process measure	Comments
The Behavioural Support lead and nursing team will ensure that residents receiving antipsychotics for responsive expressions have their medication and plan of care reviewed quarterly with the interdisciplinary team, including resident and family involvement where appropriate.	Number of antipsychotic medications reduced or discontinued following review.	100% of residents prescribed antipsychotic medication will receive a quarterly review to determine potential for dose reduction or discontinuation.	This initiative supports safe and appropriate use of antipsychotic medications through regular review, use of tracking tools, and emphasis on non-pharmacological approaches to support resident well-being.

Change Idea #3 Develop individualized plans of care that emphasize non-pharmacological approaches, including identification of triggers, resident preferences, and supportive interventions.

Methods	Process measures	Target for process measure	Comments
Monitor sleep patterns, routines, and rest to identify contributing factors that may influence responsive expressions. - Use the antipsychotic tracking tool to monitor trends, support clinical decision-making, and guide individualized care planning.	Number of quarterly Professional Advisory Committee meetings where antipsychotic use and strategies are reviewed.	Antipsychotic use and related strategies will be reviewed at 100% (4 of 4) quarterly Professional Advisory Committee meetings each year.	This initiative supports safe and appropriate use of antipsychotic medications through regular review, use of tracking tools, and emphasis on non-pharmacological approaches to support resident well-being.

Change Idea #4 Strengthen staff knowledge and confidence in managing responsive expressions through ongoing education and interdisciplinary collaboration.

Methods	Process measures	Target for process measure	Comments
Review findings and strategies at quarterly Professional Advisory Committee meetings to support ongoing improvement.	Number of residents whose plans of care were reviewed and updated to include non-pharmacological approaches.	100% of full-time nursing staff will complete Gentle Persuasive Approaches (GPA) training to support non-pharmacological strategies.	This initiative supports safe and appropriate use of antipsychotic medications through regular review, use of tracking tools, and emphasis on non-pharmacological approaches to support resident well-being.

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	1.90	1.80	Based on current performance exceeding corporate averages, this target focuses on sustaining and surpassing corporate goals and benchmarks.	Medline, Body in Motion

Change Ideas

Change Idea #1 Current performance meets and exceeds the established target. The focus for this indicator is on sustaining existing practices and outcomes through continued monitoring and collaboration.

Methods	Process measures	Target for process measure	Comments
Ongoing collaboration with the Nurse Specialized in Wound, Ostomy and Continence (NSWOC) for in-home and virtual consultations. Routine review of residents at higher risk for pressure injuries. Continued use of existing tools and processes to support early identification, prevention, and management of pressure injuries.	Percentage of Registered Staff and Personal Support Workers who complete pressure-injury education. Number of visits from Wound Specialist.	100% of Registered Staff and Personal Support Workers will complete pressure-injury education by August 2026. 1 visit from Wound Specialist per quarter.	Performance currently exceeds the established benchmark. No additional improvement initiatives are required at this time; the focus remains on maintaining current performance through continued education, monitoring, and adherence to established best practices.

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents in daily physical restraints	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	0.00	0.00	Based on current performance exceeding corporate averages, this target focuses on sustaining and surpassing corporate goals and benchmarks.	Body in Motion

Change Ideas

Change Idea #1 Current performance meets the established target. The focus for this indicator is on sustaining a restraint-minimized approach through continued use of alternatives, education, and resident-centred care practices.

Methods	Process measures	Target for process measure	Comments
Ongoing education for staff, residents, and families on restraint risks and the use of safe alternatives. Continued assessment of residents to identify underlying causes of behaviours prior to any consideration of restraint use. Regular interdisciplinary review of residents with restraints to ensure alternatives are explored, documented, and evaluated. Ongoing data monitoring and review through Quality and Leadership forums.	Number of restraints currently in use in the home. Number of restraints discontinued following assessment and implementation of alternatives. Percentage of staff who complete education on restraint risks and alternatives.	100% of staff will complete education on restraint risks and alternatives by October 2026. 100% of residents admitted with a restraint will receive a full assessment and trial of alternatives within 72 hours of admission.	Current performance meets or exceeds the target, with minimal restraint use observed. No new improvement initiatives are required at this time; efforts will focus on maintaining current practices, ongoing education, and continued monitoring to support restraint-free care where safely achievable.

Change Idea #2 Increase the use of safe and appropriate alternatives to restraints to support resident comfort, dignity, and safety.

Methods	Process measures	Target for process measure	Comments
Conduct regular medication reviews to identify potential side effects such as restlessness or agitation that may contribute to behaviours sometimes mistaken as requiring restraints.	Number of restraints successfully discontinued following assessment and implementation of alternatives.	Reduce the number of restraints in use to the lowest possible number, with the goal of becoming restraint-free where safely achievable.	This initiative supports resident dignity, autonomy, and safety. Success will depend on strong interdisciplinary collaboration, consistent staff education, and ongoing communication with residents and families. The focus on alternatives aligns with best practices in long-term care and supports a person-centered approach to care.