

Access and Flow

Measure - Dimension: Efficient

Indicator #2	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)	15.12	14.50	Fosterbrooke is currently well below the provincial benchmark and aims to continue to reduce unnecessary ED visits.	NPStat, Canadian Nurse Practitioner Services

Change Ideas

Change Idea #1 To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner; NP stat program

Methods	Process measures	Target for process measure	Comments
While on site, the nurse practitioner will be involved in the decision process for all hospital transfers	Number of hospital transfers conducted in consultation with nurse practitioner, while on site	100% of hospital transfers will occur in consultation with the nurse practitioner, while on site.	

Change Idea #2 Use of SBAR -Registered in charge nurse to communicate to physician and NP, a comprehensive resident assessment, to obtain direction prior to initiating an ER transfer

Methods	Process measures	Target for process measure	Comments
Education/re-education to registered staff on the continued use of SBAR tool a standardized communication between clinicians.	Percentage of communication process used in the SBAR format	90% of communication between clinicians will occur using the SBAR format	

Change Idea #3 Development of IV program in the home

Methods	Process measures	Target for process measure	Comments
Education/Reeducation for registered staff for initiating IV access and managing IVs.	The number of shifts where at least one registered staff has the knowledge, skill and judgement to initiate and manage IVs.	100% of shifts will have a registered staff who is competent in IV initiation and management	

Change Idea #4 Education on palliative approach and end of life for staff, residents and families

Methods	Process measures	Target for process measure	Comments
Completion of PPS assessment, implementation of use and education for staff, res./families on palliative approach and end of life. Utilization of information brochure on admission and during care conferences.	Number of residents assessed for palliative approach to care using PPS assessment	100% of residents will be assessed for palliative approach for care on admission and with significant changes in condition	

Equity

Measure - Dimension: Equitable

Indicator #3	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	CB	100.00	84/84	

Change Ideas

Change Idea #1 To increase diversity training through Surge education and live events

Methods	Process measures	Target for process measure	Comments
Number of staff educated through Surge education or live events	Number of staff education on Culture and Diversity	100% of staff will be educated on culture and diversity	

Change Idea #2 To facilitate ongoing feedback or open door policy with the management team

Methods	Process measures	Target for process measure	Comments
Use of an open door policy will encourage residents, families and staff to approach managers to discuss concerns, ideas, or experiences related to workplace equity, diversity, inclusion and anti-racism	Staff feedback regarding whether they feel safe and supported when raising concerns	10% improvement in staff perception of psychological safety on work life survey	

Change Idea #3 Spiritual assessment to be completed on admission in consultation with the resident and family member on their language, faith, traditions, language preference, and family roles.

Methods	Process measures	Target for process measure	Comments
The spiritual assessment will be used as a tool to plan activities/events that celebrate cultural diversity in tandem with resident preferences.	# of residents who have a spiritual assessment completed within 14 days of admission to the home	100% of residents will have a spiritual assessment completed within 14 days of admission	

Experience

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	CB	95.00	This target will allow us to maintain or improve this indicator.	

Change Ideas

Change Idea #1 Review ""Resident's Bill of Rights"" more frequently, at Residents' Council meetings monthly. With a focus on Resident Rights #29. ""Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themselves or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else"";

Methods	Process measures	Target for process measure	Comments
Add Resident Right #29 to standing agenda for discussion on monthly basis by program Manager during Resident Council meeting. Re-education and review to all staff on Resident Bill of Rights specifically #29 at department meetings monthly by department managers;	Number of Resident Council meetings will include Resident Rights discussions, with Residents' Bill of Right #29 for review by June 2026.	100% of Resident Council meetings will include a discussion on Residents' Bill of rights.	

Change Idea #2 Increase awareness of Whistleblower policy and the Concern process in the home with residents and families

Methods	Process measures	Target for process measure	Comments
Review of the Whistleblower policy and Concern process with resident and family on admission and during annual care conferences	Number of admissions and care conferences where Whistleblowing and Concern policies are discussed	100% of admissions and care conferences will include discussions on Whistleblower policies and the Concern process	

Change Idea #3 Increase awareness of the Residents' Bill of Rights with staff

Methods	Process measures	Target for process measure	Comments
To add a standing agenda item of Residents' Rights to all departmental meetings	Number of departmental meetings that include a discussion on Residents' Bill of Rights	100% of departmental meetings will have a discussion on Residents' Bill of Rights	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents who develop worsening pain	C	% / LTC home residents	CIHI CCRS / May 2026 - April 2027	16.36	11.50	The home aims to make significant reduction towards the corporate benchmark of 8.5% over the next calendar year.	Palliative Pain & Symptom Management Consultant, CareRX, BiM Health

Change Ideas

Change Idea #1 Enhancement of the end of life, palliative care program

Methods	Process measures	Target for process measure	Comments
Conduct thorough assessment of the resident, palliative care, end of care. Completion of PPS score, current medication regimen, involve the interdisciplinary team, family and resident with care planning decisions.	Number of residents who have a comprehensive assessment to reduce symptoms of pain	100% of residents who trigger the worsened pain indicator in InterRAI will have a comprehensive pain assessment	

Change Idea #2 Utilization of pain tracker, to monitor the use of prn analgesic

Methods	Process measures	Target for process measure	Comments
Utilization of trackers, for prn use, comprehensive pain assessment completed and review of routine analgesic	Number of residents who trigger on the PRN analgesic tracker as using breakthrough pain medication for 3 consecutive days, who have a comprehensive pain assessment completed	100% residents that have PRN analgesic 3 consecutive days will have comprehensive pain assessment completed	

Change Idea #3 Educated/Reeducate staff on the palliative care philosophy

Methods Process measures Target for process measure Comments

Staff will receive reeducation on the palliative care philosophy. This will be done through collaboration with the regional palliative pain and symptom management consultant.

Number of staff educated on the palliative care philosophy

100% of staff will be educated on the palliative care philosophy

Measure - Dimension: Safe

Indicator #5	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	21.13	17.10	This target will move us closer to the corporate average.	

Change Ideas

Change Idea #1 To facilitate a Weekly Fall Huddles with the interdisciplinary team

Methods Process measures Target for process measure Comments

Weekly interdisciplinary team huddles on resident home area to review resident plan of care, to mitigate the risk of falls or injury related to falls

Number of weekly falls huddles

100% of residents who fall will have a weekly huddle review

Change Idea #2 To reduce the number of falls in the home

Methods	Process measures	Target for process measure	Comments
To increase training and/or education of Falls program	Number of staff educated/reeducated on the homes falls program	100% of staff to complete the required education	

Change Idea #3 Purposeful rounding, for resident at high risk for falls

Methods	Process measures	Target for process measure	Comments
Monthly collaboration with the Fall committee, (during Quality meeting), to review the resident's plan of care (identification of the triggers, related to the fall) referrals to MD/NP for medication reviews, PT for physio regiment/programming	Number of physiotherapy referrals related to falls	100% of resident who experience a fall will have a referral to physiotherapy	

Change Idea #4 During admission process, review with resident and history of falls, and interventions implemented

Methods	Process measures	Target for process measure	Comments
During shift report review resident high risk for falls, frequent falls	Number of shift reports where residents who are identified at high risk for falls, are reviewed.	100% of shift reports will discuss residents who are at high risk for falls	

Measure - Dimension: Safe

Indicator #6	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	28.57	22.80	The 22.8% goal is a 5% decrease toward the corporate benchmark.	

Change Ideas

Change Idea #1 Residents who are prescribed antipsychotics for the purpose of management of Responsive expressions, will have a quarterly review, for the potential of reduction or the discontinuation of medication, utilizing the antipsychotic reduction tool.

Methods	Process measures	Target for process measure	Comments
BSO lead and nursing team will ensure that residents who receive antipsychotics for responsive expressions will have their medication, plan of care reviewed, quarterly by the interdisciplinary team (including resident and family) -to develop a person centered approach	Number of residents prescribed antipsychotics medications over the number of residents who have received a medication review in the last quarter	100% of residents who are prescribed antipsychotic medications will receive a 3 month review to determine potential for reduction in dosage or discontinuing antipsychotics.	

Change Idea #2 During admission conference, a comprehensive review will occur with residents and families regarding history that lead up to antipsychotic prescription.

Methods	Process measures	Target for process measure	Comments
Comprehensive admission review will include: reason for the prescribing of antipsychotic medication, interventions effective in management of responsive expressions, if admission from another LTC home, inquire if care plan can be sent for review, review of Behavioural assessment provided by Ontario Home at Health	Number of residents admitted who have an antipsychotic prescription and a comprehensive assessment	100% of newly admitted residents will have been reviewed for the appropriateness of antipsychotics use	

Change Idea #3 BSO team will use DOS as a validated assessment tool for responsive expressions

Methods	Process measures	Target for process measure	Comments
Implementation of DOS, with change in responsive expressions and as a tool to obtain baseline information. The DOS will be analyzed and used in development of plan of care	Number of DOS assessments completed when there has been a change in responsive expressions	100% of residents with a change in responsive expressions will had a DOS assessment tool completed	

Measure - Dimension: Safe

Indicator #7	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	2.22	2.00	Target is based on corporate average.	

Change Ideas

Change Idea #1 Prompt identification and documentation of worsening pressure injuries, including a notification to the Skin and Wound Champion, as needed

Methods	Process measures	Target for process measure	Comments
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The Registered staff will receive education on prompt identification of wound deterioration and notification of the skin and wound lead. The skin & wound lead will audit the weekly PUSH assessments to ensure the correct wound identification and documentation has been completed	Percentage of residents with a worsening wound that is identified and communicated to the skin and wound lead	100% of residents showing clinical wound deterioration will have a referral to the skin and wound lead	
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Change Idea #2 Home to collaborate with NSWOC to provide in home and virtual consults

Methods	Process measures	Target for process measure	Comments
Registered staff to complete wound rounds with the NSWOC to enhance knowledge on wound care management	# of visits in person or virtually by the NSWOC	100% of residents with stage 2 or above pressure injuries will receive recommendations on wound management by the NSWOC nurse	

Change Idea #3 To reduce the percentage of resident who develop, or experience worsening pressure injury through Identification of residents at risk for alteration in skin

Methods	Process measures	Target for process measure	Comments
Develop a list of resident who PURS is 3 or greater, review plan of care, for the appropriate pressure relieving devices, review of surfaces in place	Number of residents with a PURS score of 3 or higher who have a care plan in place for prevention of pressure related injuries	100% of residents with PURS of 3 or higher will have a care plan in place for prevention of pressure related injuries	