

## 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)	24.23	22.30	Provincial average	The Ottawa Hospital

### Change Ideas

Change Idea #1 Participate in the STEP research project evaluating a decision aid for managing acute health crises in long-term care.

Methods	Process measures	Target for process measure	Comments
Implement STEP (Supporting Transition and Empowering Preferences), a structured decision-support tool that guides residents, care partners, and nursing staff during acute health events. This includes providing educational materials and decision aids, along with coaching and communication scripts to support real-time, collaborative decisions about hospital transfers that align with residents' goals and preferences.	Number of residents who received the STEP intervention and were subsequently transferred to hospital.	Reduce the hospital transfer rate among residents receiving the STEP intervention from 24.23% to 22.3% by December 31, 2026	

## 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	88.89	100.00	100% of staff to receive EDI-AR education at mandatory sessions	

### Change Ideas

Change Idea #1 Provide mandatory education sessions for staff on equity, belonging, and cultural diversity, with a focus on relational interactions.

Methods	Process measures	Target for process measure	Comments
In-person sessions delivered throughout the year to all staff groups.	Number of staff who attend the mandatory sessions.	100% of staff will complete the mandatory equity and cultural diversity education by December 31, 2026.	

**Measure - Dimension: Equitable**

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff who have taken Cancer Care Ontario ICS courses in 2026	C	% / Staff	In house data collection / Jan-Dec 2026	12.40	20.00	Resident population for Indigenous folks is less than 2% but will continue increasing the knowledge year over year.	

**Change Ideas**

Change Idea #1 Support staff in completing a minimum of five Cancer Care Ontario Indigenous Cultural Safety (ICS) courses.

Methods	Process measures	Target for process measure	Comments
Provide staff with online access links and reminders to complete the ICS courses throughout the year.	Percentage of staff completing ICS courses monthly.	20% of staff will complete five Cancer Care Ontario ICS courses by December 31, 2026.	

## 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	60.00	76.00	76% is baseline with QOL data	

### Change Ideas

**Change Idea #1** Provide residents with clear information about how to raise concerns and understand whistleblowing protections through updated materials and education sessions in all home areas.

Methods	Process measures	Target for process measure	Comments
Track the number of resident education sessions completed in each home area, review resident feedback at Leadership meetings, and share key messages with Resident Council.	Number of resident education sessions completed in the remaining home areas.	Increase positive resident responses to the statement "I can express my opinion without fear of consequences" from 60% to 76% among residents with a CPS score of 0–2 by December 31, 2026.	Total Surveys Initiated: 65

## Safety

### Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer	C	% / LTC home residents	In house data, interRAI survey / January 1, 2026 to December 31, 2026	5.92	3.30	Provincial average	

### Change Ideas

**Change Idea #1** Implement a coordinated Skin and Wound Prevention Program that includes wound prevention education for evening and night PSWs, development of a SWAN-supported wound care program, and follow-up on Skin & Wound audit results.

Methods	Process measures	Target for process measure	Comments
Track completion of wound-prevention education for evening and night PSWs, monitor progress on the SWAN-supported wound-care program, and review Skin & Wound audit findings during team meetings using interRAI in-house data.	Percentage of compliant Skin & Wound audits.	Improve audit compliance from the current 2025 average of 56% to 100%, and reduce the percentage of residents with new stage 2–4 pressure ulcers to the provincial benchmark of 3.3% by December 31, 2026.	