

## 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)	26.35	22.00	Bring our performance in line with provincial performance of 22.3.	Ottawa Hospital Nurse Lead Outreach Team

### Change Ideas

Change Idea #1 Review of transfers to ED to identify trends and specific opportunities for improvement.

Methods	Process measures	Target for process measure	Comments
RAI Coordinator will complete a review of all transfers to ED during the first quarter of 2026.	# of ED transfers reviewed	100% of ED transfers from Q1 2026 will be reviewed by April 30/26.	

Change Idea #2 Establish an ED transfer working group to respond to gaps in processes or procedures identified in ED transfers review.

Methods	Process measures	Target for process measure	Comments
1) Establish membership and meeting schedule 2) Conduct meetings monthly beginning April 2026. 3) Create action plan to address identified gaps.	1) Establishment of working group. 2) % of meetings held based on created schedule. 3) Creation of action plan.	1) Working group will be established by April 15/26. 2) 90% of meetings will be held as scheduled. 3) Action plan will be created by June 30/26 and change ideas will be implemented as outlined in plan.	

Change Idea #3 Based on action plan responding to gaps, training opportunities on main priorities will be offered to direct care staff.

Methods	Process measures	Target for process measure	Comments
1) In person education will be provided to all registered staff. 2) Education will be provided to all PSWs; either in person or through Surge Learning.	1) One education opportunity for registered staff. 2) One education opportunity for PSWs.	1) 80% of registered staff will attend the training opportunity. 2) 80% of PSWs will complete the education session either in person or through Surge Learning. Training sessions will be completed by Nov. 30/26.	

Change Idea #4 Interact Program (Interventions to Reduce Acute Care Transfers) will be reviewed by working group to identify possible enhancements to current processes / procedures.

Methods	Process measures	Target for process measure	Comments
1) Interact Program will be reviewed and discussed by the ED transfer working group. 2) Identified enhancements, if any, will be added to the 'gaps' action plan.	1) Interact resource reviewed. 2) Additions to action plan.	1) Review and discussion as reflected in working group minutes by Sept. 30/26. 2) Action plan additions made by Oct. 30/26 and change ideas implemented as outlined in plan.	

## 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	CB	CB	This specific questions has not been asked on our Resident Satisfaction survey in recent years so we will be collecting a baseline.	

### Change Ideas

Change Idea #1 Question will be added to annual Resident Satisfaction Survey.

Methods	Process measures	Target for process measure	Comments
Survey question will be added to the Resident Satisfaction Survey template.	Questions will be added.	100% of residents who complete survey will have an opportunity to answer this question.	

Change Idea #2 Create action plan for a result less then the threshold rating of 80%.

Methods	Process measures	Target for process measure	Comments
An action plan will be created to address response rating and comments as required.	Creation of action plan as required.	Action plan will be created if required within one month of survey completion and change ideas will be implemented as outlined in plan.	

Change Idea #3 Staff will receive training on customer services, person-centred care, and resident rights.

Methods	Process measures	Target for process measure	Comments
Staff training will be provided to all staff, either in person or through Surge Learning, on customer services, person-centred care, and resident rights.	One education session will be given to all staff.	80% of staff will complete the education session by Nov. 30/26.	

## 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	CB	CB	This specific questions has not been asked on our Resident Satisfaction survey in recent years so we will be collecting a baseline.	

## Change Ideas

Change Idea #1 Question will be added to annual Resident Satisfaction Survey.

Methods	Process measures	Target for process measure	Comments
Survey question will be added to the Resident Satisfaction Survey template.	Question will be added.	100% of residents who completed survey will have an opportunity to answer this question.	

Change Idea #2 Create action plan for any result less then the threshold rating of 80%

Methods	Process measures	Target for process measure	Comments
An action plan will be created to address response rating and comments as required.	Creation of action plan as required.	Action plan will be created as required within one month of survey completion and change ideas will be implemented as outlined in plan.	

## 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	12.61	10.00	This is a continuation of work started in the previous QIP.	

### Change Ideas

Change Idea #1 Review of current Falls Prevention and Management program against RNAO Opportunity Analysis conducted January 2026.

Methods	Process measures	Target for process measure	Comments
Create action plan to address outstanding items from Opportunity Analysis.	Creation of action plan.		Action plan will be created by April 30/26 and change ideas will be implemented as outlined in plan.