

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)	16.72	16.50	This is a stretch target which challenges the organization to maintain level below Provincial target.	

Change Ideas

Change Idea #1 Increase knowledge of nursing staff on goals of care discussions.

Methods	Process measures	Target for process measure	Comments
Manager of Education and NP to collaborate for education session regarding goals of care discussion with family/ POA.	# of education sessions held for registered staff	6 education sessions to be completed in Q1- Q2 2026-27.	

Change Idea #2 Increase knowledge of nursing staff on avoidable ED visit scenarios.

Methods	Process measures	Target for process measure	Comments
Manager of Education and NP to collaborate for education session on avoidable ED visits.	# of education sessions held for registered staff	6 education sessions to be completed by Q2 2026-2027.	

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	79.80	90.00	The Glebe Centre has begun Equity, Diversity, Inclusion and anti-racism journey in 2024 and this is a stretch goal.	

Change Ideas

Change Idea #1 Conduct Equity, Diversity, Inclusion and Belonging training for all Glebe Centre staff.

Methods	Process measures	Target for process measure	Comments
Education on EDI&B will be provided to all staff at the Glebe Centre.	% of staff that successfully complete education on EDI&B	100 % of staff will successfully complete education on EDI&B by Q3 2026-27.	

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, NHCAPHS survey / Most recent consecutive 12-month period	86.79	90.00	The 2025/26 target was successfully achieved by higher margin and we have identified a stretch goal for 2026/27	

Change Ideas

Change Idea #1 Increase staff awareness and provide education on responding to residents' requests with professionalism and emotion-based care principles.

Methods	Process measures	Target for process measure	Comments
Provide education on emotion-based care, professionalism and high quality care to all Glebe staff	% of staff who receive education on professionalism and emotion-based care training.	100% staff will receive emotion-based care and professionalism training.	Total Surveys Initiated: 55

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	83.64	90.00	The 2025/26 target was achieved by higher margin, and we have identified a stretch goal for 2026/27	

Change Ideas**Change Idea #1** Continue to build Resident and Family engagement

Methods	Process measures	Target for process measure	Comments
Senior Leadership will attend monthly Resident and Family council meetings so Residents can raise their concerns in a safe environment	% of monthly Resident and Family council meetings attended by members of Senior Leadership.	100% of monthly Resident and Family council meetings attended by members of Senior Leadership.	Total Surveys Initiated: 55

Change Idea #2 Provide education to all Glebe Centre staff on resident bill of rights and whistleblowing policy.

Methods	Process measures	Target for process measure	Comments
All Staff to receive training on the importance and understanding of resident bill of rights & whistle blowing policy.	% of Staff who completed assigned courses	100% of Staff to complete assigned courses	

Safety

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	11.06	10.50	We are currently tracking in line with Provincial average and have set practicable goal as the target.	

Change Ideas

Change Idea #1 Complete fall prevention and management education sessions for registered staff especially night staff.

Methods	Process measures	Target for process measure	Comments
Fall prevention and management education to be provided to all registered staff, especially night staff, due to rising fall numbers during night shift.	# of education sessions held for registered staff on fall prevention and management.	8 education sessions to be completed by Q3 2026-27.	

Change Idea #2 Reduce missing equipment and potential risk of noncompliance with care planned fall interventions.

Methods	Process measures	Target for process measure	Comments
Coordinator of nursing programs to keep track of fall prevention and management supplies/ equipment in collaboration with nursing restorative PSW.	# Monthly audits to be completed on fall prevention supplies.	100% compliance with audits. Ensure all residents have all necessary fall prevention equipment in place as per care plan.	

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	19.13	18.00	We are currently tracking in line with Provincial average and have set manageable goal as the target.	

Change Ideas

Change Idea #1 Conduct bimonthly antipsychotic deprescribing meetings to discuss residents on antipsychotics.

Methods	Process measures	Target for process measure	Comments
NP will collaborate with other interdisciplinary team members such as pharmacist, BSO, ROH team to discuss residents who are on antipsychotics without diagnosis	# of bi-monthly meetings	4 meetings to be conducted throughout year 2026.	

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	4.12	3.80	This is a manageable target for 2026/27.	

Change Ideas

Change Idea #1 Utilize chart pic and dashboard to track pressure ulcers to monitor trends and progression of pressure ulcer wounds.

Methods	Process measures	Target for process measure	Comments
All weekly wound assessments are to be documented in ChartPic and Nursing Programs Coordinator to track pressure ulcers in order to identify trends and progressions of pressure ulcers.	# of weekly audits completed. Run report in CharPic app on weekly basis.	Audits to be done till end of Q3 of 2026-27 and report to be shared to DOC or nursing leadership team every month.	

Measure - Dimension: Safe

Indicator #8	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	1.70	1.20	This is a manageable target for 2026/27.	

Change Ideas

Change Idea #1 OT will assess needs of restraints and explore other interventions to limit restraints use especially new admissions.

Methods	Process measures	Target for process measure	Comments
OT to assess other interventions including PASDs to reduce restraints use.	#new admissions assessed by OT.	All new admissions to be assessed by OT	to identify any restraints use and how to reduce use if any restraints.