Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #4 Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (The Norfolk Hospital Nursing Home)	**25.00** Performance (2024/25)	**20** Target (2024/25)	**23.44** Performance (2025/26)	**6.24%** Percentage Improvement (2025/26)	**20** Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

Review and ensure that ED transfers are appropriate.

Process measure

- All transfers will be reviewed.

Target for process measure

- 100% of transfers to ED will be reviewed, to ensure appropriate transfers are occurring.

Lessons Learned

Change in transfer processes between LTC and ED

Change Idea #2 ☑ Implemented ☐ Not Implemented

Continue to use the low food and fluid intake report as an early predicator of decline. Rule out any medical reason for poor intake.

Process measure

- Review the number of Residents identified on the report.

Target for process measure

- 100% of residents on the report will be encouraged to increase their intake, and rule out any medical reason for the decrease in intake.

Lessons Learned

This processes is working well and will continue

Change Idea #3 ☑ **Implemented** ☐ **Not Implemented**

Ensure end of life wishes and discussions are taking place at admission and reviewed yearly. Each Resident will be given the opportunity to complete "Caring for my Spirt" documentation, to capture their wishes.

Process measure

- Number of advanced directives completed on all Residents.

Target for process measure

- 100% of Residents will have their end of life wishes documented.

Lessons Learned

Advance Directives reviewed. Caring for my Spirit not implemented.

Comment

Carried over to this year's 2025-2026 QIP with new/additional change ideas that should drive success

Equity | Equitable | Optional Indicator

Indicator #3

Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (The Norfolk Hospital Nursing Home)

Last Year		This Year		
CB	100	2.50	--	100
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

To ensure all staff have completed the equity, diversity, inclusion, and anti-racism training.

Process measure

- Percentage of staff that have completed equity, diversity, inclusion, and anti-racism education.

Target for process measure

- 100% of staff will have completed the education on equity, diversity, inclusion, and ant-racism.

Lessons Learned

Leadership training completed, staff training carried forward to 2025-26 fiscal

Comment

Rollout of this initiative in phases with staff training confirmed for 2025-26. Leadership training was completed in 2024-25

Safety | Safe | Optional Indicator

Indicator #1

Percentage of LTC home residents who fell in the 30 days leading up to their assessment (The Norfolk Hospital Nursing Home)

Last Year		This Year		
10.92	**10**	**12.22**	**-11.90%**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Decrease time between admission and identification of falls risk.

Process measure

- Number of new admissions reviewed for history of falls.

Target for process measure

- 100% of new admissions will be reviewed.

Lessons Learned

New Admissions to NHNH were reviewed for history of falls and identification of falls risk. Challenge was the implementation of fall prevention interventions in a timely fashion

Change Idea #2 ☐ Implemented ☑ Not Implemented

Annual review and revision of falls program and policy to align with best practices.

Process measure

- Document and track changes and updates to the policy.

Target for process measure

- to be completed annually.

Lessons Learned

Implementation of Clinical Pathways interrupted this process, but will get back on track as implementation progresses

Change Idea #3 ☐ Implemented ☑ Not Implemented

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Comment

Implementation of RNAO Clinical Pathways

	Last Year		This Year		
Indicator #2 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (The Norfolk Hospital Nursing Home)	**22.58** Performance (2024/25)	**20** Target (2024/25)	**24.65** Performance (2025/26)	**-9.17%** Percentage Improvement (2025/26)	**20** Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

To explore all alternatives to antipsychotic medication use.

Process measure

- # of BSO referrals for those Residents prescribed antipsychotic medications without a diagnosis of psychosis. # of chart reviews completed by BSO for those Residents prescribed antipsychotic medications with out a supporting diagnosis. # of Residents where alternatives to antipsychotic use was recommended.

Target for process measure

- 100% of Residents without a diagnosis of psychoses will be reviewed by BSO team to explore alternative interventions.

Lessons Learned

BSO referral process was successful
A high turnover of Resident population and associated prescribed antipsychotics pre admission was a challenge.

Change Idea #2 ☐ Implemented ☑ Not Implemented

Ensure all Residents who are prescribed antipsychotic medication have a document diagnosis.

Process measure

- # of Residents who are prescribed antipsychotic medications will have a diagnosis review/update completed annually.

Target for process measure

- 100% of Residents will be reviewed annually.

Lessons Learned

Process was challenging and unsuccessful

Change Idea #3 ☑ Implemented ☐ Not Implemented

Review all new Resident admission for inappropriate prescribing of antipsychotics.

Process measure

- This will be measured by the number of prescribed antipsychotics vs the number prescribed without a supporting diagnoses of psychoses.

Target for process measure

- 100% of Residents will be reviewed.

Lessons Learned

Reviewed completed on new resident admissions but "inappropriateness" determination was challenging

Change Idea #4 ☐ Implemented ☑ Not Implemented

Ensure front line staff are certified in GPA training.

Process measure

- Number of staff that received this education over the number of staff in the home as a percentage.

Target for process measure

- To increase the number of staff certified in GPA training.

Lessons Learned

GPA training offerings were not realized

Comment

This initiative is on this year's 2025-26 QIP