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## QIP Narrative – Simcoe Manor

January 2026

### Overview

Simcoe Manor's ongoing commitment to quality is reflected in our mission "to provide effective, high quality, safe and efficient long-term care services in a home-like setting for the clients and families that we serve." We take a multi-faceted approach to improving care and the resident experience through our quality improvement plan (QIP), our home's Quality and Safety committee, maintenance of Accreditation Canada certification, and implementing improvement activities in response to critical incidents, findings from Ministry of Long-Term Care (MLTC) inspections, and complaints received by the home. We strive to engage and collaborate with staff, residents, and their families to continuously improve our services while demonstrating respect, dignity, and compassion in all that we do.

We are guided in our quality improvement by the County of Simcoe's strategic directions to achieve excellence, enable growth, and build strong, trusted and collaborative relationships with internal and external partners in the provision of resident and family-centered care.

In 2025, we improved our admissions process through the implementation of the Registered Nurses Association of Ontario (RNAO) Clinical Pathways for LTC admission. This pathway ensures a holistic, resident-centered approach during the resident's entry into the home. This approach also improves the provider experience, as it leverages Point Click Care's (PCC) digital platform, ensuring accurate, standardized, and streamlined admission documentation.

### Access and Flow

Simcoe Manor is committed to ensuring that residents receive the right care in the right place at the right time. Our strong external partnerships play a vital role in supporting this commitment. In support of reducing avoidable emergency department (ED) visits, we collaborate with the North Simcoe Ontario Health Team (OHT) and Royal Victoria Hospital (RVH) to provide home-based nursing services through a nurse-led outreach team (NLOT). In 2026, we have plans to further support this work through the delivery of education to all registered staff and are initiating a new partnership with the County of Simcoe Community Paramedicine program to support intravenous (IV) initiation and therapy (or treatment) in the home.

In 2025, through Local Priorities Funding, we purchased IV equipment and pain pumps to support better management of health conditions within the home. We have developed a policy on IV initiation and medication administration and have plans to train and support all registered staff in 2026. We have also obtained blood and urine analysis equipment that supports lab-quality, in-home diagnostic tests in minutes. This will continue to support our efforts to provide in-home testing and treatment, thereby reducing avoidable ED transfers.



We continue to work closely with Ontario Health at Home to support seamless transitions for residents joining our home from hospital or the community. Through partnerships with Behavioural Supports Ontario (BSO) and North Simcoe Muskoka Specialized Geriatric Services (NSM SGS) we provide support for residents with expressive behaviours. Through partnership with the North Simcoe Muskoka Hospice Palliative Care Network we have provided education for residents, family and staff to support a palliative approach to care and support end of life care. We also collaborate with the Simcoe Muskoka District Health Unit (SMDHU) and Royal Victoria Hospital Infection Prevention and Control (RVH IPAC) Hub to support provision of best practices for infection prevention programs. We work with our external partners to align practices and standards to deliver high-quality resident-centred care to meet the evolving needs of our residents.

Simcoe Manor is currently completing a redevelopment project to add an additional 34 long-term care beds which will support improved access for those awaiting long-term care. The new campus is scheduled to be fully operational in 2027.

### Equity and Indigenous

Simcoe Manor's equity, diversity, and inclusivity (EDI) initiatives are supported by the County of Simcoe's People & Inclusivity Department. The County is currently developing their corporate strategy for 2026, which will be followed by developing and implementing a personalized action plan for Simcoe in support of the larger County strategy.

Our professional practice manager is an active member of the Ontario Centres for Learning, Research & Innovation (CLRI) in Long-Term Care and provides notable EDI learning opportunities to the four County homes.

Simcoe Manor supports the celebration and recognition of various cultural events through themed meals, museum outings, and culturally themed activities. In 2025, we updated our admission process to include data capture of residents' cultural needs and will be continuing to build on this in 2026.

In 2025, we cocreated a policy on Culturally Appropriate Care with our Manager of People and Inclusivity and implemented process to ensure all relevant home departments are working cohesively to support resident's personal cultural needs while maintaining health and safety. To support a resident's gender expression and sexual orientation, we have implemented new demographic options within PCC to obtain this information during admission process. This will ensure that all staff can support residents to be their authentic selves.

### Resident Experience

Simcoe Manor is committed to continuously improving the resident and family experience. Involving residents in their care plan development and supporting autonomy in their daily experiences enhances their sense of dignity and overall well-being. We prioritize ongoing



feedback to shape and improve our care and services, ensuring residents feel heard, valued, and respected.

2026 initiatives:

Admissions:

Building on the work started in 2025, we will continue to enhance the admissions process to ensure residents and their families are welcome, supported and have all their needs met from the moment they enter our home. This includes creating personalized care plans that address cultural preferences and meeting specific needs. This year, we will be expanding on our care plan discussions to further support informed discussions with residents and their families on goals of care with a focus on palliative and end-of-life care.

Pleasurable Dining

The 2025 Resident and Family Satisfaction Survey at Simcoe Manor revealed a remarkable overall satisfaction with the care, programming and cleanliness. The Satisfaction Survey results revealed that 97% of residents feel like they get enough food and 86% feel going to the Dining Room is enjoyable. However, overall satisfaction is 79%. We currently have an interdisciplinary team (leadership, nursing staff, personal support workers, dietary staff, and program support staff) evaluating our pleasurable dining experience program to determine areas for improvement in our meal service offerings.

Resident Experience

We have committed to engaging residents in various quality improvement initiatives (admission process, delirium care, and resident/family centered care) to improve health care services in the home environment, improve daily quality of life, and support the various cultural needs of our residents. Through these initiatives, we aim to improve our resident satisfaction, as measured in our resident satisfaction survey.

An improvement opportunity that Simcoe Manor will be focusing on in 2026 is the Continence Care program. The home is currently performing a root cause analysis and will implement a quality improvement plan based on the results.

**Provider Experience**

In 2025, the County of Simcoe provided educational support, and staff were required to include a performance objective relating to Psychological Safety and Well-Being in the Workplace to their 2025 Performance Plan. Staff were encouraged to create a SMART objective specific to their role to improve the psychological safety in their workplace.



Employee feedback was obtained from the Accreditation Canada – Global Workforce Survey and a Corporate Guarding Minds Survey in 2025. Simcoe Manor has reviewed the results and is currently developing an action plan to address areas of improvement identified.

Recruitment and retention have been supported through various internal and external programs.

Health Force Ontario (HFO) Incentives:

Simcoe Manor has participated in the Community Commitment program for Nursing (CCPN) program whereby \$25,000 of funding is paid directly to registered nursing staff.

Personal Support Worker (PSW) Return of Service Incentives:

Simcoe Manor has participated in this program which offers \$10,000 to PSWs upon completion of 12 months of full-time employment.

Home Specific Initiatives:

Simcoe Manor offered walk-in interviews and job fairs throughout 2025.

Leadership education and clinical training was provided for all registered staff.

Education Support:

To support recruitment, retention and improved staff experience, PSW and nursing preceptors were eligible for funding from CLRI, PREP LTC program. Through this program, 35 full time practicum students were mentored across all four County of Simcoe LTC sites.

In 2025, the Health and Emergency Services Division at the County of Simcoe piloted a Professional Development Fund, whereby 35 LTCSS staff were approved for up to \$3,500/year of tuition reimbursement for continuing education. In 2026, this initiative is offered corporately, however the four County LTC homes will be offering additional tuition reimbursement above the \$3,500 year to support existing employees in pursuit of their Registered Practical Nurse (RPN) designation.

## Safety

Resident safety is a priority at Simcoe Manor. Our leadership team tracks and reviews safety incidents including falls, medication administration and critical incidents in a timely manner. Risks and incidents are categorized, and high-risk incidents are supported by the County of Simcoe's Professional Practice and Client Experience department to ensure a thorough investigation and development of an action plan. These targeted action plans could result in policy updates, staff education, and/or implementation of quality improvement to reduce future risk.



The IPAC lead at Simcoe Manor has implemented the use of in-home rapid analyzers to identify respiratory infections (COVID, RSV, & Influenza). This early identification process prevents unnecessary transfers to hospital and expedites treatment and implementation of universal precautions to reduce the risk of outbreak within the home. Our lead is part of the North Central Regional IPAC Hub which supports building IPAC capacity and preventing the spread of communicable disease within the home.

In 2026, the Professional Practice and Client Experience department at the County of Simcoe will be developing a safety program based on the Healthcare Excellence Canada “Rethinking Patient Safety” and “Patient Safety and Incident Management Toolkit” resources to be implemented at Simcoe Manor in 2027.

## Palliative Care

Simcoe Manor provides interdisciplinary support to staff, residents and their families that is guided by the Palliative Care Quality Standard.

In support of the Palliative Care Quality Statements #1: Identification and Assessment of Needs and #4: Goals-of-Care Discussions and Consent, we currently hold palliative care meetings when a decline in resident condition is identified to revisit goals of care. In 2026, we plan to work with our social work team to identify opportunities to enhance our conversations with residents and their families during the admission process, as it relates to goals of care and end-of-life care. We are also implementing a standardized review process to ensure that individualized person-centered care plans (including end-of-life care goals) are developed and updated regularly (Support of Palliative Care Quality Statement #5).

In 2026, Simcoe Manor will be implementing the RNAO BPGs for pain and palliative care which will ensure that we are adequately managing residents’ pain and other symptoms, in support Quality Statement #6: Management of Pain and Other Symptoms.

As part of Quality Statement #13: Education for Health Care Providers and Volunteers, all staff are provided education through the All-In Palliative Care: The Team Approach in LTC as well as ad hoc education sessions provided in collaboration with the North Simcoe Muskoka Hospice Palliative Care Network (NSMHPCN).

When a resident passes away and is leaving the home for the final time, a “Code Butterfly” is announced overhead. All available staff, residents and visitors are encouraged to join us lining the front lobby/hallway to say goodbye to the resident as they leave and play a song of the resident’s and/or family’s choice, when requested.

To support staff through the grieving process, Lean on Me Huddles have been established to provide support through the social worker at the home. This is an informal touch base that is available to all staff to share stories about the resident and process the loss.



In support of Quality Statement #7: Psychosocial Aspects of Care, Simcoe Manor utilizes End of Life Care Carts that are designed to provide comfort material to the resident and their families.

### Population Health Management

Simcoe Manor is committed to a proactive, data-driven population health management approach that enhances resident well-being, reduces health disparities, and prevents chronic illnesses. By leveraging partnerships and evidence-based strategies, we aim to deliver integrated, person-centered care that addresses both medical, psychological, and social determinants of health.

#### Integrated Chronic Disease Management:

A multidisciplinary team—including nurses, physicians, dietitians, social workers and physiotherapists—collaborates to create and adjust personalized care plans, ensuring continuous monitoring and timely interventions.

By integrating digital health tools and predictive analytics, we proactively identify residents at risk of complications, reducing hospitalizations and improving health outcomes.

#### Preventive and Proactive Care:

We partner with local healthcare providers and public health agencies to deliver immunization clinics and infection prevention strategies, reducing the burden of infectious diseases. Through our dedicated on-site social worker, Simcoe Manor supports the maintenance of good mental health and early identification and treatment of declining mental health.

#### Community Collaboration:

Our resident and family councils are invited to participate in shaping wellness initiatives, ensuring that programs reflect the lived experiences and needs of our population.

#### Contact Information

Simcoe Manor  
County of Simcoe, Long Term Care and Seniors Services  
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(905) 729-2267  
[simcoe.manor@simcoe.ca](mailto:simcoe.manor@simcoe.ca)  
<https://www.simcoe.ca/dpt/ltc/simcoe>

### Designated Lead

LTC Home	<b>Simcoe Manor</b>
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<b>Administrator</b>	Peter Puiatti
<b>Director, Health Quality Simcoe</b>	Nancy Habermehl
<b>Project Coordinator</b>	Jacqueline Berchtold
<b>Decision Support Coordinator</b>	Alex MacMillan
<b>Director of Resident Care</b>	Tamiko Brown
<b>Director of Resident Care</b>	Tanya Lloyd

### Sign-off

I have reviewed and approved our organization’s Quality Improvement Plan (QIP):

Basil Clarke	Warden COS	
Jonathan Magill	County Clerk	
Jane Sinclair	General Manager Health & Emergency Services	
Nancy Habermehl	Director Health Quality Simcoe	<i>NH</i>
Peter Puiatti	Administrator Simcoe Manor	

**Access and Flow | Efficient | Optional Indicator**

Indicator #7 Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Simcoe Manor)	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
	<b>27.01</b>	<b>24.31</b>	<b>38.51</b>	<b>-42.58%</b>	<b>25</b>

**Change Idea #1**  Implemented  Not Implemented  In Progress

We will continue to track this indicator quarterly to evaluate trends

**Process measure**

- # of avoidable ED visits for LTC residents

**Target for process measure**

- We are aiming to reduce the rate of potentially avoidable ED visits by 10%, from 27.01 to 24.31, by September 2025.

**Lessons Learned**

DRC’s implemented morning meeting with Registered Staff that reviews hospitalizations and try to determine possible moments that could have reduced such visits. These meeting were initiated in July 2025.

**Change Idea #2**  Implemented  Not Implemented  In Progress

We will educate LTC staff about the benefits of and approaches to preventing emergency department visits

**Process measure**

- % of staff trained - avoidable ED visits for LTC residents

**Target for process measure**

- We are aiming to have 50% of staff trained by July 2025, and all staff trained by December 2025.

**Lessons Learned**

The home achieved goal to have staff trained in Palliative Care, however did not impact ED Visits. For next year, idea is to have an ad hoc meeting with families to review levels of care. Families reluctant to change level of intervention when residents deemed palliative which results in Hospital transfer.

**Change Idea #3**  Implemented  Not Implemented  In Progress

We will continue to enhance palliative care supports within the long-term care home

**Process measure**

- % of staff trained - palliative care

**Target for process measure**

- We are aiming to have 50% of staff trained by July 2025, and 80% of staff trained by December 2025.

**Lessons Learned**

Palliative care training is included in annual education through LMS and at orientation.

**Comment**

Simcoe Manor is committed to ensuring that residents receive the right care in the right place at the right time. Our strong external partnerships play a vital role in supporting this commitment. In support of reducing avoidable emergency department (ED) visits, we collaborate with the North Simcoe Ontario Health Team (OHT) and Royal Victoria Hospital (RVH) to provide home-based nursing services through a nurse-led outreach team (NLOT). In 2026, we have plans to further support this work through the delivery of education to all registered staff and are initiating a new partnership with the County of Simcoe Community Paramedicine program to support intravenous (IV) initiation and therapy (or treatment) in the home.

**Equity | Equitable | Optional Indicator**

	Last Year		This Year		
<b>Indicator #6</b>	<b>CB</b>	<b>100</b>	<b>CB</b>	<b>--</b>	<b>NA</b>
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Simcoe Manor)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

We will provide EDI education for all staff

**Process measure**

- % of staff trained - Equity, Diversity and Inclusion

**Target for process measure**

- We are aiming to have 10% of staff trained by December 2025.

**Lessons Learned**

We have trained all staff in this module. Training is completely through the LMS system.

**Comment**

Simcoe Manor’s equity, diversity, and inclusivity (EDI) initiatives are supported by the County of Simcoe’s People & Inclusivity Department. The County is currently developing their corporate strategy for 2026, which will be followed by developing and implementing a personalized action plan for Simcoe in support of the larger County strategy.

**Equity | Equitable | Custom Indicator**

Indicator #5	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of residents with sociodemographic data collected and documented on their resident profile (Simcoe Manor)	CB	100	CB	--	NA

**Change Idea #1**  Implemented  Not Implemented  In Progress

Implement a standardized approach to ensure sociodemographic data is consistently collected at admission, annual reviews, and following significant resident status changes

**Process measure**

- % of residents with updated sociodemographic data recorded within 30 days of admission, annual review, or a significant resident status change

**Target for process measure**

- 90% of residents have updated sociodemographic data recorded within 30 days of admission, annual review, or a significant resident status change.

**Lessons Learned**

All new admission is asked during admission. When setting up Care Conference, send out information ahead of Care Conference to submit prior or on day of Care Conference. Ongoing process.

**Comment**

Simcoe Manor is committed to continuously improving the resident and family experience. Involving residents in their care plan development and supporting autonomy in their daily experiences enhances their sense of dignity and overall well-being. We prioritize ongoing feedback to shape and improve our care and services, ensuring residents feel heard, valued, and respected.

Experience | Patient-centred | **Custom Indicator**

	Last Year		This Year		
<b>Indicator #3</b>	<b>76.00</b>	<b>84</b>	<b>75.00</b>	<b>--</b>	<b>NA</b>
Percentage of residents responding positively to survey question "staff listen to me" (Simcoe Manor)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

We will continue best practice and evaluation of annual satisfaction survey results and improve communication of survey results and comments captured to residents, family and friends.

**Process measure**

- % of residents responding to survey question (staff listen to me)

**Target for process measure**

- We are aiming to increase resident satisfaction by 10%, from 76% to 84% of residents responding positively to survey question "staff listen to me" on the 2025 annual satisfaction survey

**Lessons Learned**

Open invitation for Leadership and Contracted Services to attend Resident Council.

**Change Idea #2**  Implemented  Not Implemented  In Progress

We will continue to promote participation in the home's Residents' Council and work with the council to make improvements in the home

**Process measure**

- # of improvement initiatives suggested # of feasible improvements made in the home

**Target for process measure**

- We are aiming to have 50% of improvement initiatives suggested, implemented in the home by December 2025.

**Lessons Learned**

Not Implemented

**Comment**

Simcoe Manor is committed to continuously improving the resident and family experience. Involving residents in their care plan development and supporting autonomy in their daily experiences enhances their sense of dignity and overall well-being. We prioritize ongoing feedback to shape and improve our care and services, ensuring residents feel heard, valued, and respected.

<b>Indicator #4</b>	<b>Last Year</b>		<b>This Year</b>		
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Simcoe Manor)	<b>92.00</b>	<b>97</b>	<b>96.00</b>	<b>--</b>	<b>NA</b>
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

We will continue best practice and evaluation of annual satisfaction survey results and improve communication of survey results and comments captured to residents, family and friends.

**Process measure**

- % of residents responding to survey question (I can speak up without fear of consequences)

**Target for process measure**

- We are aiming to increase resident satisfaction by 5%, from 92% to 97% of residents responding positively to survey question "I can speak up without fear of consequences" on the 2025 annual satisfaction survey

**Lessons Learned**

Reduction in agency usage and consistency in care routines for residents. Feedback is that we need to ensure consistent staff on the RHA.

GPA training for further staff in 2025. This is an ongoing goal.

**Change Idea #2**  Implemented  Not Implemented  In Progress

We will continue to improve and provide information to residents and families on their rights under provincial legislation and the home's policies and procedures

**Process measure**

- # of educational opportunities provided

**Target for process measure**

- We are aiming to have 80% of residents (with a CPS of 3) and 50% of families informed by December 2025.

**Lessons Learned**

Set up Community Fair with agencies in the area that support older adults and caregivers.

Social Worker will support with system navigation for residents and families.

**Comment**

Simcoe Manor is committed to continuously improving the resident and family experience. Involving residents in their care plan development and supporting autonomy in their daily experiences enhances their sense of dignity and overall well-being. We prioritize ongoing feedback to shape and improve our care and services, ensuring residents feel heard, valued, and respected.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
<b>Indicator #1</b>	<b>13.79</b>	<b>13.79</b>	<b>18.30</b>	<b>-32.70%</b>	<b>NA</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Simcoe Manor)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

We will assess and manage fall risks for new residents

**Process measure**

- # of fall assessments for new residents

**Target for process measure**

- We are aiming to complete fall assessments for all new residents to assess and manage fall risks, and to reduce the percentage of falls to be below the provincial average of 16.5% by September 2025.

**Lessons Learned**

We complete Falls Assessment for every new admission.

**Change Idea #2**  Implemented  Not Implemented  In Progress

We will assess and manage fall risks for all residents

**Process measure**

- # of fall assessments for all residents

**Target for process measure**

- We are aiming to complete fall assessments for all new residents to assess and manage fall risks, and to reduce the percentage of falls to be below the provincial average of 16.5% by September 2025.

**Lessons Learned**

We complete Falls Assessment for all residents.

**Change Idea #3**  Implemented  Not Implemented  In Progress

We will assess and manage fall risks for residents post fall

**Process measure**

- # of post fall assessments

**Target for process measure**

- We are aiming to complete fall assessments for all new residents to assess and manage fall risks, and to reduce the percentage of falls to be below the provincial average of 16.5% by September 2025.

**Lessons Learned**

Falls Huddle with interdisciplinary Team after each fall. At times not all members are present, but it is communicated during shift change.

**Comment**

Resident safety is a priority at Simcoe Manor. Our leadership team tracks and reviews safety incidents including falls, medication administration and critical incidents in a timely manner. Risks and incidents are categorized, and high-risk incidents are supported by the County of Simcoe's Professional Practice and Client Experience department to ensure a thorough investigation and development of an action plan. These targeted action plans could result in policy updates, staff education, and/or implementation of quality improvement to reduce future risk.

Indicator #2	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Simcoe Manor)	<b>5.97</b>	<b>5.97</b>	<b>4.11</b>	<b>31.16%</b>	<b>NA</b>

**Change Idea #1**  Implemented  Not Implemented  In Progress

We will continue to track this indicator quarterly to evaluate trends and ensure best practice is followed for resident assessments to ensure antipsychotics are prescribed appropriately

**Process measure**

- # of antipsychotics prescribed in the absence of the associated diagnosis

**Target for process measure**

- We are aiming to reduce the percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment to remain below the provincial average of 21.20% by September 2025.

**Lessons Learned**

Antipsychotics – percentage of antipsychotics prescribed in the absence of the associated diagnosis is sourced from PCC (Resident Assessment - which indicates a 7 day look back) and reported quarterly on our balanced scorecard.

RAI supports the diagnosis entry and works with the physician.

**Change Idea #2**  Implemented  Not Implemented  In Progress

We will continue to collect and monitor current resident medication use data

**Process measure**

- # of medication reviews

**Target for process measure**

- We are aiming to reduce the percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment to remain below the provincial average of 21.20% by September 2025.

**Lessons Learned**

Review BSO referral process with PSWs and Registered staff

Referrals to BSS for residents with responsive behaviours

BSS Education to staff on different responsive behaviours

**Comment**

Resident safety is a priority at Simcoe Manor. Our leadership team tracks and reviews safety incidents including falls, medication administration and critical incidents in a timely manner. Risks and incidents are categorized, and high-risk incidents are supported by the County of Simcoe's Professional Practice and Client Experience department to ensure a thorough investigation and development of an action plan. These targeted action plans could result in policy updates, staff education, and/or implementation of quality improvement to reduce future risk.

## 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)	38.51	25.00	The goal is to improve our current performance working toward the provincial value of 22.3 for rate of ED visits for LTC residents	Soldiers Memorial Hospital, Paramedics, NLOT

### Change Ideas

## Change Idea #1 We will educate LTC staff about the benefits of and approaches to preventing emergency department visits

Methods	Process measures	Target for process measure	Comments
<p>Process and Tools: We will enhance staff training to include early recognition and management of common conditions that may result in ED visits, such as infections and dehydration. Continue to provided education to the RNs (NLOT) along with annual education that is provided to staff. Our LTCSS division will be introducing advanced diagnostic and treatment equipment to enhance resident clinical care, improve efficiency and contribute to better health outcomes for our residents. These devices include iSTAT, ECG, and urinalysis machines, as well as IV and CADD pumps. This equipment will support early detection of specific medical conditions such as acute changes due to pneumonia, CHF, and UTI etc., providing our clinical team resources and tools to intervene promptly, treat the condition, and potentially avoid an unnecessary hospital transfer or transfer to an external medical facility for diagnostic tests. This improvement initiative will be evaluated through staff education counts.</p>	<p>% of staff trained - avoidable ED visits for LTC residents</p>	<p>We are aiming to have 50% of RN staff trained by July 2026, and all staff trained by December 2026.</p>	

## Change Idea #2 Currently working with NLOT to improve ED visits

Methods	Process measures	Target for process measure	Comments
NP to be invited to attend all Care Conferences for residents deemed palliative or when significant change of status to discuss levels on intervention with families.	100% of residents deemed palliative have an associated Care Conference and NP provide education to families about Palliative and End of Life Care	By end of 2026 goal is to have less than 2% of ED visits are palliative residents.	

## Change Idea #3 Recruitment of Nurse Practitioner 2 days a week for Simcoe Manor

Methods	Process measures	Target for process measure	Comments
Focus for the NP is to provide training and education for the following items: Catheter insertion, IV pumps and managing chronic conditions to prevent acute escalations.	# of avoidable ED visits for LTC residents	A reduction in ED transfers for catheter insertion, IV AB and no residents sent to hospital for catheter insertions and IV Antibiotics.	

## Experience

### Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who are satisfied with the meal service and quality of food.	C	% / LTC home residents	In-house survey / 2026	64.00	75.00	Percent Improvement: The goal is to improve resident and family satisfaction related to 'Meal times are enjoyable' from 64% to 75% .	

### Change Ideas

#### Change Idea #1 Re-implement Pleasurable Dining Model for meals in Long Term Care

Methods	Process measures	Target for process measure	Comments
Dietary, Nursing and Program staff to be re-trained on their roles within the Pleasurable Dining Model. 2026 Resident and Family satisfaction survey	% of residents who are satisfied with the meal service.	A 10% increase in Resident and Family Satisfaction Survey. Satisfaction Rating of 75% or better in the category of this indicator.	