

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)	15.17	13.20	John Noble Home will work toward achieving a 7.04% improvement and strive to remain below the provincial average.	

Change Ideas

Change Idea #1 Advance Care Planning & PoET Implementation

Methods	Process measures	Target for process measure	Comments
PoET Individualized Summary, completed on admission, at annual care conferences, and following a change in condition, to ensure resident goals, values, and preferences guide care. This will replace the existing Advance Care Planning form.	Percentage of residents with a completed Individualized Summary	100% of the residents will have completed Individualized Summary by March 31st 2027	

Change Idea #2 Strengthening the Palliative Care Program to enable timely recognition of changes in residents health status.

Methods	Process measures	Target for process measure	Comments
Palliative approaches to care by life and death matters including The Palliative Performance Scale (PPS) to be offered to PSW staff	Number of PSW's received Palliative care and The Palliative Performance Scale (PPS) education	20 PSW's will receive Palliative care education by December 31st 2025.	

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	CB	CB	John Noble Home will work toward achieving a 100% of staff who have completed relevant equity, diversity, and inclusion education	

Change Ideas

Change Idea #1 Equity, diversity, inclusion, and anti-racism (EDIA) education.

Methods	Process measures	Target for process measure	Comments
Diversity, Equity, and Inclusion in the Workplace (DEI) on Surge Learning	Percentage of staff completed Diversity, Equity, and Inclusion in the Workplace (DEI) on Surge Learning	100% staff completed Diversity, Equity, and Inclusion in the Workplace (DEI) on Surge Learning by 31st December 2026	

Change Idea #2 This Diversity, Equity, and Inclusion (DEI) Policy outlines the organization's commitment to creating and sustaining a workplace where all employees feel valued, respected, and empowered. We strive to foster an environment that embraces diverse perspectives and promotes fair and equitable opportunities for everyone.

Methods	Process measures	Target for process measure	Comments
Policies related Diversity, Equity, and Inclusion in the Workplace will include current legislation, regulatory requirements, and established best practices.	The Human Resources department will develop and maintain Diversity, Equity, and Inclusion (DEI) policies that reflect current legislation, regulatory requirements, and established best practices.	The Human Resources department will develop Diversity, Equity, and Inclusion (DEI) policies that reflect current legislation, regulatory requirements, and established best practices by June 2026.	

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, NHCAHPS survey / Most recent consecutive 12-month period	86.44	91.00	John Noble Home will work toward achieving a 5.28 % improvement	

Change Ideas

Change Idea #1 Person Centred care gap analysis to identify priority education and practice opportunities that strengthen person-centred care delivery, high-quality care.

Methods	Process measures	Target for process measure	Comments
Conduct a RNAO Person-Centred Care gap analysis	A Person Centred Care gap analysis will be conducted to assess current clinical practices, identify targeted educational needs, and strengthen person-centred care delivery.	A Person Centred Care gap analysis will be conducted by May 2026 to assess current clinical practices, identify targeted educational needs, and strengthen person-centred care delivery.	Total Surveys Initiated: 118

Change Idea #2 Improve resident centred care

Methods	Process measures	Target for process measure	Comments
Improve resident centred care by ensuring each resident has an up-to-date "All About Me" Individualized Summary that captures what matters most to them to improve daily care delivery.	Percentage of residents with a completed "All About Me" Individualized Summary to be posted in their room.	100% of residents will have a current "All About Me" Individualized Summary completed and posted in their room by December 2026.	

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	92.37	94.00	John Noble Home will work toward achieving a 1.76% improvement	

Change Ideas

Change Idea #1 Residents are constantly invited, supported, and encouraged to share their perspectives during care conferences, with clear reassurance that feedback can be expressed safely and without fear of negative consequences.

Methods	Process measures	Target for process measure	Comments
Ensure resident are invited for IDC, feedback shared during care conferences is documented in the IDC template and "All About Me" Individualized Summary.	Percentage of ICDs indicating that the resident was invited and feedback was documented in the most recent care conference.	80% of ICDs indicating that the resident was invited and feedback was documented in the most recent care conference by 31st March 2027	Total Surveys Initiated: 118

Change Idea #2 Focused education on Customer Service, Empathy, Resident Bill of Rights

Methods	Process measures	Target for process measure	Comments
Deliver focused education on Customer Service, Empathy, Resident Bill of Rights for all interdisciplinary staff.	Percentage staff who completion Customer Service, Empathy, Resident Bill of Rights education on Surge learning	90% staff will completion Customer Service, Empathy, Resident Bill of Rights education on Surge learning by December 2026	

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	19.13	18.00	John Noble Home will work toward achieving a 5.91% improvement and strive to remain below the provincial average.	

Change Ideas

Change Idea #1 To reduce the risk of fractures among residents by systematically reviewing MDS outcome scores and applying targeted prevention interventions.

Methods	Process measures	Target for process measure	Comments
Quarterly Falls & Restraints Committee meeting to review the MDS fracture risk score and implemented appropriate intervention to prevent fractures.	# of Falls & Restraints Committee meetings where fracture risk data are reviewed.	4 quarterly Falls & Restraints Committee meetings will review fracture risk data by 31st March 2027	

Change Idea #2 Prevention of Falls and Fall Injuries in the Older Adult gap analysis to reduce resident falls and fall-related injuries by identifying gaps in current practices and implementing targeted improvements.

Methods	Process measures	Target for process measure	Comments
RNAO Gap Analysis: Prevention of Falls and Fall Injuries in the Older Adult	A Prevention of Falls and Fall Injuries in the Older Adult gap analysis will be conducted to reduce resident falls and fall-related injuries by identifying gaps in current practices and implementing targeted improvements.	A Prevention of Falls and Fall Injuries in the Older Adult gap analysis will be conducted by May 2026 to reduce resident falls and fall-related injuries by identifying gaps in current practices and implementing targeted improvements by 31st March 2027.	

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	22.27	21.00	John Noble Home will work toward achieving a 5.70% improvement and strive to remain below the provincial average.	

Change Ideas

Change Idea #1 Implement Gentle Persuasive Approaches (GPA) training to enhance staff competency in managing responsive behaviours.

Methods	Process measures	Target for process measure	Comments
Internal GPA coach and external coach to provide GPA in-services to improve resident care.	Percentage of staff who have completed GPA training	100% of staff will complete GPA training by end of December 2026	

Change Idea #2 To reduce the use of antipsychotic medications without an appropriate diagnosis by Review of resident receiving anti-psychotic during monthly antipsychotic reduction meeting.

Methods	Process measures	Target for process measure	Comments
All residents on anti-psychotics without appropriate diagnosis will be reviewed at monthly antipsychotics reduction meeting and recommendations will be forwarded to MD.	percentage of residents who are taking antipsychotics without diagnosis will be reviewed.	100% of resident on antipsychotics without diagnosis will be reviewed by March 31st 2027	

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	2.78	2.17	John Noble Home will work toward achieving a 21.95% improvement and strive to remain below the provincial average.	

Change Ideas

Change Idea #1 Strengthen staff knowledge and clinical skills related to skin integrity and wound prevention through targeted education and training.

Methods	Process measures	Target for process measure	Comments
Direct care staff to receive Skin Health Education through Skin and wound Canada and on Surge learning.	Percentage of Direct care staff completed Skin Health Education Program through Skin and wound Canada and on Surge learning.	80% of Direct care staff will completed and in class Skin Health Education Program through Skin and wound Canada by December 31st 2026. 100% of Direct care staff will completed the skin and wound education on Surge learning.	

Change Idea #2 Enhance staff competency in skin and wound care through participation in the SWAN™ (Skin Wellness Associate Nurse) Program, supporting evidence-based prevention, early identification, and management of skin breakdown and wounds.

Methods	Process measures	Target for process measure	Comments
Enroll eligible nurses (RPNs/ RNs) in the Skin and wound education Program	Skin and wound nurses (RPNs RNs) enrolled in the Skin and wound education Program by March 31,2027	2 Skin and wound nurses (RPNs RNs) will be enrolled in the Skin and wound education by March 31,2027	

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	0.91	0.50	John Noble Home will work toward achieving a 45.05% improvement and strive to remain below the provincial average.	

Change Ideas

Change Idea #1 Strengthen Staff Education on Least Restraints

Methods	Process measures	Target for process measure	Comments
Provide annual and refresher education on: Risks associated with physical restraints Least-restraint philosophy Evidence-based alternatives	Percentage of staff to complete Restraints-Use of and Alternatives education on surge learning	100% of staff will complete Restraints-Use of and Alternatives education on surge learning by December 31st 2026	