

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #3	CB	95	100.00	--	NA
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (AgeCare Brant)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 **Implemented** **Not Implemented**

As part of our Local Service Accountability Agreement with the province, our home has ensured that all our managers have completed training related to Equity, Inclusion, Diversity and Anti-Racism and additional training on Indigenous Cultural Safety and Awareness by March 2024. Our goal for 2024 is to continue education in both these areas for our front-line team members.

Process measure

- Each Manager and then front line staff will be tracked for completion.

Target for process measure

- 100% Management and over 90% front line completed by end of 2024.

Lessons Learned

Home made the training mandatory for the 2024 year through the Surge Learning platform. The home also supported the education received through various events in the home which recognized diversity, ethnicity, and culture.

Change Idea #2 **Implemented** **Not Implemented**

Executive Director training.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The Executive Director completed various modules related to Indigenous awareness, anti-Black Racism and 2SLGBTQ+.

Comment

The home continues to evolve their Equity, Inclusion, Diversity and Anti-Racism program and we monitor progress, opportunities, and successes through our Strategic plan.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1	15.48	15.17	15.18	1.94%	14.87
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (AgeCare Brant)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Fall prevention team will review each resident who has a fall to identify fall prevention strategies.

Process measure

- Percentage of resident falls that are reviewed.

Target for process measure

- 100% of all resident falls will be reviewed.

Lessons Learned

Post fall huddles are being implemented consistently which has improved individualized fall prevention strategies for residents who fall.

Change Idea #2 Implemented Not Implemented

Interdisciplinary falls rounds on each neighbourhood to get more interdisciplinary involvement.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Travelling falls rounds has increased the number of new interventions being identified to potentially prevent resident falls.

Comment

The home met the target but falls preventions will continue to be a priority for the home in 2025.

Indicator #2	Last Year		This Year		
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (AgeCare Brant)	26.33	23.69	13.20	49.87%	13
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

To review all residents that are currently on antipsychotic medications to ensure that there is an appropriate diagnosis including hallucinations and delusions.

Process measure

- Number of residents who will be reviewed quarterly through medication reviews and MDS coding.

Target for process measure

- 100% of residents will be reviewed for applicable diagnosis.

Lessons Learned

RAI-C reviewed each resident during the assessment period and determined if there was a diagnosis present to support the use of antipsychotics. Physicians were onboard with the review and updated diagnosis lists.

Change Idea #2 Implemented Not Implemented

Partnered with Psychiatrist to review and discontinue psychotropic medications where able.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The partnership with the Psychiatrist helped identify inappropriate prescribing, appropriate diagnosis, and opportunities for de-prescribing.

Comment

Home exceeded the target with collaboration of the Attending Physicians and the support of an external Psychiatrist partner.

