

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #3	CB	100	100.00	--	NA
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (AgeCare Elmira)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Educate frontline staff on Diversity and Inclusion

Process measure

- Quarterly review of Surge to determine the progression of getting to 100% of staff educated on Diversity and Inclusion

Target for process measure

- 100% of frontline staff will have completed the Diversity and Inclusion education.

Lessons Learned

all staff completed required training and met the goal -staff would like to see speakers to educate on cultural differences and challenges in 2025

Change Idea #2 Implemented Not Implemented

Create a Cultural Diversity Board that highlights different cultures of team members, residents/families in our Elmira community. Celebrate different cultures throughout the year through food/drink, music, spiritual practices and clothing.

Process measure

- # of different cultures identified and celebrated

Target for process measure

- # of participants that share their cultural practices (religious beliefs, food, celebrations, etc)

Lessons Learned

Well received by the teams and community to the point teams would like to see more of this practice for 2025.

Comment

While the education requirements met the 100% goal and staff welcomed the cultural and diversity meals and education boards we will look to explore more options for learning in 2025 such as cultural speakers, music programs and meals

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #2	43.00	50	81.00	--	NA
Percentage of residents responding positively to "I like the food here" (AgeCare Elmira)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Improve resident meal satisfaction by offering monthly themed meals

Process measure

- Feed back will be gathered at quarterly resident council meetings

Target for process measure

- 50% of residents will respond positively to the question "I like the food here" in the 2024 resident satisfaction survey

Lessons Learned

Home identified improved meal satisfaction however residents feel they would like to allow personal recipe choices when able for themed meal days and agreed with cultural dishes as long as alternatives were made available

Change Idea #2 Implemented Not Implemented

Improve resident engagement in selecting menu items

Process measure

- Feedback gathered at resident council meetings

Target for process measure

- 50% of residents will respond positively to the question "I like the food here" on 2024 resident satisfaction survey

Lessons Learned

Residents prefer town halls monthly - during these meetings we discuss menu, food choices to allow for input and changes prior to posting of menus

Change Idea #3 Implemented Not Implemented

Improve resident satisfaction in the food provided by improving the overall dining experience

Process measure

- # of residents who provide positive feed back on food and service

Target for process measure

- 50% of residents will respond positively to "I like the food here" on the 2024 resident satisfaction survey

Lessons Learned

Home had an increase in the number of residents who completed the survey with results exceeding goal as per resident survey

Comment

Home exceeded the goal for food satisfaction - we continue to work on new ideas and creative menus to support resident preferences

Safety | Safe | **Optional Indicator**

Indicator #1	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (AgeCare Elmira)	20.51 Performance (2024/25)	15.50 Target (2024/25)	8.70 Performance (2025/26)	57.58% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Quarterly review of all residents taking antipsychotic medication with the physician

Process measure

- % of residents taking antipsychotic medications who are reviewed for potential reduction.

Target for process measure

- 100% of resident will have their medications reviewed quarterly and be considered for antipsychotic reduction where applicable.

Lessons Learned

Home noted one family resistance and misunderstanding of tapering off medication the resident had been on for years. MD supported health teaching and slow tapering of medication with success overtime once trust built. 2025 during move in discussions will be held around the goal of reduction in the antipsychotic medication in the first 90 days

Change Idea #2 Implemented Not Implemented

Increase resident engagement and non-pharmacological interventions for residents exhibiting expressions

Process measure

- % of residents being followed by BSO nurse lead and # of new non-pharmacological interventions trialed.

Target for process measure

- 100% of residents identified as having challenging expressions will be followed by the BSO Lead and each resident will have non-pharmacological interventions to reduce challenging expressions identified in their plan of care.

Lessons Learned

Staff support positive resident engagement strategies. Home identified a need for additional GPA training to complement current surge learning and Imagine education to support staff with more challenging expressions and reduce risk of injury to self and others

Change Idea #3 **Implemented** **Not Implemented**

10 additional staff trained in corporate Imagine program for person centered care and dementia, newly developed Imagine team meetings for home to focus on areas for improvements identified monthly

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Additional staff training has enhanced engagement within the home. Part of the training involves the development of a focus that will be implemented at the home.

Comment

Home successfully supported 2 residents to taper off antipsychotic medications in 2024. Goal in 2025 is to capture reduction in the first 90 days of move in, reintroduce our Imagine focus and interprofessional teams