

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

|   | Last Year             |                  | This Year             |                                  |                  |
|---|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| <b>Indicator #2</b>   | <b>16.26</b>          | <b>14</b>        | <b>17.12</b>          | <b>-5.29%</b>                    | <b>15.25</b>     |
| Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (AgeCare London) | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |

**Change Idea #1**  Implemented  Not Implemented

Increase registered staff knowledge and skills in managing clinical care needs in-house to avoid hospital transfers.

**Process measure**

- # of education sessions held in 2024 to support clinical practice and growth of our registered staff.

**Target for process measure**

- To have at least 1 education session per quarter on specific clinical focus.

**Lessons Learned**

Registered staff participated in education sessions related to Skin and Wound, Leadership and Skills training, Falls Prevention, Back Care and Lift Training, Restorative Care, MAID, and others.

**Change Idea #2**  Implemented  Not Implemented

To increase resident and family knowledge about care and services that can be offered within the home in alignment with their goals of care.

**Process measure**

- % of resident goals of care that are reviewed on admission, quarterly and as condition changes.

**Target for process measure**

- 100% of residents will review their goals of care and be informed of in-home treatment options available to them.

**Lessons Learned**

All residents have their goals of care reviewed during the admission process and at regular intervals. The NP started to attend all care conferences which increased communication related to care and services that could be offered in the home.

**Comment**

Although this indicator went up slightly, we have seen an increase in knowledge around care services and we are continuing to expand the registered staff knowledge to support care in the home wherever possible.

**Equity | Equitable | Optional Indicator**

|  | Last Year             |                  | This Year             |                                  |                  |
|--|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| <b>Indicator #1</b>  | <b>CB</b>             | <b>95</b>        | <b>96.61</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 (AgeCare London) | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |

**Change Idea #1**  Implemented  Not Implemented

All staff will be trained on relevant equity, diversity, inclusion and anti-racism.

**Process measure**

- % of staff who complete the education.

**Target for process measure**

- 95% of staff will complete the relevant equity, diversity, inclusion and anti-racism by then end of 2024.

**Lessons Learned**

100% completed by Early January. This education was completed in Surge learning.

**Comment**

Home will continue to offer education to new staff and enhance knowledge through special events in the home.

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

|  | Last Year             |                  | This Year             |                                  |                  |
|--|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| <b>Indicator #3</b>  | <b>34.00</b>          | <b>37</b>        | <b>35.00</b>          | <b>--</b>                        | <b>NA</b>        |
| Resident satisfaction related to Dining Services. (AgeCare London) | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |

**Change Idea #1**  Implemented  Not Implemented

Increase resident satisfaction in the food and menu by incorporating suggestions obtained through resident feedback.

**Process measure**

- # of menu changes to incorporate resident feedback.

**Target for process measure**

- To incorporate at least 1 menu change each quarter based on resident feedback.

**Lessons Learned**

Resident Menu committee reviewed menu prior to fall/winter menu - able to incorporate suggestions, but it was initiated after satisfaction survey.

**Change Idea #2**  Implemented  Not Implemented

Audit resident satisfaction with meals at time of service.

**Process measure**

- # of complaints or concerns related to dining service or food.

**Target for process measure**

- No complaints or concerns related to dining service or food.

**Lessons Learned**

6 complaints recorded regarding food, all addressed immediately. However, Audits not completed in timely fashion.

**Comment**

We saw a slight improvement in this area however, we did not fully implement all of the change ideas effectively. Increased leadership presence in the dining rooms and the introduction of audits in Health Connex will help us gain feedback from our residents.

