

Access and Flow | Efficient | Custom Indicator

Indicator #2	Last Year		This Year		
	Potentially avoidable emergency department visits for long-term care residents (AgeCare Royal Oak)	32.50 Performance (2024/25)	30 Target (2024/25)	27.80 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Access Local Priorities Funding and Falls Funding for equipment to aid in reduction of resident falls from beds.

Process measure

- # of 2 hi-lo beds purchased within 6 months

Target for process measure

- Home will purchase of 2 hi-lo beds by October 31, 2024.

Lessons Learned

need for extra wide or bariatric beds for resident need for move in, applied for funding for 2 bariatric beds

Change Idea #2 Implemented Not Implemented

IPAC Nurse completing IPAC certification to meet Ministry requirements and strengthen IPAC processes in home.

Process measure

- % of nursing staff trained by IPAC Nurse to identify opportunities to limit spread of infection through team huddles, education, IPAC meetings.

Target for process measure

- 75% of nursing staff will receive IPAC education

Lessons Learned

IPAC Nurse writing exam in early April 2025

Change Idea #3 Implemented Not Implemented

Reduce the number of ED visits related to the need for sutures.

Process measure

- % of residents transferred to hospital related to requiring sutures.

Target for process measure

- Reduction of residents requiring transfer to ED for sutures by 1%

Lessons Learned

ongoing residents requiring sutures in hospital

Change Idea #4 Implemented Not Implemented

NP has Introduction of Emergency Room Committee (ERC) - registered staff invited to meet monthly, review transfers, discuss case studies and review possible interventions to avoid ER transfer

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

improve confidence of Registered Staff to have ongoing conversations with residents/families when making decisions about care

Comment

We have been able to decrease the ED transfers with ongoing education around clinical assessment.

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

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Residents who "Strongly Agree" to the question "I am satisfied with the quality of food served". (AgeCare Royal Oak)	11.00	15	30.00	--	NA

Change Idea #1 Implemented Not Implemented

Ensure food is served at a palatable temperature.

Process measure

- # of audits completed weekly (1 temperature audit from kitchen and 1 temperature audit from servery to be reviewed weekly)

Target for process measure

- # of audits completed to verify food is served at a palatable temperature.

Lessons Learned

challenges with successful recruitment for cook, FNM required to cover cook shifts on regular basis until Fall of 2024 which prevented the roll-out of a consistent auditing program.

Change Idea #2 Implemented Not Implemented

Review timing of meal service to set time lines for meal preparation.

Process measure

- % of meals that prepared within target time and placed in cambro for service.

Target for process measure

- 100% of meals prepared within target time and placed in cambro for service by December 31, 2024

Lessons Learned

reviewed with Cooks suitable time frame for placement in cambro

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

Pleasurable Dining Education to be provided Leadership Team, front line staff to improve presentation, quality and overall dining experience

Process measure

- improvement in resident satisfaction scores related to dining for 2024 satisfaction survey results

Target for process measure

- 90% of staff will receive Pleasurable Dining Education

Lessons Learned

Meal Time Matters education provided to leadership and front line team

Change Idea #4 **Implemented** **Not Implemented**

Monthly Cook Meetings to review meal preparation/recipes, production, cleaning processes to ensure consistency and accountability

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

improved communication with Cook Team, improved quality and consistency of food prepared

Comment

The home exceeded our targets in 2024 despite recruitment challenges in the dietary department.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1	20.93	20	19.63	6.21%	17.50
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (AgeCare Royal Oak)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Fall Committee to be rejuvenated to include interdisciplinary team members to review factors contributing to falls and establish preventative fall strategies

Process measure

- Monthly meetings beginning March 2024 and # of interdisciplinary team members who join.

Target for process measure

- Monthly meetings will be held starting in March with new lead and at least 1 PSW and 1 Registered staff will join the team.

Lessons Learned

difficulty with bringing together team members at a set time from both days/evening shifts. Shift in 2025 to weekly meetings on each neighbourhood

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

Involvement of key interdisciplinary team members in Fall Huddles to identify any potential areas of concern, identify time pattern, routines

Process measure

- # of fall huddles including interdisciplinary team members completed per week.

Target for process measure

- 5 fall huddles including interdisciplinary team members/week.

Lessons Learned

increased focus on Oak neighbourhood r/t to higher number of falls

Comment

The home was able to meet the target set and will continue to focus on fall prevention strategies in 2025.

