

Access and Flow | Efficient | Optional Indicator

Indicator #3	Last Year		This Year		
	Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (AgeCare West Williams)	16.59	15	15.53	6.39%
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Education all Registered staff on what the home can offer to avoid ER transfers

Process measure

- % of registered staff that have received the education.

Target for process measure

- 100% of all registered staff will receive the education

Lessons Learned

The home sent 4 registered staff to external education around Leadership and clinical skills. We also provided additional education with wound care and other clinical skills that would support residents remaining within the home. With many international nurses, we learned that the assessment skills needed more education.

Change Idea #2 Implemented Not Implemented

DOC/QI Reg nurse will attend Resident and Family Council to education on what interventions can be offered at the home.

Process measure

- % of residents and families requesting transfer to hospital when services can be provided at the home.

Target for process measure

- Residents' and Families requesting transfer to hospital will decrease to less than 25% due to a better understanding of what can be offered at the home.

Lessons Learned

This was partially implemented as we did not have a family council last year.

Change Idea #3 Implemented Not Implemented

ER transfers will be a standing agenda item at registered staff meetings.

Process measure

- Data will be collected by QI nurse to determine if ER transfers were avoidable and recommend interventions that could have eliminated the need for the transfer.

Target for process measure

- 100% of all transfers will be evaluated.

Lessons Learned

This was not a consistent practice at the registered staff meetings. However, the Unavoidable ED transfer data is reviewed quarterly and the home continues to perform on par or better than the provincial average.

Change Idea #4 Implemented Not Implemented

Medical director came in and provided assessment education to registered staff prior to calling the physician so that the physician can make a well informed decision.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Education supported better communication and decision making when residents experienced a change in health condition.

Comment

This year in 2025, we plan to invite the medical director to attend the family council meetings to provide more education to families.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #2	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 West Williams)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Create a Cultural Diversity Board that highlights different cultures of team members, residents/families in our West Williams community.

Process measure

- A number of different cultures will be identified on the board.

Target for process measure

- Number of participants will share information and resources in relation to their culture.

Lessons Learned

We have implemented a diversity culture board. We have done many great events such Indian/Diwali food shows, Chinese New Year celebrations with food and decoration. A fully multicultural wedding show where all staff resident wore the authentic wedding outfits.

Change Idea #2 Implemented Not Implemented

Educate frontline staff on Cultural Diversity

Process measure

- All staff will be assigned education on Surge for completion in 2024.

Target for process measure

- 100% of staff will be trained in 2024

Lessons Learned

All 100% staff completed the cultural Diversity and Indigenous training.

Comment

The home met the goals around the education and we are very proud for supersede may fun cultural and diversity events that included all staff, residents, external partners and families.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #1	18.68	16.75	14.31	23.39%	NA
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (AgeCare West Williams)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Increase the tracking and trending of falls that occur within the home

Process measure

- % of falls that are tracked. # of residents who have fall interventions in place on admission based on auditing.

Target for process measure

- 100% of falls will be tracked and trended. All residents deemed high risk on admission will have fall interventions in place when audited.

Lessons Learned

We looked at times of falls by each resident by each neighborhoods. One of the trends determined that some falls were occurring in the first few days of move in. Another trend was more resident specific for example, toileting routine and not left alone in an area around a specific time of day.

Change Idea #2 Implemented Not Implemented

Restorative Care Lead and Restorative Care Aide to be more involved in the fall program.

Process measure

- # of residents assessed for a restorative program upon admission. # of neighbourhoods implementing the walk-to-dine program by the end of 2024

Target for process measure

- 1) All residents will be assessed for possible restorative program upon admission 2) All neighbourhood will implement the walk to dine program by end of 2024.

Lessons Learned

We re-launched the restorative care program to be more resident specific, such as walking program to and from the dining room which assisted in decrease falls and strengthening. In choosing the residents, the falls lead and restorative lead worked collaboratively to identify residents who would benefit from the program.

Change Idea #3 Implemented Not Implemented

From the trending, we implemented 72 hours DOS for every new resident moving in.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

We were able to build a more resident personalized care plan to decrease falls within the first few days of a resident moving in.

Comment

The home exceeded the goal from previous year and will continue to use strategies ongoing that have been successful within the home.