

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

	Last Year		This Year		
<b>Indicator #2</b>	<b>20.93</b>	<b>17</b>	<b>23.29</b>	<b>-11.28%</b>	<b>20</b>
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (AgeCare Aurora)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

The home will utilize NLOT partners to assist with training of staff on critical and knowledge skills to mitigate ED visits

**Process measure**

- # of residents transferred to hospital

**Target for process measure**

- Decrease # of ED visits with goal of reaching 17% from 23%

**Lessons Learned**

Continued education from NLOT to staff and families. This areas can be improved this year as we encountered some challenges with availability and topics

**Change Idea #2**  Implemented  Not Implemented  In Progress

Increase Registered Staff clinical skills.

**Process measure**

- % of registered staff that participate in clinical skill development.

**Target for process measure**

- 50% of full time Registered staff will attend at least one educational opportunity that advances their clinical skills.

**Lessons Learned**

Training happened in 2025 and will extend into this year. Some training included IV Management, Wound Care, Leadership and others. Head office consultant and external resources continue with education for staff

**Comment**

The home will build their 2026 education plan with topics identified as well as seeking staff input for ideas for education.

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

Indicator #3	Last Year		This Year		
	Resident satisfaction is related to pleasurable dining (AgeCare Aurora)	<b>65.00</b> Performance (2025/26)	<b>70</b> Target (2025/26)	<b>70.00</b> Performance (2026/27)	<b>--</b> Percentage Improvement (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Increase themed dining and resident choices for menu with the input of resident council and food committee

**Process measure**

- % of resident satisfaction on Resident Annual Survey

**Target for process measure**

- At least one themed dining experience to be hosted per month

**Lessons Learned**

Themed dining continued in 2025 and 2026 plans have been developed

**Change Idea #2**  Implemented  Not Implemented  In Progress

Consistent Table Settings.

**Process measure**

- All tables will be set following standard table setting as determined by corporate.

**Target for process measure**

- 100% Consistency at all meals in all dining rooms.

**Lessons Learned**

Table settings in place and staff educated on expectation.

**Change Idea #3**  Implemented  Not Implemented  In Progress

Pleasurable Dining Education

**Process measure**

- # of staff trained.

**Target for process measure**

- All staff will receive pleasurable dining education.

**Lessons Learned**

Education completed with all staff.

**Comment**

We were able to meet our focus with a 5% increase in satisfaction. Focus for 2026 will be to educate Resident and Family Councils on pleasurable dining and expectations from staff. Themed dining will increase in 2026

**Safety | Safe | Optional Indicator**

	Last Year		This Year		
<b>Indicator #1</b>	<b>9.30</b>	<b>8</b>	<b>15.94</b>	<b>-71.40%</b>	<b>14.35</b>
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (AgeCare Aurora)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Multidisciplinary review of antipsychotics being used by residents

**Process measure**

- # of residents reviewed monthly

**Target for process measure**

- All residents receiving antipsychotic's will be reviewed monthly

**Lessons Learned**

Residents moving in to the home with increased number of antipsychotics was high this year--NP continues to work closely with MD to review medications and educate staff and families. This improved through the year. Continued review of Medications prior to Admission, quarterly and Annually.

**Change Idea #2**  Implemented  Not Implemented  In Progress

2) Review psychotropic usage for new residents moving in.

**Process measure**

- % of residents who will have a comprehensive review of psychotropic drug usage.

**Target for process measure**

- 100% of residents will be reviewed.

**Lessons Learned**

With the implementation of using BOOMR with our pharmacy we were able to review antipsychotic medications with our NP and MD prior to residents admission to the home. This allowed questions to be asked and reduced surprises.

**Comment**

The continued review of medications to continue. Unfortunately we did not meet our target but will be focused on further implementing strategies to reduce antipsychotics where able in 2026.

