

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #3	31.52	15	28.40	9.90%	24.60
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (AgeCare Aylmer)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Enlist services of NLOT nurse practitioners.

Process measure

- Meeting set up to review contract. Once contract is signed, services can begin.

Target for process measure

- Agreement to be in place by April 2025.

Lessons Learned

NLOT agreement in place in 2025.

Change Idea #2 Implemented Not Implemented In Progress

Provide education to residents and families on services available in the home which could potentially prevent a hospital transfer

Process measure

- DOC to attend 1 Resident Council and 1 family meetings. % of registered staff receiving education to support reduction of avoidable ED visits.

Target for process measure

- Document created; 100% of registered staff educated on avoidable ED visits

Lessons Learned

While formal meetings with residents and families regarding services aimed at reducing ER visits were not held, these discussions occurred in real time with residents and families during conversations about changes in health status.

Comment

In the upcoming year, we will prioritize proactive, formal discussions with residents and their families about home-based services to prevent ER transfers before acute health changes occur.

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

	Last Year		This Year		
Indicator #2	51.00	60	69.00	--	NA
Percentage of residents responding positively to "I like the food here" (AgeCare Aylmer)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Menu Review Committee

Process measure

- # of changes to the menus as recommended by the menu review committee.

Target for process measure

- Both menus will reflect changes as recommended by committee.

Lessons Learned

A menu development team is established and actively engaged. The Food and Nutrition Manager (FNM) presents upcoming menus to the committee for review, and the committee provides recommendations for additions and revisions. The committee has demonstrated strong involvement in the process. When recommendations cannot be implemented, the FNM and committee discuss the rationale in real time, including considerations such as supply or production constraints.

Change Idea #2 Implemented Not Implemented In Progress

Introduce a weekly baking program.

Process measure

- Plan is to have baking program weekly alternating both home areas. Residents are engaged in the program and provide positive feedback as evidenced by program audits.

Target for process measure

- Weekly baking program on the calendar. Positive feedback noted on audits related to the program.

Lessons Learned

Weekly baking programs are offered and have been especially meaningful for residents with prior baking interests. In addition, residents are participate in bread baking twice weekly, preparing bread that is subsequently served and enjoyed with their meals.

Comment

Home met and exceeded targets set for 2025 but will continue to make enhancements to the dining experience in alignment with corporate objectives.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1	19.82	14	17.57	11.35%	16.60
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (AgeCare Aylmer)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Quality RN to head Falls Committee.

Process measure

- Weekly reviews by Quality RN; monthly falls team meetings; fall risk assessments reviewed by falls team; 100% staff huddles to review falls are documented

Target for process measure

- Move into 2nd quartile for falls; Reduce to 14% or better.

Lessons Learned

Implementation was not completed due to the transition of the Quality Nurse into a leadership role, and the subsequent vacancy of the quality position. In the interim, clinical leadership has maintained oversight of the falls prevention program. Our home plans to recruit and fill the Quality RN position in 2026, at which time this role will assume the responsibility of being the lead of the falls program.

Change Idea #2 Implemented Not Implemented In Progress

Implement high risk rounds monthly.

Process measure

- Documented review of high risk residents monthly. Improved QI for falls. Improved QI indicators in other areas as a result of fall reduction: Skin and Wound, Palliative Care, and ED Visits.

Target for process measure

- Overall improvement in quality indicators, specifically falls, skin and wound, palliative care and reduced ED visits.

Lessons Learned

Implementation was not completed due to a vacancy within the clinical leadership team, compounded by the transition of the Quality Nurse into a leadership role and the resulting vacancy in the quality position. The home plans to implement monthly high-risk rounds in 2026.

Comment

Although we met the targets outlined in our previous QIP, the associated change initiatives were not fully implemented this past year. We plan to initiate monthly high-risk rounds and designate the Quality RN as lead of the Falls Committee to support effective implementation and oversight.