

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

	Last Year		This Year		
Indicator #3	14.00	26	69.00	--	NA
Percentage of residents responding positively to, "I like the food here" (AgeCare Brant)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Survey 80% of residents (residents with CPS of 3 or less) on their favourite main meals, desserts, and snacks to understand what current meals residents do not like and which meals, snacks, etc. they wish to have more often

Process measure

- % of surveys completed. Resident Council and Family Council meeting minutes. Food Advisory meeting minutes. Findings of survey presented

Target for process measure

- 80% of residents survey completion by April 30, 2025 Data submitted to councils for review for May meetings

Lessons Learned

Resident Food Committee was utilized to gather information and taste test menu options; increased participation of qualified residents (CPS 3 or less)

Change Idea #2 Implemented Not Implemented In Progress

Create a new dining room audit that includes tasting the meal and beverages, soliciting direct feedback from residents in the dining room, checking on standard practices completed by the dietary aide, assessing the dining experience through observation of the noise level, music playing, engagement levels, and meal satisfaction

Process measure

- # of audits completed per month. Audit findings are assessed for trends

Target for process measure

- 1 breakfast meal, 2 lunch meals, and 2 supper meals will be audited monthly. 4 snack carts will be audited monthly

Lessons Learned

New dining room audit implemented to get in the moment information on meal satisfaction and address comments, concerns in real time

Comment

We have exceeded our targets set for 2025. Based on feedback from our residents, this will continue to be a priority focus for 2026.

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #1	15.18	14.87	12.71	16.27%	12
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (AgeCare Brant)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Interdisciplinary strategic involvement to reduce multiple falls.

Process measure

- Percentage of resident falls that are reviewed.

Target for process measure

- 100% of all resident who have fallen will have a review of interventions in place and new interventions that can be added

Lessons Learned

Biweekly huddles included PSWs, registered staff, housekeepers and recreation staff giving the team a true multidisciplinary perspective.

Change Idea #2 Implemented Not Implemented In Progress

Determine root causes for falls in order to implement falls prevention strategies based on RNAO best practices.

Process measure

- Percentage of falls quarterly

Target for process measure

- Percentage of falls will decrease by 5%

Lessons Learned

Biweekly team huddles were conducted to determine root causes and implement strategies for falls reduction - created more timely follow up and reduced the number of falls

Comment

Our home exceeded the targets. Success attributed to the multidisciplinary team perspectives and fall prevention strategies that were individualized for each resident. We will continue to work on this into 2026 with strategies implemented and lessons learned in 2025.

Indicator #2	Last Year		This Year		
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (AgeCare Brant)	13.20	13	4.76	63.94%	NA
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

To review all residents that are currently on antipsychotic medications to ensure that there is an appropriate diagnosis including hallucinations and delusions.

Process measure

- Number of residents who will be reviewed quarterly through medication reviews and MDS coding.

Target for process measure

- 100% of residents will be reviewed for applicable diagnosis.

Lessons Learned

All residents were reviewed working with psychogeriatric physician, BSO and team; number remains significantly lower than provincial average

Change Idea #2 Implemented Not Implemented In Progress

Clinical team will continue to review all residents that are on antipsychotics to ensure diagnosis is applicable

Process measure

- # of residents that will be reviewed during their clinical admission.

Target for process measure

- 100% of residents who are admitted with antipsychotics will have a thorough review or reason for use and supporting diagnosis

Lessons Learned

Team continues to review residents with antipsychotic medications to ensure diagnosis is appropriate and team looks at alternatives

Comment

Our home exceeded our targets and is well below the provincial average. The home will continue to utilize the strategies to maintain our current performance or further reduce where clinically appropriate.

