

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #3	87.50	95	NA	--	NA
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (AgeCare Elmira)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Customer service training to support knowledge for staff on how to effectively listen to residents

Process measure

- Review resident concerns, incidents reported and survey results

Target for process measure

- Survey results will be 95% or higher

Lessons Learned

New IMAGINE trainers have been selected and will facilitate onsite training sessions throughout the year to educated front line team.

Change Idea #2 Implemented Not Implemented In Progress

Improve positive staff to resident engagement that promotes a sense of being heard

Process measure

- Feedback received at team up and resident council concerns will be reviewed

Target for process measure

- # of new resident concerns from resident council, # of staff involved in complaints from residents will be less than 1 per month relating to the indicator or comparative concern

Lessons Learned

Continue to provided ongoing education for current and new team team members. Very diverse but consistent team and ESL is often a barrier.

Comment

Collaborate with our Corporate Support teams to help educate our ESL and internationally trained staff with comprehension, building capacity and sustainability within our team. Our survey questions changed slightly in 2025 so unable to put an absolute performance score on this question, however, our residents responded positively to the question "Team members respond to my questions and concerns about care" with 86% satisfied and the remaining neutral. We did not have any resident respond that they were dissatisfied.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #2	8.70	5	2.00	77.01%	NA
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (AgeCare Elmira)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Within 90 days of admission residents on antipsychotic medication without appropriate diagnosis, delusions or hallucinations will be placed on a tapered dosing

Process measure

- Residents without a diagnosis, delusions, or hallucinations who are prescribed antipsychotic medication will have a consult meeting with the Medical Director to explain the process of tapering safely off and promote use of alternative non pharmacological interventions

Target for process measure

- 100% of residents admitted without a diagnosis, delusions, or hallucinations will successfully be tapered off antipsychotic medication unless significant contraindication

Lessons Learned

This is a process that we have standardized in our home in collaboration with our physician, resident/family and care team.

Change Idea #2 Implemented Not Implemented In Progress

Educate frontline staff to support residents with expressive episodes in GPA

Process measure

- # of staff signed up for GPA vs # completed

Target for process measure

- 10 staff minimum selecting from each shift

Lessons Learned

2 separate GPA training completed by staff. Additional education through Plum Tree Memory Care/ MINT Memory clinic. Our BSO team have completed all education and are working towards 5 STAR certification. Our BSO trainers were sent to become BSO trainers for the Dementia Experience and have participated in onsite workshops.

Comment

Our home is performing well on this indicator and will continue to use strategies and lessons learned to further reduce antipsychotic usage where clinically appropriate.

Indicator #1	Last Year		This Year		
	Percentage of LTC home residents who fell in the 30 days leading up to their assessment (AgeCare Elmira)	12.88 Performance (2025/26)	11 Target (2025/26)	21.71 Performance (2026/27)	-68.56% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Safety checks for residents on move in for 72 hours to support transition and identify fall/safety risk

Process measure

- Falls meeting data will be reviewed to identify new residents who fell within the 30 days leading up to their assessment, review plan of care and make necessary changes

Target for process measure

- Home target is to have at least 2-4 less residents falls each month

Lessons Learned

Our practice is to increase monitoring for their first 30 days upon move in.

Change Idea #2 Implemented Not Implemented In Progress

Educate residents who have repeat falls on safety, the risks of injury when they fall

Process measure

- Fall lead will review # of falls prior to education vs # of falls post education

Target for process measure

- Residents who have repeat falls will have evidence of decrease # of falls with a target of at least 1 less fall each month

Lessons Learned

Standard practice.

Change Idea #3 Implemented Not Implemented In Progress

Every fall is evaluated for a 3 step process

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

We have implemented a 3 step process that starts with debrief upon an incident, a discussion on the following TEAMS up with Falls lead, 3rd assessment with falls committee, physio and Falls lead. We are currently sitting below the provincial average of 12%, IEM is sitting at about 8%..

Comment

Our falls data has declined but this data is highly impacted based on our resident population as we are a small home with only 36 residents so 1 fall has a significant impact on our data. We have also added Motion sensors which have a reminder to check batteries monthly, more reliable alarms have been purchased.