

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #1	17.12	15.25	19.66	-14.84%	17
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (AgeCare London)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Education for residents and families on avoidable ED visits and what can be treated in the home.

Process measure

- Noted in meeting minutes that education has occurred. Also creation of document and distribution.

Target for process measure

- 100% of residents/families received document at care conferences. Presentation to both family and resident council

Lessons Learned

There was 'in the moment' education for residents and families, but not the training we expected we would do. This will be our goal again this year as we recognize the importance.

Change Idea #2 Implemented Not Implemented In Progress

Implement monthly Grand Rounds

Process measure

- Residents reviewed by Grand Rounds interdisciplinary team on monthly basis.

Target for process measure

- Grand Rounds established.

Lessons Learned

Rounds are completed with the NP and Dr, but the expectation is the Charge Nurse will join them as well as the floor nurse. We have done a lot of education with the nurses and this will be the next step.

Comment

We added NLOT services for training nurses on assessments and charting - this helps in their overall growth and confidence. In the 2nd half of 2026 2 of our residents who repeatedly went to hospital passed away (1 who refused to go to dialysis but would go to hospital when not feeling well)

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

	Last Year		This Year		
Indicator #2	35.00	45	69.50	--	NA
Resident satisfaction related to Dining Services, Specifically 'I like the food here' and 'Mealtime is enjoyable' (AgeCare London)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Breadmaking in the dining rooms

Process measure

- % of residents responding favorably to the statement "I like the food here" on the satisfaction survey. Also surveys and feedback from Food Council.

Target for process measure

- Increase I like the food here satisfaction score to 45%. Positive feedback from additional surveys and Food Council.

Lessons Learned

This initiative was started in Q4 2025 as a way to stimulate appetites. Residents make the bread in the morning and it is served on the afternoon snack cart. This has been a successful program.

Change Idea #2 Implemented Not Implemented In Progress

Add condiments to dining rooms to encourage customization of food.

Process measure

- Resident Satisfaction survey increases in positive responses to the questions "I like the food here" and "Mealtime is enjoyable" on the annual survey.

Target for process measure

- Increase in "I like the food" score and "mealtime is enjoyable" to 45%.

Lessons Learned

This was implemented mid 2025. Caddies with condiments are available so residents can add flavouring as they would at home.

Comment

Note that the survey question changed so we don't have a direct comparison. however, using the "I enjoy the taste of most of the food served to me" (64%) and "I am pleased with the atmosphere in the dining room" (75%), we feel we have exceeded our goal.

Indicator #3	Last Year		This Year		
To ensure that all residents have an interdisciplinary assessment of the resident’s palliative care needs for their plan of care considers a residents physical emotional psychological social cultural and spiritual needs (AgeCare London)	CB Performance (2025/26)	100 Target (2025/26)	100.00 Performance (2026/27)	-- Percentage Improvement (2026/27)	NA Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Set up Palliative Care conferences as needed to review options with families and educate as needed

Process measure

- from time palliative care conference is established, 100% of eligible families are offered this service.

Target for process measure

- By end of Q2, Palliative Care conference in place, and is offered to all residents/families at end of life.

Lessons Learned

An interdisciplinary team has met with all families for care conferences which has included discussions about end of life care and supporting families in making plans for this. They have been very successful in educating families regarding options and next steps as well as what to expect.

Change Idea #2 Implemented Not Implemented In Progress

Education for registered staff on end of life care

Process measure

- 100% of registered staff receive education on end of life care

Target for process measure

- 100% of registered staff receive education on end of life care by Q3

Lessons Learned

The NP has created training for registered and front line staff - registered staff training is complete, there are a few more sessions planned for front line. They have been very well received and staff expressed appreciation for the opportunity to learn more about their approach.

Comment

We are now adding additional palliative care conferences as a multidisciplinary team with families and residents

