

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

Indicator #3	Last Year		This Year		
	Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Regina Gardens LTCR)	<b>22.44</b> Performance (2025/26)	<b>20</b> Target (2025/26)	<b>21.02</b> Performance (2026/27)	<b>6.33%</b> Percentage Improvement (2026/27)

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

Analyze ED tracker to identify times of incidences

**Process measure**

- % of residents added to the ED tracker each month that are analyzed for the time and reason for transfer.

**Target for process measure**

- 100% of residents transferred to ED will have monthly analysis to determine reasoning for transfer.

**Lessons Learned**

Team is reviewing hospital transfers to look at trends and reasons for transfers. Home will use this information to focus on education for clinical team to expand capacity particularly on off-hours and weekends.

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

Review Goals of Care for Residents 6 weeks after admission, annually and as needed during significant change.

**Process measure**

- Percentage of residents with reviewed goals of care

**Target for process measure**

- 100% of residents will have Goals of Care reviewed during 6 week care conference, annually and as needed during significant cahnged.

**Lessons Learned**

Although we have had a few hiccups, this has helped us keep residents here at home instead of transfer to ED

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

Using new equipment purchased to aid in avoiding transfer to ED

**Process measure**

- Track percentage of Registered staff trained on use for Bladder Scanner and Dopplers

**Target for process measure**

- 100% of Registered staff will receive education on use of Bladder Scanner and hand held dopplers

**Lessons Learned**

Success has been the use of the bladder scanner as it helps to diagnose urinary retention and prevent unnecessary catheterization and transfers to ED.

**Change Idea #4**  **Implemented**  **Not Implemented**  **In Progress**

Working with external partners to reduce or prevent avoidable ED transfers in residents identified with significant change.

**Process measure**

- Percentage of residents with significant status changes that are assessed and number of referrals completed for Pain and Palliative Specialists, BSO and St Peters Hospital Center of Health Aging and our local LHIN

**Target for process measure**

- 100% of identified residents with significant change will have a multidisciplinary conference to determine what referrals are needed

**Lessons Learned**

Home has partnered with the NLOT team, pharmacy, BSO, Physicians, and others to review residents displaying changes in condition and offering early intervention or care within the home.

**Change Idea #5**  Implemented  Not Implemented  In Progress

New partnership with the Nurse Lead Outreach Team from St Josephs Healthcare

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

This was implemented in late 2025 and is very new to the home. Its to early to determine successes or challenges

**Comment**

Home has had a small reduction in ED visits. We will be working with our NLOT and hope to see this continue to decline with additional educational support for our registered staff and in-house support of our residents.

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

Indicator #2	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of residents responding to "I like the food here" (Regina Gardens LTCR)	21.00	31	21.02	--	NA

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

Survey residents to obtain input on why they do not like the food

**Process measure**

- Percentage of residents surveyed

**Target for process measure**

- 50% of residents to be surveyed by December 2025

**Lessons Learned**

Success has been being able to dig down and see that the real issues are

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

Increase leadership presence in dining room for all meals

**Process measure**

- Frequency of leadership presence in the dining rooms. Percentage of residents spoken to during meals to gain feedback.

**Target for process measure**

- Leadership team members to attend at least 1 meal each day. 50% of residents to provide on the spot feedback.

**Lessons Learned**

Success has been being able to have on the spot conversations with residents at point of service

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

Encouraging more residents to attend monthly food committee meetings

**Process measure**

- Analysis of attendance at monthly food committee meetings and 2025 satisfaction survey results

**Target for process measure**

- Analysis of attendance at monthly food committee meetings to see how many more residents attended

**Lessons Learned**

Success has been more ideas and suggestions have been brought forward.

**Comment**

We have not realized the success of our implementation strategies but our plan is to continue with effective strategies and lessons learning going into 2026.

**Safety | Safe | Optional Indicator**

	Last Year		This Year		
<b>Indicator #1</b>	<b>13.46</b>	<b>12</b>	<b>13.79</b>	<b>-2.45%</b>	<b>NA</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Regina Gardens LTCR)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Early identification of residents that are at risk for falls

**Process measure**

- Percentage of residents who are assessed and are identified as a risk for falls

**Target for process measure**

- 100% of residents will be assessed and those with a risk of falls will have a preventive falls care plan and falls identifier on nameplate.

**Lessons Learned**

Helps us know early on which residents are high risk for falls and allows us to put interventions in place sooner.

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

Review and trending of falls at monthly falls committee meetings

**Process measure**

- Percentage of fall incidences that are reviewed and analyzed

**Target for process measure**

- 100% of all fall incidences will be reviewed for trending analysis

**Lessons Learned**

Allow us to analyze why falls are happening and what interventions we can put in place to prevent them

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

Education of frontline team members on use of fall prevention equipment

**Process measure**

- Percentage of frontline team members who received education on fall prevention equipment such as bed and clip alarms

**Target for process measure**

- 100% of frontline team members will receive education on fall prevention equipment such as bed and clip alarms.

**Lessons Learned**

Staff were educated on all falls equipment and how to use as well as on the implementation of the fall prevention caddies.

**Change Idea #4**  Implemented  Not Implemented  In Progress

Fall prevention caddies stocked with anti-slip socks, hip protectors, bed and chair alarms available and accessible all the time on every home area

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

This has been helpful as staff have all items readily available once interventions are introduced or if a significant change requires them to have immediate access.

**Comment**

Home did not meet the set target but we have been able to mostly maintain current performance which remains better than the provincial average.