

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

Indicator #2	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (AgeCare Royal Oak)	27.75	25	16.89	39.14%	16

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

Reduce the number of ED visits related to need for sutures

**Process measure**

- % of residents transferred to hospital related to requiring sutures

**Target for process measure**

- reduction of residents requiring transfer to ED for sutures by 1%

**Lessons Learned**

Our Nurse Practitioner was not able to obtain certification for administrating sutures, our goal is for this education to occur in 2026.

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

reintroduction of restorative care program to help restore independence with tasks of daily living

**Process measure**

- % of residents transferred to hospital related to fall

**Target for process measure**

- successful implementation of restorative program with 4 FT Restorative Care Aides

**Lessons Learned**

Implementation of the restorative program did not occur related to staffing challenges and use of agency to assist to fill the daily roster, significant improvement in recruitment during last two quarters has contributed to stability for our PSW team.

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

IV Therapy and Maintenance initiated in the home

**Process measure**

- % of residents requiring ED visit for IV therapy

**Target for process measure**

- 4 Registered Staff trained for IV therapy on all 3 shifts by end of April 2025

**Lessons Learned**

Education for our RN's was completed to allow for IV therapy to be completed in the home. Education will continue to be offered to RN team members in 2026.

**Comment**

Our home was successful in reducing the number of ED visits in 2025 and we will continue to implement further interventions to support our residents and further reduce the need for an ER transfer. We will be continuing to focus on this indicator in 2026 as we feel data from 2025 will see an increase in the ER visits.

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

	Last Year		This Year		
<b>Indicator #3</b>	<b>67.00</b>	<b>70</b>	<b>59.00</b>	<b>--</b>	<b>NA</b>
Resident Satisfaction in Pleasurable Dining (AgeCare Royal Oak)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Increase opportunities for residents and staff to participate in sharing culture and celebrating diversity through food, cultural dress and customs, music through programs, presentations, displays

**Process measure**

- % of residents attending cultural events and programs offered in 2025

**Target for process measure**

- 60% of residents attending cultural events and programs offered in 2025

**Lessons Learned**

Several events held to encourage residents and front line team to join together; Carousel of Nation with staff participation in sharing food, dress and music - plan to offer twice/year, Recreation offered several events focused on diversity, opportunities to make and share food through culture - grew tomatoes/basil in raised garden beds and shared in making/enjoying Pizza, many displays to highlight different cultures and share information Diwali, Kwanza

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

Increase resident feedback related to pleasurable dining.

**Process measure**

- # of residents participating on the food committee. % of audits completed.

**Target for process measure**

- Minimally 1 resident per neighbourhood on the committee who can represent others. 100% of audits done per auditing schedule.

**Lessons Learned**

Rejuvenation of Monthly Food Committee, Leadership Rounding in Dining Room for immediate feedback at meal time

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

Staff education on pleasurable dining.

**Process measure**

- % of staff who receive the training.

**Target for process measure**

- 80% of staff to complete the training.

**Lessons Learned**

Unable to implement education for front line staff during 2025, new Nutrition Manager joined team mid year and worked to establish consistency and routine with Dietary Department, plan to complete Pleasurable Dining Education and Meal Presentation/Plating with Dietary in 2026.

**Comment**

Our home did not meet the target but we will be continuing to encourage resident involvement and engagement at monthly Food Committee Meetings and feedback regarding menu offerings. Pleasurable dining education and focus on meal presentation will be completed with front line team members to improve resident dining satisfaction.

**Safety | Safe | Optional Indicator**

	Last Year		This Year		
<b>Indicator #1</b>	<b>19.63</b>	<b>17.50</b>	<b>21.90</b>	<b>-11.56%</b>	<b>20</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (AgeCare Royal Oak)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Reintroduction of Restorative Care Program to support resident functions to maintain independence with activities of daily living

**Process measure**

- # of Restorative Care Aides will be in place by the end of 2025.

**Target for process measure**

- 4 Full Time Restorative Care Aides will be in place by the end of 2025.

**Lessons Learned**

Not initiated due to instability of PSW staff to support the program.

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

Weekly Fall Huddles with interdisciplinary Team

**Process measure**

- # of residents who fell on Oak Neighbourhood

**Target for process measure**

- 2% reduction in the number of residents who have fallen on Oak Neighbourhood.

**Lessons Learned**

Initiated Falls Huddles for high risk residents on two neighbourhoods based on resident falls but not consistently on a weekly basis on all neighbourhoods. Focused on Oak Neighbourhood based on number of falls with improvement. Plan to continue with Weekly Fall Huddles based on number of falls.

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

Monthly audit of all falls to identify trends

**Process measure**

- Percentage of residents who have fallen in last 30 days

**Target for process measure**

- 2% reduction in the number of residents who have fallen in 30 days

### Lessons Learned

Home is using a falls tracker and is partnered with our Physiotherapist. Resident falls are analyzed monthly and individual case reviews are conducted for residents who are falling.

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

Falls Prevention Education presented in house by Arvan Rehab Physiotherapy Provider for front line nursing team members for all 3 shifts

#### Process measure

- No process measure entered

#### Target for process measure

- No target entered

### Lessons Learned

75% of our staff received this education focused on fall prevention

### Comment

Our home did not meet the target but we will be continuing to utilize current strategies and further expand our Falls Prevention Program through education, falls prevention strategies and equipment, and in alignment with best practices and policy.