

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #3	20.17	19	18.11	10.21%	16.11
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (AgeCare Samac)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Annual review of goals of care in place for all residents and when there is a significant change in status.

Process measure

- % of Goals of Care/Levels of Care will reviewed annually at care conferences.

Target for process measure

- 100% of residents will have their Goals or Care/Levels of Care reviewed annually at care conference. Evidenced in Interdisciplinary Care Conf Assessment and Goals of Care documentation.

Lessons Learned

The Home will improve communication by implementing meetings to review each resident’s goals of care annually and whenever there is a significant change in their status.

Change Idea #2 Implemented Not Implemented In Progress

Ensure residents at high risk for falling have falls prevention equipment in place.

Process measure

- # of residents who have falls prevention in place as per care plan

Target for process measure

- 100% of residents audited will have falls prevention equipment in place as per care plan.

Lessons Learned

The Home will ensure that residents at high risk for falls have appropriate prevention equipment in place and that all equipment is regularly maintained and checked for safety.

Comment

Future improvement plans include establishing standardized meeting schedules with clear follow-ups to enhance communication around residents’ goals of care and implementing a regular maintenance and audit program to ensure all falls prevention equipment remains safe and effective.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #2	100.00	100	100.00	0.00%	NA
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (AgeCare Samac)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Continue to implement education for executive, management and all team on equity, diversity, inclusion and anti-racism. All new staff will receive the education.

Process measure

- % of team members completing of education and evaluation of knowledge.

Target for process measure

- 100% of team members will completed education on equity, diversity, inclusion and anti-racism by December 2025.

Lessons Learned

The Home will continue to monitor and reinforce learning through Surge Learning and in home events on equity, diversity, inclusion, and anti-racism by tracking participation, evaluating understanding, and ensuring all new and existing staff, including executive and management, complete the required education.

Change Idea #2 Implemented Not Implemented In Progress

Prioritize cultural awareness to residents, families and staff through planned activities or events.

Process measure

- # of activities or themed meals per month

Target for process measure

- Home will host at least one cultural event per month

Lessons Learned

Through Recreation they organizing planned activities, conducted educational sessions, and inclusive events that celebrate diverse traditions, beliefs, and backgrounds throughout the year.

Comment

The Home will strengthen equity, diversity, inclusion, and anti-racism education by increasing staff engagement through the Social Committee and offering regular refresher sessions for the entire team, including executive and management. Ongoing monitoring, feedback, and leadership involvement will ensure continuous improvement and sustained application of inclusive practices across the Home.

Safety | Safe | Optional Indicator

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (AgeCare Samac)	16.43	15.90	15.20	7.49%	14.50

Change Idea #1 Implemented Not Implemented In Progress

Ensure residents at high risk for falling have falls prevention equipment in place.

Process measure

- # of residents who have falls prevention in place as per care plan

Target for process measure

- 100% of residents audited will have falls prevention equipment in place as per care plan.

Lessons Learned

Assessing high risk residents and ensuring equipment like alarms are proper maintained. Some challenges include keeping up with inventory and managing wait times for products to arrive.

Change Idea #2 Implemented Not Implemented In Progress

Continue Falls Huddles for every occurrence of multiple falls.

Process measure

- % of post fall huddles completed

Target for process measure

- Post falls huddles will take place 100% of the time, within days of multiple falls, including the multidisciplinary team and is documented.

Lessons Learned

Fall huddles included collaboration of the team to quickly identify patterns and better protect high risk residents.

Change Idea #3 Implemented Not Implemented In Progress

Decrease falls per month.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Fewer falls per month with improve residents quality of life and will also decrease injuries and hospital transfers.

Comment

Ongoing monitoring of fall prevention equipment, including routine inventory checks and timely reordering processes, will help ensure high-risk residents consistently have access to the supports they need. Regular interdisciplinary fall huddles will be used to review trends, reinforce accountability, and evaluate the effectiveness of interventions to support a sustained decrease in overall fall rates.