

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #3	15.53	13.98	20.00	-28.78%	17
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (AgeCare West Williams)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

To reduce the ED transfers by educating the registered staff on proper assessment before calling the physician.

Process measure

- % of registered staff that have received the assessment education.

Target for process measure

- 100% Of all registered staff would receive the education.

Lessons Learned

Our clinical leadership team and the physician has provided ongoing support and mentorship around assessment, communication, and need to transfer residents to hospital. Additionally, we have had several clinical education opportunities for our registered staff to enhance their clinical skills such as IV therapy training and leadership.

Change Idea #2 Implemented Not Implemented In Progress

DOC and quality can attend the resident and family council to educate on what intervention can be offered at the home.

Process measure

- % of residents and families requesting transfer to hospital when services can be provided at the home.

Target for process measure

- Residents and families requesting transfer to the hospital will decrease to less than 10% due to better understanding of care offered at the home.

Lessons Learned

Our physician met with the Councils in April to review the services that could be offered at the home and when hospital transfer should be considered. Additionally, these topics are discussed with residents and families during their care conferences and when residents experience a change in condition.

Comment

Unfortunately our home did not meet targets. We will be continuing to work on this indicator in 2026 with focuses on education, collaboration, and with our falls reduction initiatives.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #2	81.00	85	80.00	--	NA
Overall increasing resident satisfaction related to dining experience. (AgeCare West Williams)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Enhance the dining experience. For example, improving food temperatures, and timeliness of meal delivery.

Process measure

- Continue to do regular dining room audits with the focus on food temperatures, quality and experience.

Target for process measure

- To see Improvement in the resident pleasurable dining experiences and satisfaction.

Lessons Learned

Food temperatures improved to 84% in 2025.

PSW and Dietary department working closely to ensure that the resident meals are served and assisted on a timely manner.

Change Idea #2 Implemented Not Implemented In Progress

Enhance the dining experience by having more variety in the menu.

Process measure

- Ask for feedback at food meetings, daily meal service and comment cards at the food shows.

Target for process measure

- To see Improvement in the resident pleasurable dining experiences and satisfaction.

Lessons Learned

We have done Food shows with different variety of cultural food. Family, residents and staff enjoy and vote on the food items and they are added to the menu. This has been received very well. Overall resident dining experience improved from 71% to 80% from 2024-2025.

Comment

Our home improved in the dining experience (2024 performance was incorrectly documented as 81% when it was 71%). We saw positive trending in specific areas and will continue to utilize the positive strategies from this year as we continue to enhance the dining experience for our residents. This will continue to be a focus in this current year based on resident priorities.

	Last Year		This Year		
Indicator #1 Overall increase Resident satisfaction related to communication between staff and timely communication to the families. (AgeCare West Williams)	81.00	85	82.00	--	NA
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Improve shift to shift report and communication between nursing team members.

Process measure

- Educate registered staff to ensure the PSW and other departments are well informed by giving and writing updates in the 24 hour report book. DOCs to do a quick audit of the 24 hour book every day prior to nursing meeting.

Target for process measure

- Communication will flow and staff will be better informed to look after the residents.

Lessons Learned

Shift to shift report has improved and information flow is much better. Some challenges are when staff are late coming to the floor.

Change Idea #2 Implemented Not Implemented In Progress

Registered staff will communicate proactively with families and update them on any changes related to their loved ones.

Process measure

- Decrease the amount of complaints of not being informed in timely fashion.

Target for process measure

- Better flow of communication to ensure all staff/families are informed of all resident care related changes.

Lessons Learned

Communication from registered staff to families increased drastically with positive results. Communication overall improved from 60% in 2024 to 88% in 2025 with a 28% increase.

Comment

Home is moving in the right direction even though we did not meet our target. We will be looking at ways to enhance communication strategies through other initiatives in 2026 such as our family onboarding and enhance move-in process.

