

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

Indicator #5	Last Year		This Year		
	22.88	20.83	20.00	12.59%	18
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Groves Park Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

1. Our home will continue to audit Emergency Department visits. 2. We will continue to monitor and report early onset health changes; signs and symptoms of infection lab values, to determine if treatment can be implemented in our home. 3. Educating staff on potentially avoidable Emergency Room visits. 4. Discuss the progress of this indicator at our quarterly PACC meetings. 5. Our residents receive care as long as possible in a Long Term Care Home setting, instead of being transferred to the Emergency Department.

Process measure

- 1. Monitor Emergency Department visits. 2. Collect and track data for transfers that are avoidable versus visits that are warranted. 3. Continue to educate staff on potentially avoidable Emergency Department visits.

Target for process measure

- To decrease the number of Emergency Department visits from 22.88 to the Provincial average of 20.83, or a decrease of 9%.

Lessons Learned

As a team, and in consultation with the physicians, we are reviewing our levels of care.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Nursing measure tools have been created to assist our nursing staff in their daily tasks. This should enable them to better care for our residents through the implementation of a uniform method of resident care.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

By implementing the nursing measure tools, our home has a better ability to collect pertinent data. The nursing measure tools have a structured method for collecting data that will be helpful when presenting information to physicians.

Change Idea #3 ☒ **Implemented** ☐ **Not Implemented**

1. Our RPNs are working to their full scope of practice.
2. Each week, the management team will review a resident list that details all of our residents, along with any changes, concerns, or needs they may have. This will help us anticipate what will need to be addressed at doctor rounds, and ensure that we have all the tools and information needed. By doing this, we can capture resident concerns and address them on the spot at rounds.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The lesson learned is that medical issues are addressed sooner than they were, which has contributed to a decrease in the number of unnecessary trips to the Emergency Department.

Comment

For the 2025/2026 year, our home is aiming to decrease our ED visits from 20% to 18%.

Equity | Equitable | **Optional Indicator**

Indicator #4	Last Year		This Year		
	CB	CB	76.16	--	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Groves Park Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

To educate all staff on equity, diversity, inclusion, and anti-racism that is relevant.

Process measure

- At QI meetings, review the percentage of staff who completed equity, diversity, inclusion, and anti-racism education by analyzing Surge Learning Data.

Target for process measure

- By October 1, 2024 we would have 90% of our staff completed diversity training

Lessons Learned

As a home, we want to expand our education on relevant equity, diversity, inclusion, and anti-racism education. Staff require more education that is not only on Surge learning
To do this we are looking at hosting, education/activity days for staff.

Comment

By October 1, 2025, we are aiming to have 100% of staff completing relevant equity, diversity, inclusion, and anti-racism education.

Experience | Patient-centred | **Optional Indicator**

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Groves Park Lodge)	84.44	90	84.21	-0.27%	90

Change Idea #1 ☒ Implemented ☐ Not Implemented

"Our goal is to improve residents' quality of life and address concerns."

Process measure

- 1. Annual Resident Satisfaction Survey 2. Addressing resident concerns as they arise 3. Giving our residents a voice 4. Resident Council meetings, Family Council Meetings, Care Conferences

Target for process measure

- "Aiming for 90% satisfaction rate from our Resident Surveys."

Lessons Learned

Families were not aware of how to bring up concerns to management.

Change Idea #2 ☒ Implemented ☐ Not Implemented

The resident wellness coordinator follows up with the family two weeks after a resident's admission to see how things are going.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

By having the Resident Wellness Coordinator follow up with families, concerns and questions are dealt with promptly.

Comment

Our Home will strive to improve our performance on this indicator to 90% for 2025/2026 year

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
Indicator #1	15.48	14	20.55	-32.75%	15.52
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Groves Park Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

1. Ensure personalized fall prevention plans for all residents. 2. Continue to educate staff and residents on fall prevention 3. Performing post-fall assessments is crucial to identify any contributing factors and prevent similar falls from happening in the future.

Process measure

- Monthly reports and statistics(i.e. tracking time of falls), CISs, injury rates, Review staffing. Monthly QI meetings

Target for process measure

- To decrease falls by 9.5%

Lessons Learned

The lesson learned is that staffing levels and residents in isolation can contribute to the risk of falls.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Decrease the number of Residents per wing to provide better monitoring and staff presence

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The lesson learned is that staffing levels and residents in isolation can contribute to the risk of falls.

Change Idea #3 ☒ **Implemented** ☐ **Not Implemented**

Increased BSO staffing in the home too, two days and two evenings.

Increased Restorative Care Staffing to one on days and one on evenings.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The lesson learned is that increasing BSO staffing has offered more support to residents with responsive behaviours.

Expanding Restorative Care staffing has helped decrease the risk of falls.

Comment

For the year 2025/2026, we will continue to work toward achieving our target of 14%

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Groves Park Lodge)	35.89	32	28.40	20.87%	25

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

Consult with pharmacy, pharmacists, and doctors to review medications. Educate residents and families on the risks of antipsychotics, including falls, sedation, and delirium.

Process measure

- Monthly statistics from Sobey's Pharmacy and BSO tracking

Target for process measure

- We look to decrease our use of antipsychotics in residents without a diagnosis by 11%, by the end of Quarter 4 2024/2025

Lessons Learned

Many residents are being admitted on anti-psychotic medications.
Anti-psychotic medications are often used for off-label reasons.

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

1. Increase BSO Staffing to two on days and evenings.
2. Gentle Persuasion Approach education provided to staff.
3. At quarterly PAC meetings stats are discussed with the physicians.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The lesson learned is that increasing BSO staffing has offered more support to residents with responsive behaviours.

Comment

For the year 2025/2026 we will continue with our change ideas, and maintain or better our current performance of 28.40%

