Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #6	**20.00**	**18**	**29.60**	**-48.00%**	**23.60**
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Groves Park Lodge)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

#1) 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 PAC 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. Collect and track data for transfers that are avoidable versus visits that are warranted.

Target for process measure

- To decrease the number of Emergency Department visits from 20% (below the Provincial Average of 20.83%) to 18%.

Lessons Learned

Lessons Learned:
1. A significant proportion of ED visits are post-fall related
2. By reducing falls, ED visits are expected to decrease,

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

1. Weekly management team meetings before physician rounds.
2. Structured review of all residents to: Identify early clinical changes; address risk factors proactively; prepare focused discussion points for physicians.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

1..Early identification and proactive planning prevent avoidable transfers.

Comment

Future Improvement Plans:
1. Continue individualized education for Registered Staff.
2. Strengthen fall prevention strategies aligned with ED reduction goals.
3. Monitor ED trends monthly and share data transparently with teams

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #5 Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Groves Park Lodge)	**76.16** Performance (2025/26)	**100** Target (2025/26)	**100.00** Performance (2026/27)	**31.30%** Percentage Improvement (2026/27)	**100** Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

1) To educate all staff on equity, diversity, inclusion, and anti-racism that is relevant. 2. 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.

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, 2025, we will have 100% of our staff completed relevant equity, diversity, inclusion, and anti-racism education

Lessons Learned

Our Lessons Learned:
1. Staff are open to learning about diverse nationalities and cultures.
2. Creating safe spaces increases willingness to share experiences.
3. Inclusive dialogue strengthens team cohesion

Change Idea #2 ☐ Implemented ☐ Not Implemented ☑ In Progress

1. Establishment of an EDI Committee
2. Committee participation in education days and staff awareness initiatives

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Our Successes:
1. Staff report feeling comfortable and safe participating in discussions.
2. Increased cultural awareness in our home.

Our Challenges:
1. Maintaining momentum and consistent participation

Comment

Future Improvement plans include:
1. Expand the EDI Committee membership
2. Continue annual Friendship Day initiatives
3. Integrate more cultural programming and celebrations into resident life.
4. Incorporate EDI principles into orientation and ongoing education

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #3	**92.11**	**95**	**NA**	**--**	**NA**
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Groves Park Lodge)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

"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

- Our Home will strive to improve our performance on this indicator to 95% for 2025/2026 year

Lessons Learned

In 2025 we went to a online survy

Comment

not working on this indicator

Indicator #4

Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Groves Park Lodge)

Last Year		This Year		
84.21	**90**	**NA**	**--**	**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

1.Our goal is to improve residents' quality of life and address concerns. 2.The resident wellness coordinator follows up with the family two weeks after a resident's admission to see how things are going.

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 a 90% satisfaction rate from our Resident Surveys

Lessons Learned

in 2025 we went to a online survey

Comment

not working on this indicator

Safety | Safe | Optional Indicator

Indicator #1

Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Groves Park Lodge)

Last Year		This Year		
20.55	**15.52**	**19.57**	**4.77%**	**14.57**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

#1) 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 5.03%

Lessons Learned

Lessons learned are as follows:
1. Education focuses on targeted risk areas, not staff.
2. Refocusing conversations on tasks, processes, and systems rather than people improves engagement.
3. Early identification of knowledge and practice gaps strengthens prevention strategies.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

1. Implementation of a structured Mentorship Program that includes fall prevention.
2. Experienced staff mentor frontline team members on: High-risk residents, Proper transfer techniques, Consistent documentation.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Our Successes include increased awareness of fall risk factors and improved team collaboration around fall reviews.

Our Challenges include initial resistance(pushback) to the mentorship model. Also, an adjustment period was required to shift from the corrective to the supportive culture.

Comment

Our plans for future improvement:
1. Continue and strengthen the mentorship program.
2. Evaluate and potentially implement a new fall alarm system.
3. Participation in a Fall Prevention Research Program with McMaster University to apply evidence-based best practices.
4. With the success of the Mentorship program, we are looking to roll out to other departments.

Indicator #2

Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Groves Park Lodge)

Last Year		This Year		
28.40	**25**	**32.45**	**-14.26%**	**27.45**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

1) Increased BSO staff to support residents with responsive behaviours.

Process measure

- Monthly statistics from Sobey's Pharmacy and BSO tracking

Target for process measure

- We are looking to decrease our use of antipsychotics in residents without a diagnosis by 3.4%, by the end of 2025/2026 year.

Lessons Learned

Lessons Learned:
1. Some residents require antipsychotic therapy to maintain their best possible quality of life.
2. Clinical review must balance reduction efforts with behavioural stability and comfort.

Change Idea #2 ☐ Implemented ☐ Not Implemented ☑ In Progress

1. Enrollment in the ISMP(Institute for Safe Medication Practices) program.
2. Formation of a multidisciplinary team of Registered Staff to review antipsychotic use.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Our Successes:
1. Increased structured medication review processes.
2. Improved interdisciplinary discussions.

Our Challenges:
1. Dose reductions may negatively impact certain residents' quality of life.
2. Requires careful monitoring and physician collaboration

Comment

Future Improvement Plans:
Implement the DOS sheet for all new admissions to:
1. Trauma-Informed Care Approach
2. Identify prior medication trials
3. Support early review and deprescribing where appropriate.