

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

Indicator #6	Last Year		This Year		
	16.44	10	22.35	-35.95%	18
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Crescent Park Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☒ Not Implemented

Increased education to staff regarding managing mental health behaviours.

- Process measure
- decrease in transfer to hospital related to mental health behaviours.
- Target for process measure
- decrease in ED transfers to meet our target goal.

Lessons Learned

Despite statistically there is an increase in number of transfers related to mental health issues to ED, this number has declined over the last two quarters as the number of unmanageable behavioural episodes requiring transfer has diminished. Staff have demonstrated a higher comfort level and a better understanding about how to effectively manage and mitigate behavioural episodes related to mental health.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Increase safety equipment use to prevent injuries related to falls.

- Process measure
- Decrease in number of injuries related to falls.
- Target for process measure
- Decrease in number of transfer to hospital as per target goal.

**Lessons Learned**

Safety equipment being readily available has proven to be effective in preventing risk.

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

Dedicated IPAC lead to consult as needed for appropriate infection control measures to minimize potential for increased transmission.

**Process measure**

- Statistics reviewed at CQI/PAC and education scheduled as needed

**Target for process measure**

- Decrease in transmission of infection and need for hospitalization related to infections.

**Lessons Learned**

Reliable and timely responses and support from our IPAC lead for our clinical leaders has proven to be a strong asset in promoting IPAC compliance.

**Comment**

Our plan is to continue with capacity building focusing on fostering thorough and proactive assessment skills. Further education specializing in understanding and effectively managing mental health behaviours that might lead to an ED transfer.

**Equity | Equitable | Optional Indicator**

Indicator #5	Last Year		This Year		
	11.11	100	CB	--	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Crescent 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 ensure all staff receive applicable training on cultural sensitivity by the end of the year.

**Process measure**

- Will be reviewed for completion by end of year cut off date.

**Target for process measure**

- To ensure 100% completion by the end of the year.

**Lessons Learned**

100% of our leadership team has received cultural sensitivity training.

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

All staff will be expected to complete mandatory cultural sensitivity training to be provided through our on-line education program (Surge Learning)

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Completion rates to be monitored by management with the expectation of 100% compliance before December 2025.

**Comment**

Completion rates to be monitored by management with the expectation of 100% compliance before December 2025.

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 responding positively to: "What number would you use to rate how well the staff listen to you?" (Crescent Park Lodge)	96.30	100	62.50	-35.10%	100

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

For any family members who do not attend care conferences, we will send out a paper copy of the survey with prepaid return envelope.

**Process measure**

- To see an increase in response rates.

**Target for process measure**

- To meet our satisfaction goal of 100% satisfaction.

**Lessons Learned**

Resident feedback indicates that most find the length of the survey to be a challenge.

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

It is reinforced from the day of admission by managers and nurse leaders that residents and family members are part of the team and all input and feedback is welcomed and helpful in helping to achieve top quality care.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Family members and residents have verbalized satisfaction with how the team communicates with them and the timeliness in which the team to questions and concerns.

**Comment**

For those unable to attend care conferences a plan is in place to send a copy of of Resident Satisfaction Survey with QR code via email. For those without email, a copy of the survey will be sent in a prepaid return envelope.

Indicator #4	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". (Crescent Park Lodge)	98.15	100	81.25	-17.22%	100

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

For any family members who do not attend care conferences, we will send out a paper copy of the survey with pre paid return envelope.

**Process measure**

- To see an increase in response rates.

**Target for process measure**

- To meet our goal of 100% satisfaction.

**Lessons Learned**

Resident feedback indicates that most find the length of the survey to be a challenge.

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

It is reinforced from the day of admission by managers and nurse leaders that residents and family members are part of the team and all input and feedback is welcomed and helpful in helping to achieve top quality care.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Family members and residents have verbalized satisfaction with how the team communicates with them and the timeliness in which the team to questions and concerns.

**Comment**

For those unable to attend care conferences a plan is in place to send a copy of of Resident Satisfaction Survey with QR code via email. For those without email, a copy of the survey will be sent in a prepaid return envelope.



Safety | Safe | **Optional Indicator**

Indicator #1	Last Year		This Year		
	8.29	8	14.95	-80.34%	10
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Crescent Park Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Implementation of safe storage of footrests when not in use to prevent missing equipment and reduce risk of falls related to this.

Process measure

- To see zero falls or injuries related to lack of foot rests.

Target for process measure

- To meet or exceed our corporate target.

Lessons Learned

There have been zero falls or injuries reported related to lack of footrests during the time period being reviewed.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Recertification of resident safe handling team leads to ensure access to trainers on shift for all direct care staff.

Process measure

- To see a decrease in falls related to unsafe transferring. Incidents reviewed at CQI/PAC

Target for process measure

- To meet or exceed our corporate target.

**Lessons Learned**

There have been zero falls related to unsafe staff to resident transfer during the period under review.  
There continue to be instances of falls related to residents attempting to self transfer.

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

Promotion of interdisciplinary collaboration including the resident and their family, nursing and physio to ensure proper mobility aid availability and use so that safety needs are met.

**Process measure**

- Decrease in falls related to lack of or improper use of mobility aids.

**Target for process measure**

- To meet or exceed our corporate target.

**Lessons Learned**

There have been zero instances of falls related to lack of or improper use of mobility aids.

**Comment**

Weekly Falls Prevention Program teams meetings have been implemented.

Indicator #2	Last Year		This Year		
	26.88	17.30	19.39	27.86%	15
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Crescent Park Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Run report of prescribed antipsychotics quarterly to ensure coinciding diagnosis on file.

**Process measure**

- Number of residents with antipsychotics without a diagnosis will decrease.

**Target for process measure**

- To meet or exceed our corporate target goal.

**Lessons Learned**

This have proven to be an effective means of auditing for missing documentation in physicians orders as well as in the resident profile.

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

Incorporation of Delirium clinical pathway on admission to ensure registered staff are able to identify and set interventions as needed.

**Process measure**

- Recognition of delirium as opposed to an underlying diagnosis requiring long term medication.

**Target for process measure**

- All residents will be screened on admission and careplanned interventions appropriately.

**Lessons Learned**

Adopting the delirium assessment from the RNAO Clinical Pathway model has proven to be highly effective tool that guides nurses about how to differentiate between causal factors of new or changed behaviors resulting in more effective management and positive outcomes.

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

Collaborate with pharmacist during three month medication review to highlight any need for indication of antipsychotic medications.

**Process measure**

- Effectiveness of this strategy will be reviewed at CQI/PAC meetings with coinciding reports.

**Target for process measure**

- To meet or exceed the corporate target outlined.

**Lessons Learned**

continuous and consistent discussion and review of this topic at quarterly PAC meetings has allowed for greater recognition about the importance of identifying and correcting missing information by all participants on the nursing/medical and pharma team.

**Change Idea #4** ☒ **Implemented** ☐ **Not Implemented**

Implementation of pharmacist led medication reconciliation program.

**Process measure**

- Review statistics quarterly with CQI/PAC.

**Target for process measure**

- To meet or exceed our corporate goal.

**Lessons Learned**

The pharmacist lead BOOMR process was introduced for new long term admissions.  
This program has proven to be beneficial improving accuracy and minimizing admission related medication errors.

**Comment**

Daily nursing huddles and monthly Medication Safety Program Team Meetings have been implemented where residents diagnoses and status are reviewed along with discussions that promote recognition of status changes and the need for accuracy in documentation