

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

Indicator #6	Last Year		This Year		
	23.42	20	29.91	-27.71%	25
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Oakwood Park Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Provide families with education on interventions that can be provided at the Home and the benefits of the resident remaining in a familiar environment.

Process measure

- The number of ED visits that are initiated by family will decrease.

Target for process measure

- The number of unnecessary ED visits will decrease to 20% by the end of the year.

Lessons Learned

This is done on admission and on a case by case basis when potential transefer to hopsital is considered. Education provided to families on services that can be provided at the facility vs. the hospital.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Increase/strengthen registered staff knowledge and assessment skills.

Process measure

- Education is provided in a timely and efficient manner for identified topics.

Target for process measure

- 100% of registered staff will be educated on tools to enhance assessments skills.

Lessons Learned

Education on SBAR to all registered staff.

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

Prior to sending to ED, Registered staff will ensure that they consult with the NP or MD to determine if resident could be treated in house with support.

Process measure

- There will be improved communication between the Home and the NP/MD prior to resident being transferred to hospital and the number of ED visits will decrease.

Target for process measure

- In 75% of the transfers to hospital the NP or MD will be consulted thereby decreasing the number of visits to ED for modified list of ambulatory care sensitive conditions to the goal of 20%.

Lessons Learned

Increased use of Secure Conversations through PCC with the doctors, provides more thorough assessments and greater understanding for the physician, prior to the decision of sending a resident to ED.

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

Educate all registered staff on the Modified List of Ambulatory Care-Sensitive Conditions.

Process measure

- Education is provided in a timely and efficient manner to registered staff, thereby increasing their awareness of the importance of prevention of/exacerbation of some of these conditions (ex COPD, septicemia).

Target for process measure

- 100% of registered staff will be educated on the Modified List of Ambulatory Care-Sensitive Conditions.

Lessons Learned

We will continue to provide this education on an annual and as needed basis.

Comment

Although a some of these ED visits may have been avoidable, a large number were admitted to hospital after being seen in the ED.

Equity | Equitable | **Optional Indicator**

Indicator #5	Last Year		This Year		
	CB	100	90.00	--	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Oakwood Park Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

All staff will complete relevant equity, diversity, inclusion and anti-racism education.

Process measure

- Percentage of staff who have completed the appropriate education.

Target for process measure

- 100% of staff will have received education/training on equity, diversity, inclusion and anti-racism by the fall of 2024.

Lessons Learned

100% of Leadership staff completed Diversity training in March of 2023.

Comment

100% of Leadership staff completed Diversity trainingin March of 2023.

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

Indicator #3	Last Year		This Year		
	CB	80	84.16	--	90
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Oakwood Park Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Continue to encourage residents and family members to provide suggestions, input and feedback.

Process measure

- There will be increased participation with survey and the positive response to above survey question.

Target for process measure

- The Home will strive for 100% positive responses to this question by the end of the year.

Lessons Learned

We will be looking to seperate the survey into a family satisfaction survey and a resident satisfaction survey for more accurate insight into client satisfaction.

Comment

The addition of an electronic survey has made it easier for residents and families to complete the survey. We anticipate a greater number of completed surveys with this addition. We will also be splitting the survey into two seperate surveys for the next cycle. One specific to residents, and the other specific to families.

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". (Oakwood Park Lodge)	CB	80	86.14	--	90

Change Idea #1 ☒ Implemented ☐ Not Implemented

Educate residents/families from point of admission about the importance of expressing their opinion and that they have a valued role in contributing to their own care. Promote participation in engagement groups.

Process measure

- Track responses to this question on electronic survey tool annually.

Target for process measure

- The Home will strive for 100% positive responses to this question by the end of the year.

Lessons Learned

Easier completion of the satisfaction survey for residents and families.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Continue to provide annual education to staff on Whistle Blowing Protection, Resident Abuse and Resident Rights.

Process measure

- All staff will complete education on Whistle Blowing Protection, Resident Abuse and Resident Rights.

Target for process measure

- The Home will strive for 100% positive responses to this question on the satisfaction survey through continued staff awareness of Whistle Blowing Protection, Resident Abuse and Resident Rights.

Lessons Learned

Education completed. Greater understanding from staff of residents rights and whistleblowing protection.

Comment

Revised satisfaction survey for the upcoming year. The survey has been split into two separate surveys. One for residents, and the other for families.

Safety | Safe | **Optional Indicator**

Indicator #1	Last Year		This Year		
	16.58	12	14.07	15.14%	12
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Oakwood Park Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Strengthen our current falls prevention committee (including registered staff, PSW, physio department and recreation) to discuss current interventions and fall trends, evaluate strategies and make improvements. An area of focus will be on those residents who fall frequently.

Process measure

- The number of resident with multiple falls will decrease.

Target for process measure

- By decreasing the number of residents with multiple falls, our goal is to have an overall decrease in falls by 4.5%.

Lessons Learned

Staff fall huddles after each fall has decreased the number of falls from residents that are at a high risk for falling and/or frequent fallers. Currently the number of residents with multiple falls has declined.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Increased focus on fracture prevention. Work with pharmacy and MD to ensure that all residents at risk for fractures are on preventative medications (ex Vitamin D, Calcium, Actonel, Prolia).

Process measure

- Number of fractures with falls will decrease.

Target for process measure

- At least 75% of all residents with risk factor for falls and fractures will be receiving medications to bone health medications.

Lessons Learned

There has been a decline in the number of fractures with falls. Residents at increased risk for falls have their medications reviewed to ensure that they are on medication for bone health.

Change Idea #3 ☐ Implemented ☒ Not Implemented

Implement Falling Leaf/Star program and educate staff on the program.

Process measure

- The percentage of PSW and registered staff who received the education on the implementation of this program.

Target for process measure

- 100% of PSW and Registered staff will have received education on Falling Leaf/Star program by the end of the year.

Lessons Learned

This change idea has not been implemented yet. This will be reviewed again and reconsidered with the next QIP.

Comment

Meeting with staff and resident after each fall (fall huddle) has been beneficial for both the staff and residents. Staff are able to share their thoughts into what caused (or may have caused) the resident to fall. This practice has decreased the number of falls and injuries related to falls.

Indicator #2	Last Year		This Year		
	20.07	15	22.75	-13.35%	19.50
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Oakwood Park Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Assess residents who are receiving antipsychotic medication without a diagnosis of psychosis.

Process measure

- Residents who are on antipsychotic medication will be reviewed routinely and as needed. Alternatives will be explored in collaboration with multidisciplinary team (Responsive Behaviour meetings, Staff meetings and Care Conferences PRN).

Target for process measure

- The percentage of residents without psychosis who were prescribed an antipsychotic medication will decrease by 5%.

Lessons Learned

Our nursing & medical team reviews these instances and looks for non-pharmacuetical alternatives to manage the behaviour, they may refer the resident to psychologist/psychiatrist for further assessment, or may provide a diagnosis of psychosis.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Registered staff will receive education related to responsive behaviours/personal expressions, appropriateness antipsychotic medication use, and alternatives and de-escalation techniques to reduce responsive behaviours. Non registered staff will receive appropriate inservice opportunities also.

Process measure

- Encourage staff to attend in-services held by community partners either internally or externally.

Target for process measure

- Staff will continue to enhance their understanding on how to provide care for residents exhibiting responsive behaviours and also the risk of using of antipsychotic medications through 100% completion of provided education.

Lessons Learned

Multiple in-services held for frontline staff in managing and dealing with behaviours.

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

Addition of a full time Behavioural Support Manager to track, and manage behaviours. Also, implement strategies to manage the behaviour and educate staff on the behavioural intervention plans.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The addition of this position has been welcomed by the residents and staff of the facility. Staff have a better understanding of the triggers and how to better manage a behaviour in residents.

Comment

We have seen an increase in this area due to the number of residents with brain injuries that display aggressive behaviours requiring pharmaceutical intervention on a PRN basis. Our interdisciplinary team reviews these instances and looks for non-pharmaceutical alternatives to manage the behaviour, they may refer the resident to psychologist/psychiatrist for further assessment, or may provide a diagnosis of psychosis.