

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

Indicator #6	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Valley Park Lodge)	17.54	12	27.54	-57.01%	21

Change Idea #1 ☒ Implemented ☐ Not Implemented

To decrease the number of ED visits

Process measure

- Monthly tracking and reporting to the QIP and PAC committees Quarterly

Target for process measure

- March 2025 to meet target

Lessons Learned

successfully tracked

Change Idea #2 ☒ Implemented ☐ Not Implemented

Discuss and educate at Care conferences and on admission the pros and cons of going to the ED with POA, resident, SDM

Process measure

- The Admission process will be updated and information provided

Target for process measure

- to meet target by Dec 2024

Lessons Learned

successful

Comment

Not successful as one resident had 320 falls in the Year January - December and required trips to the ED for assessment, xrays, sutures. This was unpredictable

Equity | Equitable | **Optional Indicator**

Indicator #5	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Valley Park Lodge)	83.33	100	100.00	20.00%	100

Change Idea #1 ☒ Implemented ☐ Not Implemented

Electronic education on diversity, equity, inclusion and anti-racism to be implemented fall 2024 for all managers and staff employees

Process measure

- Training will be implemented Fall of 2024

Target for process measure

- To be completed December 2024

Lessons Learned

successful on surge

Change Idea #2 ☒ Implemented ☐ Not Implemented

Training on Surge related to diversity and equity for all staff and managers is to be completed annually

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

It will be included in Surge Learning as mandatory education.

Comment

Continue with the surge education which is completed annually.

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

Indicator #3	Last Year		This Year		
	74.07	100	76.67	3.51%	95
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Valley Park Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Implement an admission process which is more comprehensive to make new residents and families comfortable so they can feel listened to and have more input into their care.

Process measure

- A resident/family survey will be done in 6 months and 1 year to help us determine if our new admission process is making residents and families feel like we are listening to them. This survey will be done by survey monkey to 90% and paper copy to any who don't have email.

Target for process measure

- The goal is: in 1 year the data will indicate an improvement to 95%

Lessons Learned

Families were very happy with the admission process.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Our resident council will ask this question at there monthly meeting to receive time relevant feedback on "How well the staff listen to you"

Process measure

- 8-10 residents who attend the council meetings will be surveyed each month. The 3 months will be reviewed with management and corrective action and adjustments created at the QIP committee.

Target for process measure

- Goal is to improve each quarter to 95% by January 2025.

Lessons Learned

This was asked and residents felt they were being listened to.

Change Idea #3 ☐ Implemented ☒ Not Implemented

No new changes this year

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

none

Comment

Continuing to have regular communications with the families and residents.

Indicator #4	Last Year		This Year		
	53.49	100	90.00	68.26%	100
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Valley 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 utilize the RNAO admission process to involve the resident and families more successfully

Process measure

- The RAI/DOC will sign off once completed. Survey will be conducted at 6 months to assess if the new admission process is meeting the residents and families expectation.

Target for process measure

- Surveys will be sent out in June 2024, and December 2024. The goal is to improve 75% by June and 95% by December.

Lessons Learned

Residents and families were pleased with the admission system

Change Idea #2 ☒ Implemented ☐ Not Implemented

The question "I can express my opinion without fear of consequences" will be asked of random residents throughout the quarter by the recreation staff and documented. To improve the outcome

Process measure

- 12 residents each month will be asked this question. Over 3 months 75% of the residents will participate in the survey.

Target for process measure

- Goal is to improve the outcome and to have opportunity to make adjustments quarterly. 95% improvement is the goal by next January 2025.

Lessons Learned

We had a resident turnover of more than half of our residents. This made this difficult. Families were pleased with the admission process.

Change Idea #3 ☐ Implemented ☒ Not Implemented

No new changes for this year.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

none

Comment

Continue to have regular communications with families and residents where they can express their concerns and opinions.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1	10.34	10	17.79	-72.05%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Valley Park Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Education of new staff related to Fall prevention

Process measure

- 100% of new staff will be required to attend an educational session when scheduled. This will be tracked by management.

Target for process measure

- 100% of new staff will have the education by the end of Dec 2024

Lessons Learned

Successful

Change Idea #2 ☒ Implemented ☐ Not Implemented

Regular Falls Huddles to be commenced weekly with Nursing, and Physiotherapist

Process measure

- 100% of falls from the week will be reviewed and analyzed

Target for process measure

- To decrease the number of falls or falls with injuries to 8% by December 2024

Lessons Learned

Successful

Comment

Continue to use the RNAO Fall prevention documentation, interventions, and the interdisciplinary team meet regularly to analyze falls.

Indicator #2	Last Year		This Year		
	11.20	10	15.45	-37.95%	10
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Valley 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 decrease the number of residents who are taking antipsychotic medication without a diagnosis of psychosis.

Process measure

- Quarterly a 100% review of the admissions and the delirium assessments will be conducted to determine the risk for delirium and psychosis and that a diagnosis is present if applicable.

Target for process measure

- To decrease the number of residents without a diagnosis and receiving antipsychotic medication by December 2024

Lessons Learned

successful. Every resident with antipsychotic medications has a diagnosis.

Comment

With each resident who is admitted the diagnosis is verified and their need for antipsychotic medication