Access and Flow | Efficient | Optional Indicator

Indicator #5

Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (St. Joseph's Lodge)

Last Year		This Year		
32.76	21	30.91	5.65%	26.90
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Registered staff and / or nurse managers will discuss and provide education to residents and their families regarding the goals of care upon admission, at our annual Care conferences and when ever a change of status happens with a resident.

Process measure

- % of resident with a documented conversation / POET (Prevention of Error-based Transfers) assessment completed.

Target for process measure

- 100% of our residents will have this conversation documented regarding goals of care.

Lessons Learned

No lessons learned entered

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

Registered staff with explain the pros and cons of transferring to hospital, also explaining what the home can offer for treatments vs the hospital.

Process measure

- % of resident with a documented conversation

Target for process measure

- 100% of resident will have a documented conversation.

Lessons Learned

No lessons learned entered

Change Idea #3 ☐ Implemented ☐ Not Implemented ☑ In Progress

All resident with a potential transfer to hospital will have a full nursing assessment completed and a call to to the physician or nurse practitioner providing the details of the assessment / situation prior to each ED transfer.

Process measure

- % of residents with a documented conversation before transfer to hospital.

Target for process measure

- 90% of resident will have this documented conversation with the physician or NP before making the decision to send to hospital (as appropriate).

Lessons Learned

No lessons learned entered

Change Idea #4 ☐ Implemented ☐ Not Implemented ☑ In Progress

All residents being transfer to ED will have either NP or attending physician call ED prior to and give ER physician communication on potential transfer and see if ER doctor has other interventions before transfer out to ED.

Process measure

- % of documented conversations between home NP / MD and ER MD.

Target for process measure

- 75% of residents will have this documented conversation in the residents chart.

Lessons Learned

No lessons learned entered

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #4 Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (St. Joseph's Lodge)	**100.00** Performance (2025/26)	**100** Target (2025/26)	**100.00** Performance (2026/27)	**0.00%** Percentage Improvement (2026/27)	**NA** Target (2026/27)

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

Home to complete Embracing Diversity: A Toolkit for supporting inclusion in LTC Homes annually to determine where home needs to focus resources.

Process measure

- Number of staff who demonstrate changes based on action plan.

Target for process measure

- Action Plan created by the home with areas of focus and desired outcomes with changes to take place.

Lessons Learned

No lessons learned entered

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

DEI is reviewed within all our core programs monthly meetings to provide additional education and to improve staff understanding and knowledge of DEI

Process measure

- Documented evidence of this in all core program meetings minutes.

Target for process measure

- 75% of all core program meetings will have a documented discussion regarding DEI.

Lessons Learned

No lessons learned entered

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

Mandatory education for all staff with Surge online Learning.

Process measure

- Percent of staff completing required education.

Target for process measure

- 100% of staff will complete their monthly education on DEI.

Lessons Learned

No lessons learned entered

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #3	**100.00**	**100**	**94.44**	**-5.56%**	**100**
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (St. Joseph's 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

Communication with residents, families at time of admission, at care conferences, at resident Council and town Halls, to continue to encourage residents and families to bring concerns forward. Whistle Blowing Protection policy reviewed to ensure residents and families know to bring concerns forward without fear of reprisal.

Process measure

- % of residents with a documented conversation regarding our complain process and whistle blowing protection policy.

Target for process measure

- All residents will have a documented conversation of this at their Annual Care Conference.

Lessons Learned

No lessons learned entered

Comment

Continue communication strategies.

Safety | Safe | Optional Indicator

Indicator #1

Percentage of LTC home residents who fell in the 30 days leading up to their assessment (St. Joseph's Lodge)

Last Year		This Year		
14.69	**14**	**20.65**	**-40.57%**	**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

Increase resident engagement in activities and meaningful programs to increase quality of life, strength with ROM activities and reduce boredom which can lead to increased falls with searching and exploring.

Process measure

- Percentage of resident who are participating in activities.

Target for process measure

- 75% of resident will have documented minutes of activity engagement.

Lessons Learned

No lessons learned entered

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

All residents who have fallen will have a fall note and a post fall huddle conducted with the front line staff to determine cause of fall and if there are other interventions that could be put in place to reduce risk of falls.

Process measure

- Percentage of assessments completed.

Target for process measure

- 100% of all residents who experience a fall will have the proper documentation completed with interventions documented and communicated with the team.

Lessons Learned

No lessons learned entered

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

All residents who have fallen will have a restorative care referral sent to the restorative care team to determine if increased exercises, restorative nursing or additional interventions are warranted to help reduce falls.

Process measure

- Percentage of residents with referral sent.

Target for process measure

- 100% of all residents will have a referral sent to RCC.

Lessons Learned

No lessons learned entered

Change Idea #4 ☑ Implemented ☐ Not Implemented ☐ In Progress

Education to promote every month being "fall prevention month" including education for families, staff and residents. Combined with resident restorative activities that enforce the education and benefits to prevent falls.

Process measure

- % of resident who have fallen.

Target for process measure

- Reduction in monthly falls.

Lessons Learned

No lessons learned entered

Change Idea #5 ☐ Implemented ☐ Not Implemented ☑ In Progress

Full analysis and review completed by our Nurse Practitioner after each fall.

Process measure

- % of documented falls review for all falls that happen in the home.

Target for process measure

- 90% of resident who fall will have a falls analysis note documented by the NP

Lessons Learned

No lessons learned entered

	Last Year		This Year		
Indicator #2	**19.57**	**19.20**	**16.22**	**17.12%**	**NA**
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (St. Joseph's 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

The nursing team will review anti-psychotic medication usage at time of admission, when there is a change in dosing and quarterly inline with RAI assessment and Three Month Medication Review, to determine the appropriateness of the prescribed medication

Process measure

- Anti-psychotic medications are to have the PCC assessment completed at admission for the creation of a baseline assessment, quarterly to ensure ongoing effectiveness and when there is a change in dosing of the medication.

Target for process measure

- 100% of residents without a diagnosis of psychosis on anti-psychotics are reviewed quarterly and as per policy.

Lessons Learned

No lessons learned entered

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

The home will ensure referrals are sent to internal Behavioural Supports

Process measure

- Assessment completed by BSO for all residents on anti-psychotics. BSO will work with the team and champions to ensure supports and interventions are in place to use for the resident.

Target for process measure

- Ongoing referrals sent to BSO. BSO Coordinator determines if other interventions are possible to use. BSO to arrange knowledge to practice or external support as needed.

Lessons Learned

No lessons learned entered

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

Improve family, resident and /or substitute decision making (SDM) engagement in medication decision and ensure home has informed consent.

Process measure

- % of all resident on anti-psychotic medication will have a documented conversation.

Target for process measure

- 90% of all resident on anti-psychotic medication will have a documented conversation.

Lessons Learned

No lessons learned entered

Change Idea #4 ☑ **Implemented** ☐ **Not Implemented** ☐ **In Progress**

Ensure all staff have Gentle Persuasive Approaches (GPA) training to enhance staff competency in managing responsive behaviours.

Process measure

- Percentage of staff who have completed GPA training.

Target for process measure

- 100% of front line staff will have GPA training.

Lessons Learned

No lessons learned entered