

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #4	7.92	7.92	8.21	-3.66%	NA
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (St. Joseph's Lifecare Centre)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 **Implemented** **Not Implemented**

Continue to provide education to residents and family members in regard to the risks associated with ED transfers.

Process measure

- Number of educational opportunities for residents and families re: ED transfers.

Target for process measure

- A minimum of two educational modalities will be provided throughout the year for both residents and families re: ED transfers (i.e., by Dec 31, 2024)

Lessons Learned

Family Council education session- June 2024

Resident Council education session- Sept 2024

Change Idea #2 **Implemented** **Not Implemented**

Provide education to registered staff on assessments and the criteria for [potentially] avoidable ED visits to assist with discerning between avoidable and unavoidable ED visits.

Process measure

- % of staff provided with the educational package

Target for process measure

- 90% of active registered staff will be provided the educational package by Dec 31, 2024.

Lessons Learned

100% of staff have been provided with education on avoidable ED visits and the criteria to follow when a resident requires hospital admission.

Comment

A triaging tool was introduced as part of staff training which has been highly successful in identifying residents requiring a physician/NP consult or admission.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #3	CB	CB	85.71	--	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (St. Joseph's Lifecare Centre)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Provide education and build capacity for EDI amongst staff and leaders for the Campus.

Process measure

- Percentage of leaders who completed EDI training.

Target for process measure

- Establish baseline as this is a new measure.

Lessons Learned

86%

Great insight to EDI awareness provided through training.

Experience | Patient-centred | Custom Indicator

Indicator #2	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".	75.00	80	90.00	--	NA

(St. Joseph's Lifecare Centre)

Change Idea #1 Implemented Not Implemented

To enhance awareness and knowledge of the many ways residents can facilitate their communication and feedback within the home.

Process measure

- All residents and families will be made aware of the different means of communication feedback in the home.

Target for process measure

- 100% of all residents and families will have awareness of how they can communicate and provide feedback in the home.

Lessons Learned

Communicated via Resident and Family Councils
 'Know your home' events organized by the Family Council
 Interaction with individual resident and family members

Change Idea #2 Implemented Not Implemented

Ensure that every resident and SDM are given the opportunity to be actively involved in their individual MDCC meetings and the monthly Resident and Family Council meetings in the home.(MDCC- Multi Disciplinary Care Conference)

Process measure

- Ensure that all residents and or SDM have received an invitation to participate in their individual MDCC meetings and the monthly Resident and Family Council Meetings with the results tracked.

Target for process measure

- 100% of residents and/or SDM's will receive notification or an invitation to both their individual MDCC meetings and the monthly Resident and Family Council Meetings.

Lessons Learned

Communicated via Resident and Family Councils
 'Know your home' events organized by the Family Council
 Interaction with individual resident and family members

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1	22.13	20	22.68	-2.49%	20
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (St. Joseph's Lifecare Centre)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Minimize risk of injury associated with falls

Process measure

- 1. Percentage of residents with fall prevention equipment 2. Percentage of residence with a fall's focus in their care plan using an interdisciplinary approach.

Target for process measure

- 1. 100% of residents who have fallen/identified at risk of falling to have appropriate fall prevention equipment by Q4 2024-25. 2. 100% of residents who have fallen/identified at risk of falling to have a fall's focus in their care plan by Q4 2024-25.

Lessons Learned

72%

Residents are assessed by the Restorative Team regarding feasibility of prevention equipment and provides specific interventions. Not all residents experiencing a fall requires an equipment.

This number is also affected by physical decline; mobility- fully independent to total assistance/wheel-chair or bed dependency.

It is also affected by death rate.

Change Idea #2 **Implemented** **Not Implemented**

Increase staff awareness of residents at risk for falls, personnel at all levels will be able to identify their roles and responsibilities to contribute positively to mitigate resident fall risk.

Process measure

- Falls Committee to discuss, analyze falls and review trends.

Target for process measure

- Reduce number of fall incidents to 20% by Dec 31, 2024.

Lessons Learned

This is conducted on a regular basis.

Change Idea #3 **Implemented** **Not Implemented**

Percentage of residents with a fall's focus in their care plan using an interdisciplinary approach (aim for 100% by March 31, 2025)

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

All residents have a fall's focus in their care plan. 100% has been achieved on this measure.

Comment

Planning to continue monitoring this indicator to ensure improvement.