

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #6	4.83	1	9.46	-95.86%	5
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Parkview Meadows)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

To increase physician engagement, and active involvement in ED transfers

Process measure

- Number of transfers will decrease

Target for process measure

- 100% of residents will be treated in home to the best of the physician/homes ability prior to being send to hospital for treatment

Lessons Learned

Physician actively involved in any ED transfer

Change Idea #2 Implemented Not Implemented In Progress

Education and creation of our hydration/IV management process

Process measure

- Number of IV trained nurses will increase

Target for process measure

- Residents will benefit from increased therapies offered within the home, lowering transfer rate

Lessons Learned

Staff worked with NLOT team to manage IV needs within the home

Comment

Did not meet target as many families requested hospital transfers over the past year or transfers were deemed necessary as per MD

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #5	CB	CB	100.00	--	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Parkview Meadows)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Provide education sessions to staff throughout the year that is based around Equity, Inclusion, Diversity and Anti-Racism topics

Process measure

- Educational lead will track number of staff who have completed applicable education

Target for process measure

- Target is to have 75% of staff complete one education session pertaining to the topics above

Lessons Learned

Implemented and successful

Comment

Surge learning tracked completion rate of 100%
 Noticed a need for this in relation to family members/visitors due to changing staff population

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #3	CB	CB	CB	--	NA
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Parkview Meadows)	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 number of responses to survey

Process measure

- Increase number of responses

Target for process measure

- List of residents to be surveyed identified by July 2025

Lessons Learned

Utilized volunteers/students to complete the surveys, we can only survey a certain number of residents due to CPS scores. This limits the number of responses.

Comment

This will remain an area to improve upon

Indicator #4	Last Year		This Year		
	CB	CB	CB	--	NA
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Parkview Meadows)	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 number of responses to resident surveys in 2025

Process measure

- Number of responses will increase

Target for process measure

- Identify list of residents to take survey by July 2025

Lessons Learned

Utilized volunteers/students to complete surveys

Comment

Unable to increase number of surveys to target as CPS scores do not allow all residents to be surveyed, will look at other ways to increase this response

Safety | Safe | **Optional Indicator**

Indicator #1 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Parkview Meadows)	Last Year		This Year		
	15.35	15.40	22.42	-46.06%	12
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Education for staff surrounding restorative care to help improve resident independence

Process measure

- Number of trained staff will increase

Target for process measure

- Provide up to 100% of staff education on restorative care

Lessons Learned

All staff trained and FT Restorative care PSW hired into role. Successes included having a full roster of residents for the restorative program and a list of potential residents to keep the roster full. Challenges include residents not be open to trying the program.

Change Idea #2 Implemented Not Implemented In Progress

Ongoing regular fall prevention/management meetings

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Need to have PSW for interdisciplinary input

Comment

Ongoing regular restorative care/ and fall meetings, adding other department staff for interdisciplinary input

Indicator #2 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Parkview Meadows)	Last Year		This Year		
	26.56	19	37.26	-40.29%	27
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Review of resident medications to ensure correct diagnosis for all residents

Process measure

- All residents without a diagnosis will be reviewed

Target for process measure

- 100% of residents will be reviewed and changes made if deemed necessary

Lessons Learned

Ongoing review of these with in house physician

Change Idea #2 Implemented Not Implemented In Progress

Ensure for any responsive behaviours, non pharmacological interventions are trialled first

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Day and evening internal behavioural PSW staffing has been a positive addition for residents with responsive behaviours

Comment

We did not meet our target for this indicator but will continue to focus on this in 2026 workplan