

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

Indicator #6 Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Bendale Acres)	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
	18.68	17	25.00	-33.83%	22

Change Idea #1 Implemented

Monthly data analysis of each transfer and recommendations for ED avoidance.

Process measure

- % of ED visits and related documentation reviewed

Target for process measure

- 100% of all Emergency visits and documents reviewed

Lessons Learned

Summary of data trends will support decision making. Monthly data analysis of each transfer was completed, and future summary of data trends will support decision making.

Change Idea #2 Implemented

Education on the SBAR tool

Process measure

- % full time registered staff, and physicians trained

Target for process measure

- 100% full time registered staff, and physicians trained

Change Idea #3 Implemented

Quality and completion of SBAR tool audit

Process measure

- % of ED transfers

Target for process measure

- 100% of ED transfers

Lessons Learned

Increasing frequency of auditing by nursing is planned.

Change Idea #4 Implemented

Care conferences held with the residents and/or families who frequently request transfers to the ED

Process measure

- % of care conferences scheduled for residents with frequent transfers.

Target for process measure

- 100% of residents with frequent transfers.

Lessons Learned

Care conferences were held with the residents and/or families who frequently requested transfers to the ED.

This change idea will be ongoing.

Comment

The home will continue to monitor in 2025.

Equity | Equitable | **Optional Indicator**

	Last Year		This Year		
Indicator #5	36.31	100	69.54	91.52%	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Bendale Acres)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented

Continue with Equity, Diversity and Inclusion training for all staff

Process measure

- % completion rate

Target for process measure

- 100% of managers and staff trained.

Lessons Learned

Mandatory training modules will be monitored for completion.

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Comment

Training will continue in 2025.

Experience | Patient-centred | **Custom Indicator**

Indicator #1	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
I am able to communicate openly and freely regarding care and service needs (Bendale Acres)	79.00	85	86.00	--	NA

Change Idea #1 Implemented

Monthly home area meetings with the residents and care team to identify opportunities for improvement of care and service

Process measure

- % of home areas holding Monthly meetings

Target for process measure

- 100% of home areas holding Monthly meetings

Lessons Learned

We did not move forward with this change idea because of the implementation of CareTO. As part of CareTO, engagement sessions were held with residents on all home areas and with residents who were not able to leave their bed/room. In addition, surveys were distributed to residents to seek feedback on opportunities for improvement.

Indicator #2 My issues, concerns or requests for information are addressed (Bendale Acres)	Last Year		This Year		
	71.00	85	81.00	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented

Installation of TV monitors in each home area for communication of general resident-specific information.

Process measure

- % of TV monitors installed and operating by the end of May 2024

Target for process measure

- 100% of TV monitors installed and operating

Lessons Learned

TVs have been purchased and residents were consulted on the information they want to have on the TVs. Data drops will be completed in 2025.

Indicator #3 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Bendale Acres)	Last Year		This Year		
	8.61	7.50	10.64	-23.58%	10.16
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented

Conduct a gap analysis on the fall prevention program

Process measure

- % of the gap analysis completed for home

Target for process measure

- 100% of the gap analysis completed for home

Lessons Learned

Fall prevention program gap analysis was completed and action plan was developed.

Change Idea #2 Implemented

Recommendations from gap analysis to be incorporated into the Fall Prevention Program objectives for 2024/2025

Process measure

- % of the gaps addressed

Target for process measure

- 100% of the gaps addressed

Lessons Learned

Action plan was developed to address gaps as part of the falls prevention program.

Change Idea #3 Implemented

Fall incident report documentation education for full time registered staff

Process measure

- % of full time registered staff who completed the education over a one-year period

Target for process measure

- 100% of full time registered staff will complete the education over a one-year period

Lessons Learned

Compulsory education on fall incident reporting was completed by all full time staff.

Comment

The home is at 10.64 which is below provincial average of 15.29, but this indicator will be a priority in 2025.

Indicator #4	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Bendale Acres)	10.68	9.60	9.22	13.67%	9.20

Change Idea #1 Implemented

At care conference Anti-psychotic medication review for all residents regardless if there is or not a diagnosis of psychosis.

Process measure

- % of residents on anti-psychotic medication reviewed at care conferences.

Target for process measure

- 100% of residents on anti-psychotic medication reviewed at care conferences.

Lessons Learned

Residents' condition monitored closely, and effectiveness of using antipsychotic medications were reviewed at care conferences.

Report Accessed: