

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

	Last Year		This Year		
Indicator #5	15.15	14	15.13	0.13%	15
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Kipling Acres)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented

Consultation prior to ED visits.

Process measure

- % of consultations with Nurse Practitioners

Target for process measure

- 100% of consultations completed

Lessons Learned

Consultations prior to ED visits were completed with the Nurse Practitioner and Medical Director as required.

Change Idea #2 Implemented

Monthly review of ED data with physicians and nurse practitioner.

Process measure

- % of monthly meetings scheduled and held to discuss ED visits trends

Target for process measure

- 100% of meetings held to discuss trends

Lessons Learned

Monthly review of ED data was completed with physicians and nurse practitioner.

Change Idea #3 Implemented

Early identification of functional decline.

Process measure

- % of PPS completed by quarter

Target for process measure

- 100% of PPS completed by quarter

Lessons Learned

Quarterly PPS for all residents were completed for early identification of functional decline.

Comment

The home will continue to monitor in 2025.

Equity | Equitable | **Optional Indicator**

Indicator #4 Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Kipling Acres)	Last Year		This Year		
	37.37 Performance (2024/25)	100 Target (2024/25)	77.49 Performance (2025/26)	107.36 % Percentage Improvement (2025/26)	100 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

Staff training in progress

Comment

Training will continue in 2025.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #3	80.00	85	96.00	--	NA
Percentage of resident's who state "My issues concerns or request for information are addressed". (Kipling Acres)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented

Customer Service Training

Process measure

- % of full time staff that attended customer service training

Target for process measure

- 100% of full time staff to attend education sessions

Lessons Learned

Customer Service Training was completed through ELI module.

Change Idea #2 Implemented

Timely response to resident’s concerns

Process measure

- % of resident concerns raised and resolved

Target for process measure

- 100% of resident concerns will be reviewed and resolved

Lessons Learned

Timely response to resident's concerns took place on an ongoing basis.

Change Idea #3 Implemented

Nurse Managers will review resident concerns and resolutions at team huddles

Process measure

- % of concerns reviewed per week

Target for process measure

- 100% of concerns will be reviewed and resolved

Lessons Learned

Nurse Managers discussed and review resident concerns and resolutions at team huddles.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1	8.25	8	7.85	4.85%	7
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Kipling Acres)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented

Hold weekly fall huddles to develop and evaluate falls prevention strategies

Process measure

- % of falls reviewed

Target for process measure

- 100% of falls reviewed at huddles

Lessons Learned

Weekly fall huddles were held to develop and evaluate falls prevention strategies.

	Last Year		This Year		
Indicator #2	10.99	10	8.73	20.56%	8
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Kipling Acres)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented

Review all residents on antipsychotics.

Process measure

- % of selected residents reviewed

Target for process measure

- 100% of selected residents reviewed

Lessons Learned

Reviewing all residents on antipsychotics assisted the team to maintain a low rate of residents on antipsychotics without a diagnosis.

Change Idea #2 Implemented

Develop an action plan to monitor and reduce antipsychotics as appropriate.

Process measure

- % of action plans implemented

Target for process measure

- 100% of action plan implemented

Lessons Learned

After monitoring residents team developed action plan to reduce antipsychotics as appropriate.

Change Idea #3 Not Implemented

Use of non-pharmacological approaches including Gentle Persuasive Approaches (GPA)

Process measure

- % of full time staff trained

Target for process measure

- 100% of full time staff trained

Lessons Learned

Use of non-pharmacological approaches including Gentle Persuasive Approaches (GPA) was challenging due to staffing levels