

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

Indicator #4	Last Year		This Year		
	17.02	10	12.09	28.97%	6.90
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Friendly Manor Nursing Home)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

- hire a nurse practitioner that can assess residents in the home - education for the registered staff to look at alternatives to hospital transfer - education for the physician - educate the agency staff regarding hospital transfers

Process measure

- We will review the number of hospital transfers per week and month. Review reasons for transfer.

Target for process measure

- Friendly Manor will reduce hospital transfers by 10%

Lessons Learned

Hired a NP who is in the home 3 days a week. Continue to discuss alternatives to hospital transfers with registered staff. Continue to encourage agency staff to speak with physician/NP prior to transfer

Comment

NP is working with registered staff to build capacity and confidence when assessing residents and determining emergent versus non-emergent situations

Equity | Equitable | **Optional Indicator**

Indicator #3	Last Year		This Year		
	CB	CB	98.78	--	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Friendly Manor Nursing Home)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

All staff will be provided training in equity, diversity, inclusion and anti-racism

- Process measure

 - Review number of staff educated monthly. Provide training for all new hires.

Target for process measure

 - 100% of staff will be trained.

Lessons Learned

100% of our staff received equity, diversity, inclusion and anti-racism training.

Safety | Safe | **Optional Indicator**

Indicator #1	Last Year		This Year		
	25.54	15	21.66	15.19%	15
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Friendly Manor Nursing Home)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

- investigate falls more thoroughly by looking the circumstances of the fall ie: call bell report

Process measure

- Compare total number of falls weekly and circumstances surrounding the fall.

Target for process measure

- We hope to decrease the falls as much as possible.

Lessons Learned

Falls are reviewed thoroughly. Discussion is held immediately post fall and then again at the weekly meeting.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Review possible health and medication factor that could predispose a resident to falls.

Process measure

- review of fall reports to ensure completion

Target for process measure

- 100% of incident reports will include a medication/health review

Lessons Learned

Falls are part of the quarterly pharmacy review. If resident is falling frequently a referral can be sent to pharmacist

Change Idea #3 ☒ Implemented ☐ Not Implemented

Review any trends

Process measure

- Incident reports will include all required information.

Target for process measure

- 100% of incident reports will be reviewed to gather information regarding the above noted methods.

Lessons Learned

Trends are monitored and reviewed monthly

Comment

Although we didn't meet our goal, we are happy that we are progressing in a positive direction.

	Last Year		This Year		
Indicator #2	25.88	20	28.00	-8.19%	25
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Friendly Manor Nursing Home)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

Continue to decrease the percentage of residents without psychosis who were given antipsychotic medication

Process measure

- Decrease antipsychotics by a further 5%.

Target for process measure

- We were successful in our last QIP and we hope to grow on that

Lessons Learned

Can be challenging depending on the residents admitted.

Comment

We are currently working with our physician, NP and pharmacist to decrease the use of antipsychotics and to provide diagnoses for those that require antipsychotics.