

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

Indicator #4	Last Year		This Year		
	Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Friendly Manor Nursing Home)	<b>12.09</b> Performance (2025/26)	<b>6.90</b> Target (2025/26)	<b>15.00</b> Performance (2026/27)	<b>-24.07%</b> Percentage Improvement (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Recently hired a nurse practitioner full time - currently trialing on call schedule

**Process measure**

- Number of residents sent to ED

**Target for process measure**

- Reduce number of residents sent to ED to 6.9 or better over the next quarter

**Lessons Learned**

Transfers continue to occur on as needed basis

**Change Idea #2**  Implemented  Not Implemented  In Progress

Enhance staff training on early recognition and management of common conditions that may result in ED visits, such as infections and dehydration

**Process measure**

- Number of residents sent to ED

**Target for process measure**

- Reduce number of residents sent to ED to 6.9 or better over the next quarter

### Lessons Learned

Continue to provide education on recognition and management of conditions that may result in ED visits.

**Change Idea #3**  Implemented  Not Implemented  In Progress

We are looking in to the Community Paramedic Program in our area.

#### Process measure

- No process measure entered

#### Target for process measure

- No target entered

### Lessons Learned

Administrator is investigating to see if the program is applicable to our home and what services can be provided.

### Comment

Plan and provide education for staff. Work with MD/NP to avoid transfers when possible. Work with Community Paramedic Program.

**Equity | Equitable | Optional Indicator**

	Last Year		This Year		
<b>Indicator #3</b>	<b>98.78</b>	<b>100</b>	<b>100.00</b>	<b>1.24%</b>	<b>NA</b>
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Friendly Manor Nursing Home)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Equity, diversity, inclusion and anti-racism education is part of our mandatory annual education.

**Process measure**

- Number of staff that have completed the education

**Target for process measure**

- 100% of staff will complete the education in 2025

**Lessons Learned**

All staff completed mandatory education

**Comment**

Staff will continue to be required to completed DEI training annually.

**Safety | Safe | Optional Indicator**

Indicator #1	Last Year		This Year		
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Friendly Manor Nursing Home)	<b>21.66</b>	<b>15</b>	<b>15.95</b>	<b>26.36%</b>	<b>15</b>
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Screen all new residents to identify those at risk for falls and their fall risk factors; determine appropriate interventions

**Process measure**

- Number of residents with falls screening completed

**Target for process measure**

- 100% of residents will have falls screening completed on admission, quarterly and with significant change in condition

**Lessons Learned**

Each resident that is admitted has falls risk screening completed.

**Change Idea #2**  Implemented  Not Implemented  In Progress

Ensure that each resident has an individualized plan of care for fall prevention; reassess residents after any major health change or at least once a year

**Process measure**

- Number of resident with fall prevention interventions on their plan of care

**Target for process measure**

- 100% of residents who screen positive for risk of falls will have fall prevention interventions on their care plan over the next 6 months

**Lessons Learned**

All care plans are individualized for each resident and reviewed quarterly and with significant change.

**Comment**

We have exceeded our target.

Indicator #2	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Friendly Manor Nursing Home)	28.00	25	35.81	-27.89%	30

**Change Idea #1**  Implemented  Not Implemented  In Progress

Physician and Nurse Practitioner, in collaboration with pharmacist are completing quarterly medication reviews with focus on deprescribing medications.

**Process measure**

- Number of resident receiving an antipsychotic who do not have psychosis

**Target for process measure**

- Number of resident receiving an antipsychotic who do not have psychosis will decrease by 10% over the next 6 months

**Lessons Learned**

We have been able to reduce some residents antipsychotic use, however we have had some admissions that require the use of antipsychotics.

**Comment**

Our in-house BSO team is reviewing antipsychotic use at the monthly meetings. We continue to aim to reduce our use of antipsychotics.