

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

Indicator #4 Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Peoplecare Oakcrossing)	Last Year		This Year		
	42.42	32	25.62	39.60%	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Increased family knowledge on resident prognosis, change in condition, end of life and advanced directives. Ensuring advanced care directive discussion is completed with residents yearly and in any change of condition.

Process measure

- Audit the resident levels currently and monitor levels quarterly

Target for process measure

- 100% of resident will have documentation of advanced directives discussion and all residents will be supported with in time discussions in change of condition.

Lessons Learned

POA's continuing to request transfers to ED.

Education continues to support families about what can be offered here at the home to avoid lengthy ER waits

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

To continue to build the capacity among registered team members by reviewing every ED visit and promoting collaborative teaching.

Process measure

- Monitoring numbers of ER transfers and providing all registered team members receive education.

Target for process measure

- All ER transfers will be reviewed at the multidisciplinary huddle

Lessons Learned

Continuous new hires requiring capacity training.

Equity | Equitable | Custom Indicator

Indicator #5	Last Year		This Year		
	CB	CB	100.00	--	NA
We commit as an organization to complete the EDI in LTC assessment and planning tool developed by CLRI as an interdisciplinary team with the input and collaboration of our residents, families, staff and partners in 2024 (Peoplecare Oakcrossing)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Completing this assessment will help us in identifying what our organization and homes are doing well and how we can improve our equity, diversity and inclusion practices. in the following 7 areas: 1. Planning and policy 2. Organizational Culture 3. Education and Training 4. Human Resources 5. Community Capacity Building 6. Resident and Family Engagement 7. Service Provision

Process measure

- Assessment completed

Target for process measure

- Calendar year 2024

Lessons Learned

EDI team has been formed, Equity, Diversity and Inclusion in LTC assessment and planning tool has been completed. This completed tool will guide us to identify areas we are performing well, areas for improvement and action plan aim to support culturally appropriate care while helping to foster an inclusive workplace.

Comment

Equity, Diversity and Inclusion in LTC assessment and planning tool has been completed as planned.

Experience | Patient-centred | Custom Indicator

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of residents who responded positively to the statement " Did we exceed your expectations? (Peoplecare Oakcrossing)	68.52	78	78.00	--	NA

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

Improved satisfaction with quality of food, dining experience and overall choices

Process measure

- Encouraging residents and families to utilize our customer comment cards to provide in the moment feedback.

Target for process measure

- 85% of our residents will be satisfied with the quality of food. 85% of Resident will be expressing enjoyable dining experience.

Lessons Learned

increased menu review and changes with resident input.

Increased satisfaction with dietary choices

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

Residents to feel comfortable with expressing feelings

Process measure

- Resident survey. Huddles, unit meetings and Registered staff meetings sign offs for education in meeting minutes

Target for process measure

- 85% of resident will confidently respond they feel they can express their feelings. All staff will have received education related to effective listening by Dec 31 2024.

Lessons Learned

Residents/family expressing likes/dislikes verbally, and in surveys

Communication continues to be a goal for improvements

Comment

Residents happy with dietary menu choices and new selections. Food council meetings held for resident engagement

Safety | Safe | **Optional Indicator**

Indicator #1	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Peoplecare Oakcrossing)	20.78	19	23.26	-11.93%	21

Change Idea #1 ☒ Implemented ☐ Not Implemented

To reduce the number of falls within the home and working towards meeting provincial average

Process measure

- Identify higher risk residents(4P's, lying/standing BP,) Interdisciplinary post fall huddle with staff to review reasons contributing to fall and brainstorm future interventions. Decrease the use of ineffective fall alarms that may lead to resident agitation and actually increase fall rates.

Target for process measure

- Monitor number of falls at monthly falls meeting with interdisciplinary team to review effectiveness of measures. Monitor number of fall post admission and fall rates after initiating or discontinuation a fall alarms.

Lessons Learned

falls equipment monitoring as residents/staff are altering falls interventions.

Frequent falls for individual residents maintaining independence with walking. Residents added to restorative care team.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Restorative care program- residents added to maintain or increase independence with ambulation and gait aids assessed

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

some improvement with residents after gait aids assessed

Comment

Increased assessments post falls by physiotherapist, Restorative care team formulated with support from interdisciplinary team.

Indicator #2	Last Year		This Year		
	26.41	23	26.92	-1.93%	23
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Peoplecare Oakcrossing)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Collaborate with the physician to ensure residents using anti-psychotic medications have a medical diagnoses and reasons for use is identified

Process measure

- Monitoring usage of antipsychotic drug usage with the support of Care X pharmacy team support. With quarterly PAC meetings

Target for process measure

- 95% of all residents receiving anti-psychotic medications will be reviewed to have appropriate diagnosis to validate usage

Lessons Learned

Review of non-pharmacological interventions to avoid usage of antipsychotic medication usage. Implementation of education for emotion based care on our dementia unit.

Comment

Butterfly model education for emotion based care for residents living on our dementia care unit staff.

