

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #4	10.87	10	9.66	11.13%	NA
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Peoplecare AR Goudie)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Education for registered staff regarding interventions in home to minimize the number of residents transferred to ED.

Process measure

- Will review ED visits quarterly at PAC meetings, registered staff meetings and nursing leadership meetings and biannual CQIC meetings.

Target for process measure

- Will see 75% of registered staff attend education sessions.

Lessons Learned

Full review of orientation program completed with addition of clinical skills training for all psws, registered staff upon hire and as a part of annual education

Comment

Over the past year, AR Goudie has shown improvement of 11.13% reduction residents transfer to ED. Action plans implemented have been successful as reduction in ER transfers improves our Resident's Quality of life, and reduces burden on the ER and Hospital systems.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #3	CB	100	33.33	--	75
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Peplecare AR Goudie)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

To gain deeper understanding, DEI Leads will complete education program " Creating a Culture of Belonging: From Awareness to Action" which will provide tools and knowledge needed to foster a more inclusive and affirming environment for residents, care partners/care givers, and fellow team members.

Process measure

- The number of DEI Leads completed training on Creating Culture of Belonging: From Awareness to Action training.

Target for process measure

- 100% of DEI leads will complete the training by the end of 2025, with ultimate goal to create and share the education with staff.

Lessons Learned

AR Goudie's DEI Leads all participated and completed the " Creating a Culture of Belonging: From Awareness to Action" program over the past 3-6 months. A committee has been created and routine meetings scheduled to support development of DEI mandates and goals within the home. A very inclusive home environment is evident with a multicultural resident and staff compliment.

Change Idea #2 Implemented Not Implemented In Progress

Share information on equity, diversity, inclusion and anti-racism topics with residents by scheduling information sessions.

Process measure

- The number of information sessions offered/completed at the resident and family council meetings. Number of time the information was shared via monthly newsletters.

Target for process measure

- All members of resident and family council will at least attend one session in 2025. Quarterly newsletters will contain information about equity, diversity, inclusion and anti-racism topics

Lessons Learned

DEI Lead supported with

Change Idea #3 Implemented Not Implemented In Progress

Will be progressing our plan with the committee through the framework

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

lessons learned

Comment

Progressive QIP with plan to continue with this Priority improvement plan into 2026/27 55 % of desired attendee's have been educated on DEI using the "Creating a Culture of Belonging: from awareness to action workshop.

Indicator #1	Last Year		This Year		
Improve resident access to outdoor spaces. I can easily go outdoors when I want (Peoplecare AR Goudie)	2.93	3	2.67	--	NA
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Add new role of Resident and Family Coordinator to support with getting and increased number of surveys

Process measure

- 100% of surveys will be completed for those residents that qualify monthly

Target for process measure

- All residents that qualify will participate in completing the surveys

Lessons Learned

RFC Role implemented to support admission process. This has helped new Residents elevate initial fears and anxiety surrounding move into LTC. Social work provides ongoing identified high risk residents for 1:1 support. PSW's are encouraged to develop rapport with their residents. Ongoing training for all staff with the Relational Approach philosophy taught out by Deborah Bakti, will reinforce healthy relationships in the home between Residents, their families and staff. Challenges include large turnover of residents, and additional staffing resulted in new faces for residents to learn to trust. Instability of relationships as new people come and go. AR Goudie has increase in Mental Health/Addiction admission's that may have proclivity to be mistrusting, fearful and paranoid as a part of their condition.

Change Idea #2 Implemented Not Implemented In Progress

Improved analysis of quarterly data reports and identifying of problem areas

Process measure

- All completed surveys and results will be reviewed at meetings, identifying positives, and areas for improvement

Target for process measure

- 100% of results will be reviewed as received

Lessons Learned

Data outcome has been reviewed quarterly at the PAC meeting and Continuous quality meeting.

Comment

A slight decline in outcomes was observed during the reporting period due to significant operational disruptions related to the renovation and expansion of AR Goudie. The facility expanded from 80 to 208 beds, with new beds opening in July 2025. Ongoing construction, increased admissions, and workflow adjustments limited the consistent implementation of planned change ideas, impacting our ability to meet the target outcome.

Indicator #2	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Increase Survey Responses (Peoplecare AR Goudie)	19.00	40	85.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Communicate with residents and families when the newly renovated areas are available to use.

Process measure

- Will measure success by survey responses

Target for process measure

- 100% of families will be updated about renovated areas

Lessons Learned

Ongoing Communication was shared with family on renovation project timelines and outcomes to increase enagment with families and sharing the avaiable areas to utilize when visiting their family members

Change Idea #2 Implemented Not Implemented In Progress

Tour for all residents to educate them on the options for the new outdoor areas.

Process measure

- Attendance of residents for the tour(s)

Target for process measure

- All capable residents

Lessons Learned

Change ideas wwas implemented supporting best with renovation and avaiable outdoor space to use.

Change Idea #3 Implemented Not Implemented In Progress

Review all possible barriers with the leadership team, implement changes and get feedback on quarterly basis

Process measure

- Review of resident and family concerns/complaints, and feedback from both resident and family council meetings

Target for process measure

- Will review all barriers, and feedback from meetings. All complaints will be addressed

Lessons Learned

Ongoing discussions were taking place at huddle, monthly leadership meeting to navigate the barriers related to consturction.

Comment

Ongoing communication with families regarding renovation timelines, impacts, and available indoor and outdoor visiting spaces was implemented, supported by regular team huddles and monthly leadership meetings to address construction-related barriers and adapt workflows to best utilize available spaces during the renovation period.