

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #4	26.42	21	17.62	33.31%	16
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Rideaucrest 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

The Home will work to decrease the number of avoidable ED transfers by educating our Registered Nurses on preventing acute deterioration of residents.

Process measure

- The Home expects a completion rate of 92% in Preventing Acute Deterioration in LTC education.

Target for process measure

- 92% of all Registered Nurses will complete Preventing Acute Deterioration in LTC education by Dec 2025.

Lessons Learned

We continue to provide staff education on completing thorough assessments on residents to prevent deterioration and initiate treatment quicker.

Change Idea #2 Implemented Not Implemented In Progress

The Home will improve the internal tracking of resident transfers.

Process measure

- The Home expects a 92% completion rate of PCC census education of Registered Nurses.

Target for process measure

- 92% completion rate of Registered Nurses for PCC census education by Dec 2025

Lessons Learned

We track hospital transfers weekly and review at leadership reasons for transfers and if further education is needed for sending registered staff ADOC's follow up with them.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #3	53.00	58	80.80	--	NA
Percentage of resident responding positively to the following survey question: I feel my goals and wishes are heard and considered in my care. (Rideaucrest 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

The Home will implement the "All About Me" program for our residents. This is an information board about the resident, provided by the resident and family members that know them best, describing the important things in their history and current life.

Process measure

- Our goal is to have 95% of our current residents "All About Me" information boards completed by Oct 2025. New admissions to the Home will be completed as they arrive.

Target for process measure

- 95% of our resident will have their "All About Me" information collected by Oct 2025.

Lessons Learned

Most floors have completed this and we continue the process. New Policy role out now includes questions like this called "My Voice" which will be helpful in care planning residents information.

Change Idea #2 Implemented Not Implemented In Progress

Implement process where coding staff, when completing residents routine interRAI LTCF assessments will ask the resident if their goals of care are being met, or if they require any changes to their goals of care.

Process measure

- Number of goals of care reviewed with residents that result in changes to their care plan. Number of documented changes to goals of care as a result of resident input.

Target for process measure

- 100% of cognitively able residents will be asked if they require any changes to their goals of care during coding process. 100% of cognitively able residents will have their requested goals of care changes added to their care plan.

Lessons Learned

This has been successfully implemented.

Comment

52.45% improvement

	Last Year		This Year		
Indicator #2	43.00	47	71.40	--	NA
Percentage of resident responding positively to the following survey question: I am satisfied with quality of care from Dr (Rideaucrest 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

The Home will work with our Nurse Practitioner and Doctors to provide education to Residents and family members on our internal referral process for doctor visits. With the goal to increase our residents and families understanding of how our doctors and nurse practitioner make decisions in their care.

Process measure

- Number of residents educated on the referral process.

Target for process measure

- The Home strives to see an improvement in our positive response rate for this quality initiative Of 10% for next experience survey

Lessons Learned

Our biggest struggle is educating residents and families that they are not always "seen" by our MD/NP but registered staff connect with the MD/NP for medical decisions and guidance for their care.

Change Idea #2 Implemented Not Implemented In Progress

The Home will connect with our doctors and nurse practitioner to see if they will be agreeable to have their pictures taken and posted in our newsletter.

Process measure

- Number of residents and families that will be familiar with our MD's and NP

Target for process measure

- 10% improvement in positive response rate to this question.

Lessons Learned

MD/NP did not want pictures posted in the Home, however we were able to implement a MD/NP corner in our monthly newsletter as a forum for our medical team to connect with our Residents and Family members.

Comment

66.05% improvement

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1	22.44	20	22.26	0.80%	NA
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Rideaucrest 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

Restructure our multidisciplinary Fall Prevention Committee.

Process measure

- ADOC/BP lead will have monthly meetings to review residents with frequent falls and any fall that results in injury with interdisciplinary team with goal to identify and implement interventions to reduce falls and injury.

Target for process measure

- The Home hopes to see a decrease of 10% in the number of falls by Dec 2025

Lessons Learned

Having meetings that staff are able to attend- difficult with day to day obligations in care. We have over come this by having "huddles" on the floors with staff rather than to remove them from the floors for meetings.

Comment

We will continue to implement this change idea, with structured 1/4ly meeting hosted by our Best Practice Lead.