Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #4 Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Albright Gardens Homes Inc.)	**21.48** Performance (2024/25)	**20** Target (2024/25)	**22.42** Performance (2025/26)	**-4.38%** Percentage Improvement (2025/26)	**18** Target (2025/26)

Report Accessed: April 03, 2025

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

Change Idea 1: Preventive Care Programs - Implement preventive care programs for common conditions. - Offer health screenings, vaccinations, and education. - Provide personalized care plans and collaborate with healthcare providers. Change Idea 2: Staff Training - Train staff on early detection and intervention. - Educate on recognizing signs and symptoms. - Provide refresher courses and ongoing education. Change Idea 3: Communication with Healthcare Providers - Establish communication channels with providers. - Facilitate regular meetings or case conferences. - Implement electronic health record systems. Change Idea 4: Patient and Family Education - Develop educational materials and resources. - Conduct educational sessions and workshops. - Provide individualized counseling and support.

Process measure

• Rate of ED Visits for Ambulatory Care-Sensitive Conditions per 100 LTC Residents: Measure: Calculate the rate of emergency department (ED) visits for ambulatory care-sensitive conditions per 100 long-term care (LTC) residents. Calculation: (Number of ED visits for ambulatory care-sensitive conditions / Total number of LTC residents) x 100 Timeframe: Monthly Goal: Achieve a decrease in the rate of ED visits for ambulatory care-sensitive conditions over time. This measure assesses the effectiveness of the planned improvement initiatives in reducing the frequency of ED visits related to ambulatory care-sensitive conditions among LTC residents.

Target for process measure

• Target for Process Measure: Rate of ED Visits for Ambulatory Care-Sensitive Conditions per 100 LTC Residents: Target: Reduce the rate of ED visits for ambulatory care-sensitive conditions by 10% within the next six months. Timeframe: By [six months from the start date of implementation]. SMART Criteria: Specific: Targeting a reduction in the rate of ED visits for specific conditions. Measurable: Quantifying the reduction by 10%. Achievable: Based on the organization's capacity and resources. Realistic: Considering the feasibility of achieving a 10% reduction. Time-sensitive: Within a defined timeframe of six months.

Lessons Learned

We were unable to implement patient and family education as initially planned; however, we introduced family care conferences involving the Nurse Practitioner, RPN, and Resident Family Care Coordinator (Social Services Worker). While we did not meet our target, we have established a strong system to reduce hospital transfers by mid-2024, and we are already trending in the right direction.

Comment

Although resident and family education was not implemented as planned, we successfully introduced family care conferences with key healthcare staff. While we didn't meet our target, we've established a solid system to reduce hospital transfers, and progress is already trending positively.

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Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #3 Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Albright Gardens Homes Inc.)	**CB** Performance (2024/25)	**CB** Target (2024/25)	**CB** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**100** Target (2025/26)

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

Change Idea: Implement Mandatory Equity, Diversity, Inclusion, and Anti-Racism Training for All Staff Goal: Increase the percentage of staff, including executives and management, who complete relevant equity, diversity, inclusion, and anti-racism education. Implementation Steps: 1. Develop a comprehensive curriculum with experts covering unconscious bias, systemic racism, privilege, and inclusive leadership. 2. Tailor training modules to job roles while ensuring core components for all staff. 3. Make training mandatory for all staff with clear deadlines and communication. 4. Offer flexible learning options such as in-person workshops and online courses. 5. Establish accountability measures, integrating training progress into performance evaluations. 6. Encourage leadership participation to demonstrate commitment. 7. Continuously evaluate and adapt the program based on feedback and workplace dynamics. 8. Align the program with organizational values and integrate principles into operations and policies. By mandating this training, the organization can cultivate a more knowledgeable, empathetic, and inclusive workforce, fostering a culture of equity and belonging for all.

Process measure

- Process Measures for Implementation: 1. Training Completion Rate: - Percentage of staff who have completed the equity, diversity, inclusion, and anti-racism training within the designated timeframe. 2. Training Attendance: - Attendance records from training sessions, workshops, and webinars to ensure staff participation. 3. Training Feedback: - Feedback surveys or evaluations completed by participants to assess the quality and effectiveness of the training program. 4. Compliance Monitoring: - Regular audits or checks to verify staff compliance with the mandatory training requirement. 5. Leadership Engagement: - Participation rate of executive-level and management staff in training sessions and their visible support for the program. 6. Resource Utilization: - Tracking the usage of training materials and resources provided to staff, including online modules and discussion guides. 7. Communication Effectiveness: - Assessment of the clarity and consistency of communication regarding the training program and its expectations. 8. Scheduling Flexibility: - Feedback on the adequacy of scheduling options provided to accommodate diverse work schedules. 9. Tracking System Utilization: - Usage statistics of the tracking and monitoring system implemented to oversee staff participation and completion. 10. Continuous Improvement Initiatives: - Documentation of any updates or enhancements made to the training program based on feedback and evaluation results. Monitoring these process measures will provide insight into the progress and effectiveness of implementing the mandatory equity, diversity, inclusion, and anti-racism training program within the organization.

Target for process measure

- Training Completion Rate: Achieve a 100% completion rate for all staff within the specified timeframe. Training Attendance: Ensure full attendance at training sessions, workshops, and webinars by all staff members. Training Feedback: Obtain positive feedback from participants, indicating satisfaction with the quality and relevance of the training. Compliance Monitoring: Maintain full compliance with the mandatory training requirement among all staff. Leadership Engagement: Ensure active participation of executive-level and management staff in training sessions and visible support for the program. Resource Utilization: Ensure high utilization of training materials and resources provided to staff. Communication Effectiveness: Ensure clear and consistent communication regarding the training program and its expectations. Scheduling Flexibility: Provide scheduling options that effectively accommodate diverse work schedules. Tracking System Utilization: Ensure consistent and accurate utilization of the tracking and monitoring system to oversee staff participation and completion. Continuous Improvement Initiatives: Implement updates or enhancements to the training program based on feedback and evaluation results to continuously improve its effectiveness.

Lessons Learned

This will be our initiative for this year to train our staff

Comment

working on this idea for the year 2025.

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Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #1	**86.49**	**90**	**90.63**	**4.79%**	**NA**
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Albright Gardens Homes Inc.)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

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

Change Idea 1: Staff Training Train staff on active listening, empathy, and communication. Change Idea 2: Feedback System Establish structured feedback mechanisms. Change Idea 3: Culture of Listening Foster a feedback-oriented culture. Change Idea 4: Improved Communication Enhance communication channels and aid options.

Process measure

- Process Measure for Change Idea: Staff Training Measure: Percentage of Staff Completing Training Description: Measure the percentage of staff members who complete the scheduled training sessions on active listening, empathy, and communication. Calculation: (Number of staff completing training / Total number of staff) x 100 Timeframe: Monthly Measure: Pre and Post-Training Assessment Scores Description: Measure the improvement in staff members' listening skills by comparing pre and post-training assessment scores. Calculation: (Average post-training assessment score - Average pre-training assessment score) / Average pre-training assessment score x 100 Timeframe: Quarterly Measure: Training Satisfaction Rating Description: Measure the satisfaction level of staff members with the training program. Calculation: Percentage of staff rating training as satisfactory or above on feedback surveys. Timeframe: After each training session Measure: Implementation of Learned Skills Description: Measure the application of learned skills in staff interactions with residents. Calculation: Number of documented instances where staff apply training concepts in resident interactions. Timeframe: Monthly Measure: Training Program Modifications Description: Measure the frequency and nature of modifications made to the training program based on feedback and assessment results. Calculation: Number of modifications made to training program. Timeframe: Quarterly

Target for process measure

- Targets for Process Measures for Change Idea: Staff Training Percentage of Staff Completing Training Target: Achieve a 90% completion rate of scheduled training sessions by the end of each month. Timeframe: Monthly Pre and Post-Training Assessment Scores Target: Achieve a minimum 20% improvement in average post-training assessment scores compared to pre-training scores. Timeframe: Quarterly Training Satisfaction Rating Target: Maintain a satisfaction rating of 80% or higher for each training session. Timeframe: After each training session Implementation of Learned Skills Target: Document at least 50 instances per month where staff apply training concepts in resident interactions. Timeframe: Monthly Training Program Modifications Target: Implement at least two modifications to the training program based on feedback and assessment results per quarter. Timeframe: Quarterly These targets are specific, measurable, achievable, realistic, and time-sensitive (SMART), providing clear benchmarks for monitoring progress and ensuring the effectiveness of the staff training initiative at Albright Manor.

Lessons Learned

Successes: Training sessions were implemented as planned, with strong initial engagement. Feedback mechanisms were established, including structured surveys and team discussions. Communication channels were improved with clearer processes and additional support tools.

Challenges: Ensuring full staff participation across shifts, integrating feedback seamlessly into daily workflows, and maintaining momentum in fostering a feedback-driven culture.

Comment

Training sessions were successfully implemented, but maintaining engagement remains a challenge. Feedback mechanisms were established, though integrating them into daily workflows needs improvement. While communication channels were enhanced, ensuring consistency across shifts and sustaining a feedback-driven culture require ongoing effort.

	Last Year		This Year		
Indicator #2 Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Albright Gardens Homes Inc.)	**83.78** Performance (2024/25)	**90** Target (2024/25)	**90.63** Performance (2025/26)	**8.18%** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Report Accessed: April 03, 2025

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

Change Idea 1: Enhanced Communication Channels Add town hall meetings and online portals. Train staff in active listening. Change Idea 2: Resident Feedback Training Develop training on feedback handling. Provide conversation tools. Change Idea 3: Resident Council Empowerment Facilitate regular meetings. Empower in decision-making. Change Idea 4: Feedback Follow-up Protocol Assign staff for response. Implement tracking.

Process measure

• Process Measure for Change Ideas: Percentage of Staff Completing Training: Measure the percentage of staff members completing scheduled training sessions on communication skills, feedback handling, and resident council empowerment. Calculation: (Number of staff completing training / Total number of staff) x 100 Timeframe: Monthly Average Channel Usage Rate: Measure the average usage rate of newly implemented communication channels, such as town hall meetings and online portals. Calculation: (Total number of interactions through new channels / Total available interactions) x 100 Timeframe: Weekly Resident Council Meeting Attendance Rate: Measure the attendance rate of residents at council meetings. Calculation: (Number of residents attending meetings / Total number of residents) x 100 Timeframe: Bi-monthly Feedback Resolution Time: Measure the average time taken to resolve resident feedback received through various channels. Calculation: Total time taken to resolve feedback / Total number of feedback cases Timeframe: Weekly These process measures will help assess the effectiveness of the change ideas in improving communication, feedback handling, resident involvement, and issue resolution within Albright Manor.

Target for process measure

• Target Measures for Process Measures: 1. **Percentage of Staff Completing Training:** - Target: Achieve a minimum of 90% completion rate for each training session. - Timeframe: By the end of each month. - SMART: Specific, measurable, achievable, realistic, and time-sensitive. 2. **Average Channel Usage Rate:** - Target: Maintain an average channel usage rate of at least 80%. - Timeframe: Weekly. - SMART: Specific, measurable, achievable, realistic, and time-sensitive. 3. **Resident Council Meeting Attendance Rate:** - Target: Achieve an attendance rate of 70% or higher for each meeting. - Timeframe: Bi-monthly. - SMART: Specific, measurable, achievable, realistic, and time-sensitive. 4. **Feedback Resolution Time:** - Target: Resolve 80% of resident feedback cases within 7 days. - Timeframe: Weekly. - SMART: Specific, measurable, achievable, realistic, and time-sensitive. These targets provide clear benchmarks for assessing the effectiveness of the change ideas and guiding efforts towards achieving desired outcomes within Albright Manor.

Lessons Learned

Instead of town hall meetings and online portals, we focused on in-person staff interactive meetings and performance appraisals aligned with our core values. Training on feedback handling was implemented, though applying conversation tools effectively requires reinforcement. Resident council meetings were facilitated, but increasing resident involvement in decision-making needs further support. Feedback follow-up protocols were established, yet maintaining timely responses and tracking remains an area for improvement.

Comment

Instead of town halls and online portals, in-person staff meetings and performance appraisals were conducted, aligning with core values. Feedback training was provided, but consistent use of conversation tools needs reinforcement. Resident council meetings were held regularly, though increasing resident involvement remains a focus. A follow-up protocol was implemented, but ensuring timely responses and effective tracking requires improvement.