

Intercare Corporate Group Inc.
 501-5920 Macleod Trail SW
 Calgary, AB
 T2H 0K2
 Tel: (403) 255-4969
 Fax: (403) 252-6591
www.intercarealberta.com

Email questions or feedback to:
feedback@intercarealberta.com

Intercare Corporate Group Inc. - "The Heart of Excellence"



April 2026

Intercare Quality Improvement

Inside this issue:

| | |
|---------------------------------------------------------------------------|---|
| Intercare Quality Improvement | 1 |
| Intercare Quality Improvement Key Achievement and Outcomes | 2 |
| Intercare Quality Improvement Review of Quality Indicators and Benchmarks | 2 |
| Intercare Quality Improvement Review of Quality Indicators and Benchmarks | 3 |
| Intercare Quality Improvement Goals for 2026 | 4 |

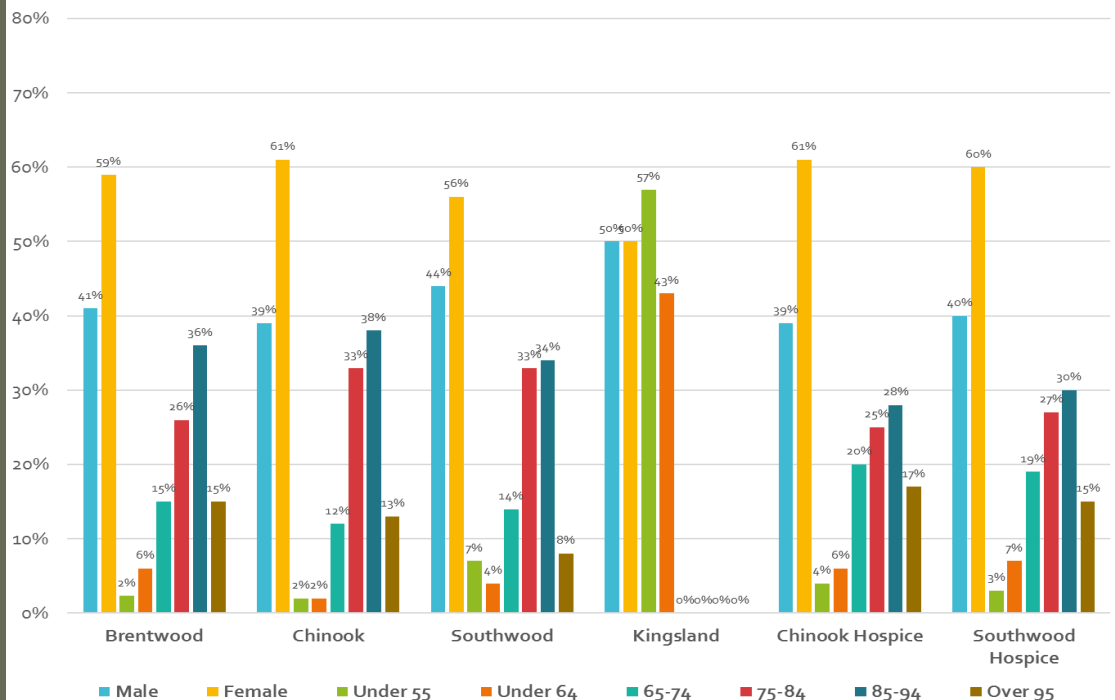
The year 2025 has been a period of change in Alberta which has increased pressures on many areas of continuing care operations. Despite this, our teams continue to make great strides in areas of focus identified as goals for 2025.

This annual summary is intended to provide an overview of the key achievements, challenges and quality indicators that defined site and organizational performance throughout the year. Included is a review of our quality metrics, inclusive of areas of strength and those requiring further attention, as part of our ongoing commitment to high standards of care.

Goals for 2026 will highlight the following: Improved Pain Monitoring & Pain Management; Reduced Fall-Related Injuries; Enhanced Resident & Family Engagement; Decreased Antipsychotic Rates (towards benchmarks); and Review of Recreation Programming.

Key Metrics:

- ◆ **Admission Rates:** Steady across sites throughout 2025, averaging 12% for the year per quarter for Long Term Care (LTC) and close to the 300% mark in Hospice. Increase in admission rates at Chinook Care Centre was seen in the last six months of 2025 suggesting increased turnover at that site.
- ◆ **Resident Length of Stay:** Stabilized this year, as compared to last, following a year over year increase. Average length of stay in LTC is just over two (2) years. Average length of stay in Hospice is approximately one (1) month.
- ◆ **Resident Demographics:** Female to Male ratios in LTC are consistently at 60/40, with the exception of Kingsland Terrace (Supportive Living). Our LTC homes are also seeing close to 80% of residents over 75 years of age and an amazing 8-14% over 95 years of age!



Quality Improvement Continues...

Key Achievements and Outcomes

1. Philosophy of Care, Care Provision and Re-Focus on Core Values:

After completing foundational education for all staff at the beginning of 2025, education continued with a focus on Intercare's 'Specialty Units' (i.e. the Behavioral Support Unit (BSU); Complex Dementia Care (CDC) unit; Special Care Unit (SCU).

Specialty Unit education resulted in an immediate reduction in Aggressive Incidents, Physical Restraints and Staff Injuries:

- ◆ **BSU:** Decrease in physical restraints; decrease in injuries related to resident aggression.
- ◆ **CDC:** Decrease in aggressive incidents; decrease in injuries related to resident aggression.
- ◆ **SCU:** Decrease in physical restraints; decrease in injuries related to resident aggression.

This targeted education initiated a change in philosophy and approach to care across all units and also illuminated a need for continued focus on nursing leadership training.

A major 're-focus on Intercare's Core Values' was also completed in alignment with Intercare's focus on Psychological Health, Wellness and Safety in the Workplace (PHSW). This targeted staff education reflected a "back to basics" approach with Intercare's Core Values - Compassion, Respect, Ethics, Commitment and Service - at the center. The approach was and has been well received by staff. New initiatives for 2026 are focused and positioned toward continuing this momentum.

2. Staff Training and Development:

In 2025, a strong emphasis was placed on continuous professional development for staff, particularly in the targeted areas of leadership, dementia care and fall prevention. These 'in-person' training sessions were well-attended and have contributed to improved care and service delivery.

Attendance Rates for Mandatory Education: Significant improvement has been made, with particular attention to adherence to mandatory requirements. Completion rate for Mandatory Education is consistently 100% for part time and full time employees.

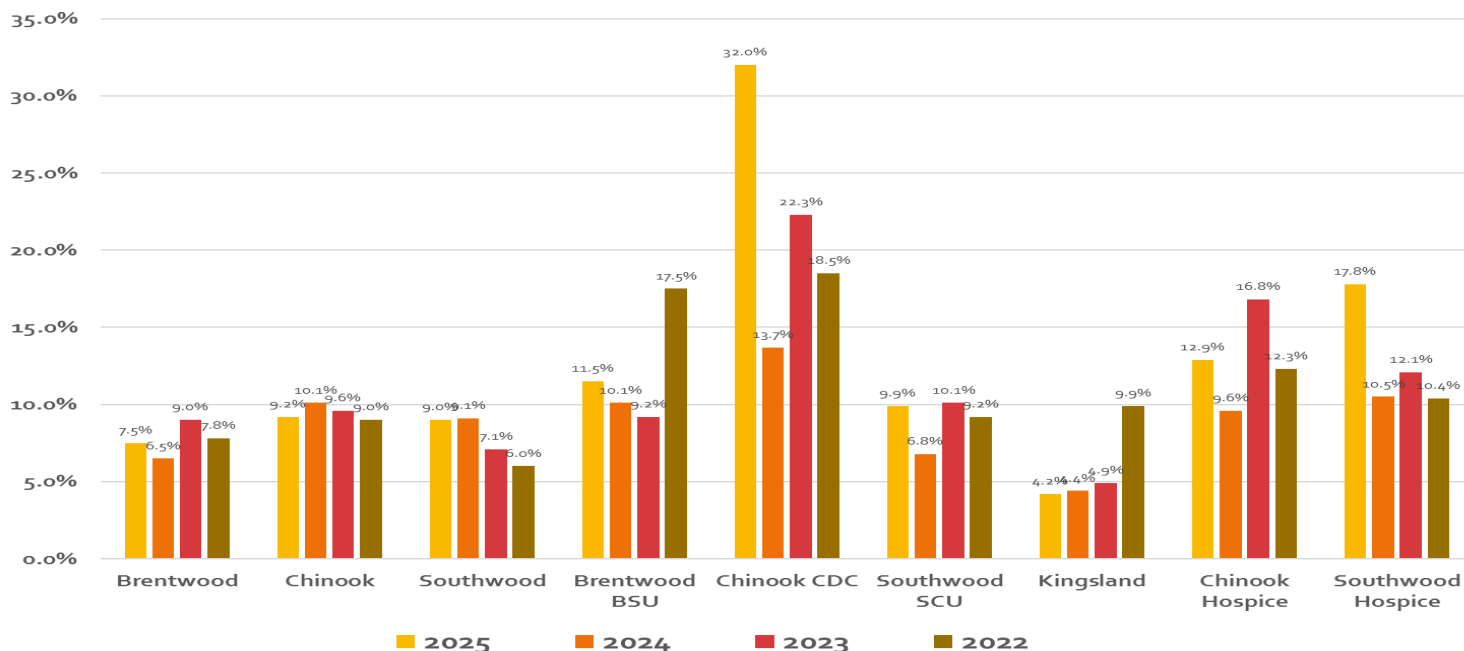
Staff Requested Areas for Education: Resident-specific Conditions; Behavior Management; and Documentation.

Review of Quality Indicators and Benchmarks for 2025

In accordance with national and provincial standards, Intercare closely monitors and reports on several key quality indicators throughout the year. These metrics help measure the effectiveness and safety of care and support our commitment to continuous improvement.

Falls and Fall-Related Injuries:

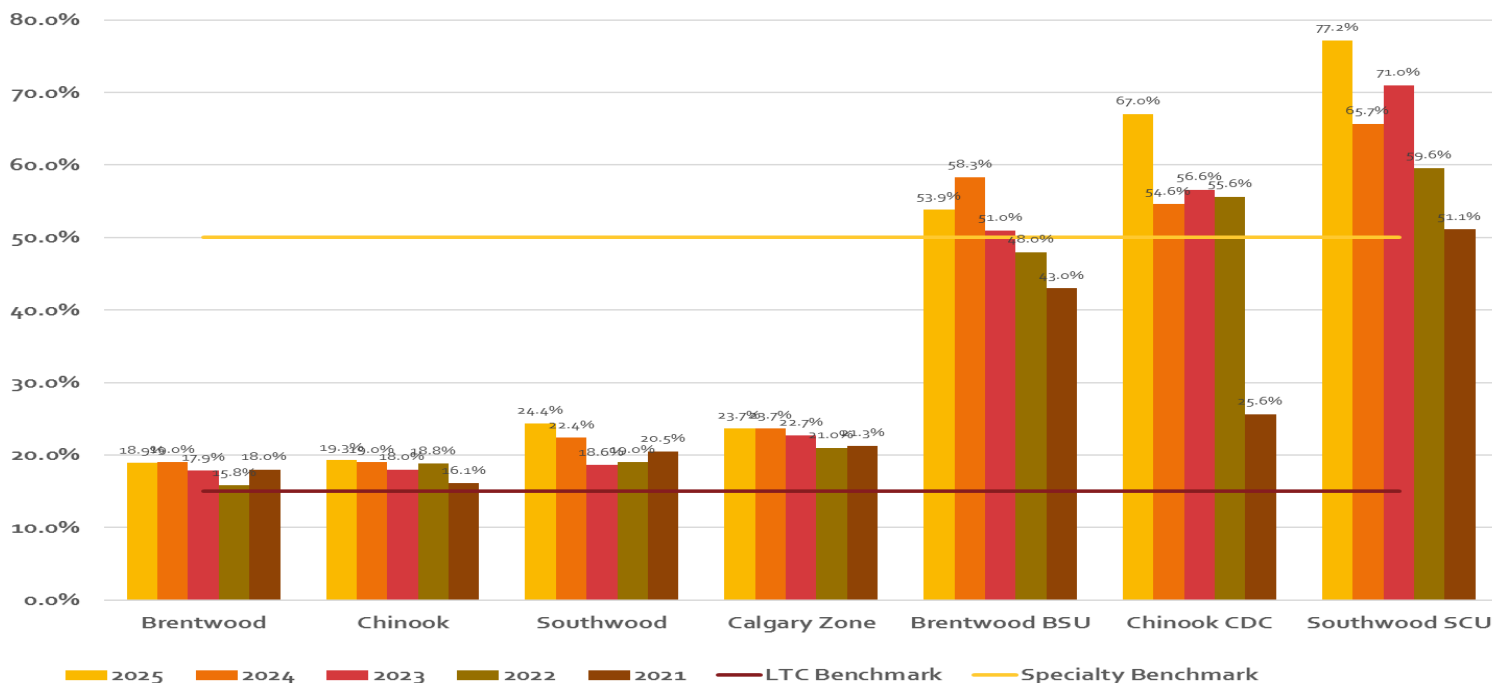
- ◆ Fall rates have increased slightly this year again, however this is considered to come hand in hand with elimination of restraint use for falls, as well as implemented policy specific to the reduction in the use of alarms.
- ◆ Intercare continues to build on this momentum and is focusing on decreasing events of 'falls with injury' with its post fall review update for 2026 to ensure pro-active measures are being put into place.
- ◆ Falls with injury will be our adjusted focus in 2026 as well as ways to decrease events of serious harm.



Quality Improvement Continues...

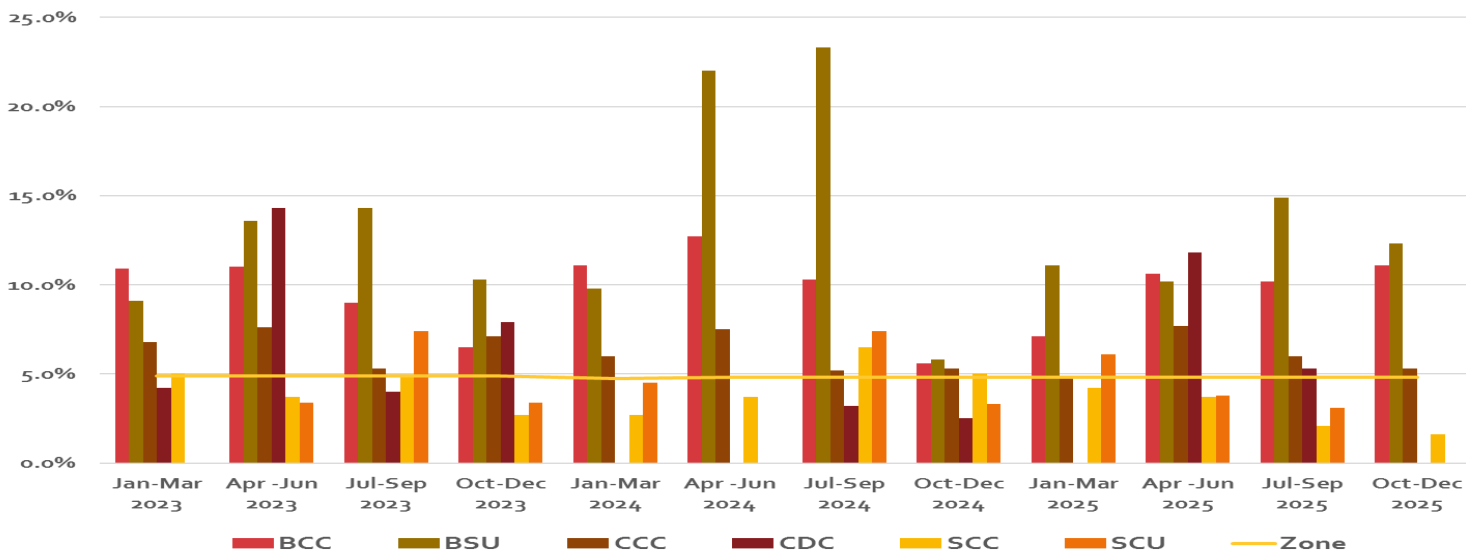
Antipsychotic Medication Use and Responsive Behaviours:

- ◆ To improve consistency in 'Responsive Behaviour Tracking' across all sites, additional education and guidance on how to track behaviors will be an upcoming focus.
- ◆ A highlighted area for needed attention is antipsychotic use rates. At recent Assisted Living Alberta (ALA) /Calgary Zone forums an acknowledged challenge across the entire Calgary Zone is the increase use of antipsychotics in acute care due to system pressures.
- ◆ Intercare's 'Philosophy of Care' and dementia care program continues to evolve. With it, we anticipate antipsychotic use reductions in 2026, with benchmarks set at 15% for LTC (bringing Intercare well below the 22% Calgary Zone average for LTC) and 50% for the Specialty Units.
- ◆ Antipsychotic medication use will remain a focus of attention and quality improvement for Intercare.



Experiencing Pain:

- ◆ In January 2026, Intercare introduced a revised 'Pain Assessment' tool and a new 'Pain Assessment for Cognitively Impaired' (i.e. those with Dementia or other cognitive impairment) tool aimed at improving the process of capturing the presence of resident pain, specifically with cognitively impaired residents.
- ◆ While Minimum Data Set (MDS) indicators can be significantly impacted by both inaccurate coding and subjective resident response, improvements have been seen to date.



Quality Improvement Goals for 2026

GOALS for 2026

1. Goal Continuations from 2025:

◆ **Enhance Philosophy of Care Education, continue to build on Core Values and Launch Mission and Vision:**

In 2026 Philosophy of Care Education will move to focus on Nurses ensuring that their leadership follows policy guiding principles.

◆ **Improve Pain Monitoring and Pain Management:**

New assessments will have more guidance in approach as well as a separate assessment for those with limited ability to communicate.

◆ **Maintain Vaccination Rates:**

Fall 2026 will be used as an important measure of compliance to Intercare's vaccination policy requirements.

◆ **Reduce Fall- Related Injuries:**

Implementation of new strategies to identify fall risk earlier and deploy more targeted interventions. In 2026, there will be more focus and ongoing work with rehabilitation teams to develop interventions focused on injury prevention.

2. New Areas of Focus 2026:

◆ **Improve Resident and Family Engagement:**

Continue to expand family involvement in care planning and explore new ways to engage residents in meaningful activities. (e.g. in 2025, a remote (zoom) access option was added to Resident & Family Council (RFC) meetings to increase resident / family engagement at these important meetings).

◆ **Decrease Antipsychotic Rates towards Benchmarks:**

Consideration is being given to the implementation of a multi-site committee tasked with looking specifically at Chemical Restraint usage.

◆ **Recreation Programming Review:**

Develop consistent programming across all sites with completion of a targeted review and completion of site-wide program outlines, with clear delineation between therapeutic recreation versus non-therapeutic programming.

◆ **Tray Service for Residents:**

Upon continued review since the COVID 19 pandemic, in room resident tray service remains an ongoing issue which must be addressed. In 2026 our goal will be to achieve a reduction to 10% rate across all sites. This goal will be initiated through unit specific reviews with Case Managers.

Quality Improvement Steps

