

Access and Flow | Efficient | Priority Indicator

	Last Year		This Year	
Indicator #2	9.47	9.47	X	NA
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Peoplecare AR Goudie)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

To continue to have below provincial average for ED visits.

Process measure

- Track all ED visits, including admission/non admission.

Target for process measure

- 100% of all residents with significant/complex change in health status will be thoroughly assessed for appropriate treatment to prevent ED transfer.

Lessons Learned

were able to use services within the home to minimize ED visits - including MD, bladder scanner, Nursing outreach educator to assist with skills for nurses - I.V, Catheter.

Change Idea #2 Implemented Not Implemented

To analyze every ED transfer

Process measure

- Analysis of monthly data, identifying trends and areas for improvement to minimize future ED transfers.

Target for process measure

- 100 % of residents transferred to hospital will be reviewed quarterly

Lessons Learned

Discuss at PAC meetings, review post visit with nursing leaders and nurses, to determine if visit was preventable/treatable in home. Noted families pushing to send to ED. Education provided at care conferences surrounding pain/palliative measures available within the home. Provided education to family regarding UTI/Delirium and steps that we take to assess in house.

Change Idea #3 Implemented Not Implemented

Discussions with family/residents at admission and annual care conferences, to provide information regarding pain and palliative measures in home.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Successful conversations with family/residents to provide education and also to obtain information surrounding resident preferences about end of life and the care they receive. Care plans updated as needed.

Comment

We continue to perform better than the provincial average and will continue with current measures.

Experience | Patient-centred | **Custom Indicator**

	Last Year		This Year	
Indicator #3	CB	90	95	NA
Resident experience: Overall satisfaction				
Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL) (Peoplecare AR Goudie)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

1) Increase pleasurable dining atmosphere for residents

Process measure

- Pleasurable dining audits, resident satisfaction surveys

Target for process measure

- To increase resident satisfaction and recommendation on surveys to 90% by December 31, 2023

Lessons Learned

we completed more audits and surveys. Provided education sessions for frontline staff. Saw an increase overall in the positive responses to this question.

Change Idea #2 Implemented Not Implemented

Increase the number of surveys completed to have a larger sample size

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Following up with families at care conferences post email prior to holding care conferences. DOP personally contacted family of those residents that had a CPS greater than 3. Shared information at resident/family council meetings, and CC QIA. Saw better quality of answers, providing feedback, more details.

Comment

Despite major renovations within the home, we were able to see increase in positive feedback from family and residents.

Safety | Safe | Priority Indicator

	Last Year		This Year	
Indicator #1	24.28	22	20.37	18
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Peoplecare AR Goudie)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 **Implemented** **Not Implemented**

Continued reduction of anti-psychotic drug use

Process measure

- Number of Psychotropic assessments completed by BSO lead and number of pharmacy consultaion reviews completed by pharmacists

Target for process measure

- All residents on anti-psychotic medications will have assessments completed. Increase the use of BSO resources to assist in identifying non pharmlological approaches to manage responsive expressions

Lessons Learned

We were able to increase assessments completed by BSO nurses, through partnership with physician and pharmacist, resulting in reduction and some discontinuation of medication. Also ensuring accurate coding within MDS for medication and/or diagnosis, seeing a drop in percentage. Residents continue to be admitted already receiving the antipsychotic medication, impacting percentage.

Change Idea #2 **Implemented** **Not Implemented**

Discuss the percentage of resident receiving antipsychotic medication without psychosis at the PAC meeting

Process measure

- PAC meeting minutes

Target for process measure

- 100% of resident receiving antipsychotic medication without psychosis will be reviewed at the PAC and BSO meeting.

Lessons Learned

Continue to successfully share our success/numbers at quarterly PAC meetings. Provide updates on any changes in interventions that have provided positive effect. Review among leadership team, and at CQIC meetings - involving family and a resident member. PAC minutes shared at resident council meetings.

Comment

Will continue to work within the home to maintain our number below provincial percentage.