Access and Flow | Efficient | Priority 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. (Peoplecare Hilltop Manor)	**18.29** **Performance (2023/24)**	**17** **Target (2023/24)**	**20.94** **Performance (2024/25)**	**19** **Target (2024/25)**

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

Utilize SBAR tool prior to residents being considered for transfer

> **Process measure**
> - % of ED transfers that had an SBAR completed prior to discharge
>
> **Target for process measure**
> - 100% of ED transfers will have SBAR completed prior

Lessons Learned

This strategy has not been implemented consistently. However our performance percentage did not had significant impact.

Change Idea #2 ☑ **Implemented**   ☐ Not Implemented

Debrief with staff after every potentially avoidable ED transfer

> **Process measure**
> - % of avoidable ED transfers that had a debrief completed
>
> **Target for process measure**
> - 100% of ED transfers debriefed

Report Accessed: May 30, 2024

Lessons Learned

Debrief session was completed after the huddle for the transfers that occurred to evaluate the need and options were discussed to potentially avoid the ED visit utilizing pharmacy model, identifying infection early, etc..,

Change Idea #3 ☑ **Implemented** ☐ Not Implemented

Provide education to residents and POA/SDMs on ED visit process for ambulatory care-sensitive conditions

Process measure

- Decline in number of ambulatory care-sensitive condition ED visits initiated by resident/POA/SDM

Target for process measure

- 85% of /residents/family/POA will receive information/education by year end

Lessons Learned

Education did seem to be valuable as we were able to maintain the % and still performing below provincial average.

Comment

Implementation of change ideas have been successful. We were not able to achieve target goal however our current performance has been consistently below provincial average.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year	
Indicator #3 Percentage of residents who respond positively to the statement "Did we exceed your expectations?" (Peoplecare Hilltop Manor)	**80** Performance (2023/24)	**90** Target (2023/24)	**80** Performance (2024/25)	**NA** Target (2024/25)

Report Accessed: May 30, 2024

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

Initiate action plan to facilitate increased outdoor access for residents

> **Process measure**
>
> • Increase in positive response to survey question " I can easily go outdoors if I want to" and number of outdoor activities/schedule planned by recreation team.
>
> **Target for process measure**
>
> • increase in positive responses by 5% from 90% to 95% for question "did we exceed your expectations?"

Lessons Learned

We have seen slight uptake in our performance percentage from 60% to 70%. Recreation team has also created a cottage sensory escape inside the home for resident to experience outdoor feeling during winter months.

Change Idea #2 ☑ **Implemented**   ☐ Not Implemented

Initiate action plan to reduce noise in home areas

> **Process measure**
>
> • Decrease in % of residents responding that they are sometimes or most of the time "bothered by the noise here"
>
> **Target for process measure**
>
> • increase in positive responses by 5% from 90% to 95% for question "did we exceed your expectations?"

Lessons Learned

Our performance has remained quite stable. We will continue to implement strategies to ensure residents feels comfortable and peaceful in their space.

Comment

We meet our goal and will choose other areas of focus to improve resident's experience in their home.

Report Accessed: May 30, 2024

	Last Year		This Year	
Indicator #1 Percentage of families who respond positively to "we would recommend this home to others" (Peoplecare Hilltop Manor)	**80** Performance (2023/24)	**95** Target (2023/24)	**90** Performance (2024/25)	**NA** Target (2024/25)

Report Accessed: May 30, 2024

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

To ensure every eligible family/POA is invited to participate in the annual survey

Process measure

- Increase in number of family/POA who participated/completed surveys.

Target for process measure

- Increase in % of family/POA who respond positively to "we would recommend this home to others" from 80% to 95%

Lessons Learned

We had assigned a staff member to reach out to either support or remind the complete the surveys and have seen significant improvement in participation.

Change Idea #2 ☑ **Implemented**   ☐ Not Implemented

To provide follow up to each family/POA to increase % of responses to survey

Process measure

- Increase in number of surveys completed

Target for process measure

- Increase in % of family/POA who respond positively to the question "we would recommend this home to others" from 80% to 95%

Lessons Learned

We have seen slight increase in participation from completing 70 surveys last year to 76 surveys this year.

Comment

Our change idea to increase the participation and receive the feedback has been successful. Or focus will be on the areas based on results to continue to support families and residents to improve the response of recommending the organization to others.

Report Accessed: May 30, 2024

Safety | Safe | Priority Indicator

	Last Year		This Year	
Indicator #2 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Peoplecare Hilltop Manor)	**26.68** Performance (2023/24)	**19** Target (2023/24)	**14.25** Performance (2024/25)	**NA** Target (2024/25)

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

Improve education on affects of usage of antipsychotic medication without psychosis at registered staff meetings

Process measure
- Attendance records, meeting minutes

Target for process measure
- 100% of clinical staff will receive education in 2023

Lessons Learned

Education valuable for staff. Will continue to provide education and work with MD to improve knowledge and skills of clinical team.

Change Idea #2 ☑ **Implemented** ☐ Not Implemented

Clinical team including physicians, NP, pharmacy, nurses, RAI & BSO will review antipsychotic usage at minimum quarterly, review at PAC meeting and at each annual resident care conference

Process measure
- Review of PAC meeting minutes, reduction in % resident using antipsychotic medication without a validating diagnosis.

Target for process measure

- to reduce antipsychotic usage without a diagnosis and meet target goal by December 2023.

Lessons Learned

Antispsychotic review routinely the key to achieving our goal with this indicator

Change Idea #3 ☑ **Implemented**   ☐ Not Implemented

Medical Director focus on antispsychotic review quarterly with each Medication review

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Quarterly review with clinical team, Pharmacy, and other clinician experts to focus on Antipsychotic reductions

Comment

Thrilled to see the excellent progress and improvement on this indicator due to our interventions implemented above. These interventions have been fully implemented and part of our practices now. Future QIP goal will be to monitor outcomes and maintain or improve our percentage

Safety | Safe | Custom Indicator

	Last Year		**This Year**	
Indicator #5 The percentage of residents whose care plan accurately captures the residents' expressed wishes for palliative and end-of-life care. (Peoplecare Hilltop Manor)	**CB** Performance (2023/24)	**100** Target (2023/24)	**100** Performance (2024/25)	**NA** Target (2024/25)

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

Improve knowledge of resident palliative care wishes and end of life care needs

Process measure

- % of staff, applicable residents/SDMs educated

Target for process measure

- -100% of residents will have palliative and end of life wishes documented in care plan by December 31, 2023

Lessons Learned

Education has been a valuable tool to support residents/SDMs and families to improve their knowledge.

Change Idea #2 ☑ **Implemented**   ☐ Not Implemented

Discuss Palliative care and End of Life wishes at initial admission care conference, annually and update plan of Care

Process measure

- Number of Care conference assessment completed and number of care plan updated.

Target for process measure

- 100% of resident will have palliative, EOL wishes documented in care plan by December 31,2023

Lessons Learned

Report Accessed: May 30, 2024

This strategy has been successful and will continue to implement to support residents at 6 week and annual care conference, as well as at times with significant change in status.

Change Idea #3 ☑ **Implemented**   ☐ Not Implemented

Develop through our assessment process baseline and routine PPS scores utilizing the RAI-MDS outcome measure CHESS as our trigger to need for further assessment

Process measure
- Number of residents identified with decline through CHESS, PPS Score, number of referrals completed.

Target for process measure
- Goal is early identification of decline to promote palliative approach

Lessons Learned

Early identification of decline through CHESS, PPS score did assist team to identify decline and initiate palliative measures early.

Comment

We are planning to implement N Adv Can Palliative assessment developed by PCC/RNAO based on evidence based best practice guidelines in 2024. This will support team in early identification and providing personalized care based on resident's spiritual, cultural, social need.