Access and Flow | Efficient | Priority Indicator

	Last Year		This Year	
Indicator #5	**8.70**	**8.70**	**5.50**	**NA**
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Peoplecare Tavistock)	**Performance (2023/24)**	**Target (2023/24)**	**Performance (2024/25)**	**Target (2024/25)**

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

We are not completing this Indicator as our performance is under Provincial Average

Process measure

- We are not completing this Indicator as our performance is under Provincial Average

Target for process measure

- We are not completing this Indicator as our performance is under Provincial Average

Lessons Learned

We are maintaining our ED transfers at below provincial average.

Report Accessed: May 30, 2024

Experience | Patient-centred | Custom Indicator

	Last Year		This Year	
Indicator #4 Percentage of residents who responded positively to the question: 'Did we meet your expectations?" (Peoplecare Tavistock)	**68** Performance (2023/24)	**80** Target (2023/24)	**78.60** Performance (2024/25)	**NA** Target (2024/25)

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

Increase Resident satisfaction, "I can eat when I want'

Process measure

- Monitor acceptance of food items available. Receive feedback from Resident Council and Food Committee Minutes

Target for process measure

- Increased positive responses to InterRAI Survey regarding "I can eat when I want".

Lessons Learned

2022 - 39.63% satisfaction increased in 2023 to 43.64%

	Last Year		This Year	
Indicator #1 Percentage of Families who respond positively to "I would recommend this site/organization to others". (Peoplecare Tavistock)	**83**	**95**	**96.50**	**NA**
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Report Accessed: May 30, 2024

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

Increase number of satisfaction surveys completed by families.

Process measure

- Monitor quarterly the number of surveys completed.

Target for process measure

- Increased number of satisfaction surveys completed by families.

Lessons Learned

50.1% of survey sent out were completed. Increase from 40% in 2022.

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

Increase Family Satisfaction regarding Programs; Enjoyable things to do on the weekends and evenings, Ability for resident's to explore new interest.

Process measure

- Monitor quarterly Satisfaction Survey responses.

Target for process measure

- Increased positive responses regarding enjoyable programs and new interests.

Lessons Learned

2022 - 46.9% satisfaction increased in 2023 to 56.5% satisfaction.

Safety | Safe | Custom Indicator

	Last Year		This Year	
Indicator #3 Percentage of residents who had a recent fall (in the last 30 days) (Peoplecare Tavistock)	**16.73** Performance (2023/24)	**14.97** Target (2023/24)	**18.38** Performance (2024/25)	**NA** Target (2024/25)

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

Educate Falls Champions in the Home.

> **Process measure**
> - Monitor number of falls monthly, number of Falls Champions completed education, Falls Committee Minutes
>
> **Target for process measure**
> - Decrease number of resident falls in the home and meet provincial average.

Lessons Learned

Develop strategies to review trends and corrective actions required

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 Tavistock)	**14.79** Performance (2023/24)	**14.79** Target (2023/24)	**22.99** Performance (2024/25)	**20.55** Target (2024/25)

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

To receive appropriate diagnosis for residents using antipsychotics

Process measure

- Number of residents utilizing antipsychotic with appropriate diagnosis

Target for process measure

- To maintain our current performance of 14.79 which is below provincial average of 21.1.

Lessons Learned

New admissions often arrive on antipsychotic medications which are not easily decreased in a timely manner. Increase research on Clinical Connect and Amplify to receive rationale for use of antipsychotic medication

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

Monitor usage of antipsychotic in the home.

Process measure

- QIA data entry, number of antipsychotic review completed each month

Target for process measure

- To maintain our current performance of 14.79 which is below provincial average of 21.1

Lessons Learned

Antipsychotic meds are monitored by pharmacy and physician and reviewed at PAC meetings quarterly. Restart regular pharmacy review of antipsychotic medications.