

**Access and Flow | Efficient | Priority Indicator**

	Last Year		This Year	
<b>Indicator #2</b>	<b>18.77</b>	<b>15</b>	<b>21.20</b>	<b>18</b>
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Seven Oaks)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Registered Nurse to consult with the Nurse Manager, Physician or NP prior to ED Transfer

**Process measure**

- % of emergency transfers with consult before transfer

**Target for process measure**

- 75% of tentative emergency transfers to have a consult before the transfer

**Lessons Learned**

1. Continue to provide ongoing SBAR education to nurses.
2. Involve families in reviewing and developing resident goals of care

**Change Idea #2**  Implemented  Not Implemented

Tracking and Analysis of ED transfers on daily 24 hour report and census. RAI Leads/designate to complete ED Tracking Sheet.

**Process measure**

- % of ED Transfers analyzed on a daily basis

**Target for process measure**

- 100% of ED Transfers to be analyzed on a daily basis

### Lessons Learned

Staff knowledge and resources needed to support reduction of emergency visits

### Change Idea #3 Implemented Not Implemented

Review of Advance Directives based on health status to support resident, family and appropriate care planning

#### Process measure

- % of level of intervention updated to reflect health status preventing ED visit

#### Target for process measure

- Target will be set once assessment of how many LOI need to be discussed with family/resident

### Lessons Learned

Nurse Manager and Social Worker to support families understand and decide on the levels of intervention, when an Ad hoc meeting is called, after a change in health status.

Nurse Manager and Social Worker will hold ad hoc meeting with family to review levels of intervention, when assessment deem the resident PPS score changes.

Palliative Care education started in 2023 to support team in engaging residents and families discuss changes in health

### Comment

Progress has been made

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

Indicator #3	Last Year		This Year	
	Resident Experience - Admission (Seven Oaks)	<b>CB</b> Performance (2023/24)	<b>CB</b> Target (2023/24)	<b>98</b> Performance (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Welcome Program

**Process measure**

- % of residents who felt welcomed

**Target for process measure**

- 85 - 90% of resident felt welcomed

**Lessons Learned**

The home continues with its Welcome Program.

The signage and greetings from Managers has been well received by residents and families.

In 2024, team will expand the initiative to include managers touching base weekly with families and residents until Admission Care Conference.

**Change Idea #2**  Implemented  Not Implemented

To implement interprofessional suicide risk assessment and management program

**Process measure**

- % of interprofessional care team trained

**Target for process measure**

- The target for this process measure is 85%

**Lessons Learned**

Staff have received training and feedback provided to head office on opportunities for improvement.

**Change Idea #3**  Implemented  Not Implemented

To implement interprofessional Palliative Care Approach at Admission

**Process measure**

- % of interprofessional care team trained

**Target for process measure**

- The target for this process measure is 85%

**Lessons Learned**

Training is ongoing, but initial education completed.

The Palliative Care Approach has been integrated into Care Conferences. Conversations are happening once resident is deemed palliative.

**Comment**

Progress has been made

	Last Year		This Year	
<b>Indicator #4</b>	<b>72</b>	<b>75</b>	<b>75</b>	<b>NA</b>
Resident Experience - Food (Seven Oaks)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Meet with residents on a quarterly basis for food tastings and feedback.

**Process measure**

- % satisfaction with New Menu

**Target for process measure**

- 75% - 85% is the target

**Lessons Learned**

The home held food tastings for residents and based on their feedback the menu was developed. New food contract has supported many menu changes and improved quality of food, leading to improved resident satisfaction. In 2024 will engage with residents regarding menu rotation, but residents expressed that the food is good,

**Comment**

Progress has been made

	Last Year		This Year	
<b>Indicator #5</b>	<b>82</b>	<b>85</b>	<b>96</b>	<b>NA</b>
Resident Experience - Laundry and Personal Belongings (Seven Oaks)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

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

Meet with Residents on a Quarterly basis to discuss feedback on laundry/personal belongings.

**Process measure**

- Quarterly meetings with action

**Target for process measure**

- Quarterly meeting with residents

**Lessons Learned**

Implementation of the Labelling area with Chute on the Mian floor reduced lost laundry.

Lessons Learned:

Continuous education needed for families regarding labelling process. It has been added to Family newsletter regularly.

Labelling process is reviewed at admission time.

**Comment**

Progress has been made

**Safety | Safe | Custom Indicator**

	Last Year		This Year	
<b>Indicator #6</b>	<b>CB</b>	<b>CB</b>	<b>0</b>	<b>NA</b>
Safe Medication Management Practices (ISMP Trailblazer) (Seven Oaks)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Safe medication administration.

**Process measure**

- # of med errors

**Target for process measure**

- The target for this process measure is zero med errors

**Lessons Learned**

After ISMP practice training, there have been no Insulin related medication errors. There have been no medication errors due to late administration.

The home worked with the physician to ensure orders are clear and administration times are appropriate.

The home worked with Nurses to ensure they are reading orders accurately.

Audits are conducting monthly to ensure accuracy in administration.

**Comment**

Progress has been made

**Safety | Safe | Priority Indicator**

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	Last Year		This Year	
<b>Indicator #1</b>	<b>26.17</b>	<b>20</b>	<b>22.09</b>	<b>18</b>
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Seven Oaks)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

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

New admissions on anti-psychotics are reviewed

**Process measure**

- % of new admissions on anti-psychotics reviewed

**Target for process measure**

- 100% of new admissions on anti-psychotics reviewed

**Lessons Learned**

Review of antipsychotics at time of admission and assessments, is assisting in adjusting or tapering medications. BSO Team continues to lead this focus. Education for Nurses on behaviours and ensuring referrals, DOS and interventions are initiated upon witnessing of behaviours.

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

Regular inter-professional review of anti-psychotic prescribing

**Process measure**

- % of residents prescribed anti-psychotics with regular inter-professional reviews

**Target for process measure**

- 100% of residents prescribed anti-psychotics with regular inter-professional reviews

**Lessons Learned**

Physicians will support changes based on evidence, documentation, and DOS Monitoring, progress notes.

**Comment**

Progress has been made

