

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

	Last Year		This Year	
<b>Indicator #3</b>	<b>19.72</b>	<b>18.50</b>	<b>21.59</b>	<b>18</b>
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Wesburn Manor)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Timely intervention by NP to avoid ED visit

**Process measure**

- % of ED visits avoided as a result of NP intervention

**Target for process measure**

- 25% of ED visits successfully avoided

**Lessons Learned**

Challenges in securing NP in 2023.

**Change Idea #2**  Implemented  Not Implemented

implement a suture kit for Nurse Practitioner to provide on-site treatment.

**Process measure**

- % of residents sutured on site

**Target for process measure**

- 50% of residents to be sutured on site

**Lessons Learned**

Operational action for 2024

**Change Idea #3**  Implemented  Not Implemented

Family Education

**Process measure**

- # of Levels of Intervention changed as a result of education

**Target for process measure**

- % will be based on audit results

**Lessons Learned**

Team will continue to work through other venues to ensure education is continuously provided and the care team is aligned with providing timely and focused information around LOI appropriate for each resident.

**Comment**

Residents are very frail once admitted. Also families request to send residents to emergency, when asked.

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

	Last Year		This Year	
<b>Indicator #1</b>	<b>85</b>	<b>89</b>	<b>83</b>	<b>NA</b>
Family Experience - Admission (Wesburn Manor)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Improved communication and info sharing on admission.

**Process measure**

- % of managers and care team members who greeted newly admitted resident and family on admission day.

**Target for process measure**

- 70% of managers and care team greeted newly admitted resident and family on admission day

**Lessons Learned**

Care Team has consistently met and greeted the newly admitted resident and family on admission; work continues for managers to consistently meet & greet the newly admitted resident and their family. Admissions Clerk to introduce the new family/resident to Managers in the ASU. This will be carried over as a change idea for 2024.

**Change Idea #2**  Implemented  Not Implemented

Continue engaging families proactively post admission by maintaining rapport/communication .

**Process measure**

- % of families who attended quarterly meet and greet out of number of invitations sent

**Target for process measure**

- 25% of families will attend the quarterly meet and greet or reach out to the home for a touch-base phone call

**Lessons Learned**

Monthly Family Council/Family Town Hall meetings were introduced in Fall 2023 to engage families, including those of newly admitted residents. 11 family members attended the first meeting and 5 attended the second meeting (invite was sent out to all WM families). Work continues in 2024 to increase family participation.

**Change Idea #3**  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**

Assessment implemented and is being audited for compliance and areas of improvement.

**Change Idea #4**  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**

In 2023, 75 WM staff from all disciplines attended palliative & EOL training. Work continues divisionally to update the EOL Policy, the ELI EOL module & to provide further education to MD, NP, nursing & other team members on supporting EOL conversations with families.

Education was started and will continue in 2024.

**Comment**

Positive feedback from families.

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	Last Year		This Year	
<b>Indicator #4</b>				
Resident/Family Experience - Food & Dining Experience (Wesburn Manor)	<b>84</b>	<b>85</b>	<b>84</b>	<b>NA</b>
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

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**Change Idea #1**  Implemented  Not Implemented

Enhance communication and provide regular updates to stakeholders (residents/families/ staff) on servery construction progress.

**Process measure**

- # of residents who attended Food Committee meeting

**Target for process measure**

- To be determined

**Lessons Learned**

Regular communication via communication board was effective in providing updates to residents, families, and staff. Feedback was positive from residents attending Food Committee. Residents felt like they were a part of the process.

**Change Idea #2**  Implemented  Not Implemented

Minimize visual impact of capital project for residents and family

**Process measure**

- # of concerns received during monthly dining room service audit

**Target for process measure**

- To be determined

**Lessons Learned**

No concerns raised, changes well received.

**Comment**

Will continue in 2024,

Indicator #2	Last Year		This Year	
	Family Experience - Laundry and Personal Belongings (Wesburn Manor)	<b>81</b> Performance (2023/24)	<b>85</b> Target (2023/24)	<b>83</b> Performance (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Enhance family satisfaction with laundry service by reducing number of missing clothing items.

**Process measure**

- 1) Monthly tracking of the number of missing laundry items; 2) Track the number of monthly family concerns with regards to missing clothing items; 3) Quarterly tracking of the number of personal clothing items that accidentally went out for wash with linen and towels.

**Target for process measure**

- 1) Reduce the number of missing laundry items by 50%; 2) Family concerns re: missing clothing will be reduced to no more than 1 concern per month; 3) Reduce the number of clothing items that accidentally go out by 20%.

**Lessons Learned**

Education was provided to laundry, and nursing departments, and education and reminders are ongoing. Created drop off close to the front entrance for residents and families, laundry personnels check clothing drop off on a regular basis. Laundry audits from service provider (Eccotex) conducted monthly, this process is ongoing and targeted to reduce cost to \$0.00.

Started a monthly lost and found program in the Etobicoke Town Hall where all unlabeled and lost clothing are put out for residents and family members to retrieve.

**Comment**

Will continue as part of 2024 workplan objective.

