

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

	Last Year		This Year	
<b>Indicator #3</b>	<b>23.08</b>	<b>21</b>	<b>23.52</b>	<b>20</b>
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Castleview Wychwood Towers)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Nurse Practitioner lead team reviews of high risk residents on each home area. Maximize use of Nurse Lead Outreach Team by reviewing opportunities Emergency Department(ED) working group to review resident Home's top 5 avoidable emergency transfers and develop strategies to reduce residents from going to ED.

**Process measure**

- 1) # of residents sent out to ED each month that are avoidable ED visits. 2) # of residents who have repeated ED

**Target for process measure**

- 10% reduction in the number of residents going out to ED

**Lessons Learned**

Partnerships and resources within the home will support the team in reducing ED visits in 2024.

**Comment**

Castleview Wychwood Towers is home to many residents with extreme complex care needs.

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

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	Last Year		This Year	
<b>Indicator #5</b>	<b>83</b>	<b>90</b>	<b>81</b>	<b>NA</b>
Resident/Family Experience - Admission (Castleview Wychwood Towers)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

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**Change Idea #1**  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% fulltime

**Lessons Learned**

Education provided to staff. New assessments implemented and audits have been completed.

Training will be ongoing as new staff are hired.

**Change Idea #2**  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 has been provided by CLRI to staff to improve their skills to support residents and families as residents approach end of life discussions.

**Comment**

Palliative care and resident safety protocols will continue to expand in 2024.

Indicator #4	Last Year		This Year	
	Resident Experience - Variety and Quality of Food (Castleview Wychwood Towers)	<b>CB</b> Performance (2023/24)	<b>70</b> Target (2023/24)	<b>74</b> Performance (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Chef cooking demonstrations to residents using creative menu items.

**Process measure**

- % Resident satisfaction with Chef cooking demonstration.

**Target for process measure**

- 85% Resident satisfaction with Chef cooking demonstration.

**Lessons Learned**

Chef led cooking demonstrations were well received and will continue in 2024.

**Change Idea #2**  Implemented  Not Implemented

Chef home area visits to seek real time feedback from residents during meal; Made to order lunch for residents (pilot)

**Process measure**

- Subjective in the moment feedback from residents regarding meal.

**Target for process measure**

- 85% satisfaction with meal.

### Lessons Learned

Just in time data has been valuable to the team to respond to meal service.

### Change Idea #3 Implemented Not Implemented

Greater variety of menu items for residents to select from.

#### Process measure

- Resident council feedback regarding new flexible menu items.

#### Target for process measure

- 80% satisfaction results regarding new menu items.

### Lessons Learned

Well received and positive collaboration.

### Change Idea #4 Implemented Not Implemented

Provide independent residents with the opportunity to cook a meal using their own ingredients and menu for family, friends and other residents.

#### Process measure

- # of residents utilizing new resident kitchen; Subjective feedback regarding new kitchen

#### Target for process measure

- Number of residents utilizing new resident kitchen

### Lessons Learned

Extremely well received, improved resident engagement and involvement in meal preparation in mini kitchen.

**Comment**

Changes have been very positive and well received.

	Last Year		This Year	
<b>Indicator #6</b>	<b>56</b>	<b>70</b>	<b>79</b>	<b>NA</b>
Resident/Family Experience - Laundry and Personal Belongings (Castleview Wychwood Towers)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Interview residents regarding their laundry service experience. Conduct a Workflow review of laundry processes. Review with staff laundry job duties. Explore opportunities to re-establish the clothing lost and found. Relocate the labelling room to the basement to be easy access to staff

**Process measure**

- # of residents with a positive experience with personal laundry after Kaizen event

**Target for process measure**

- Target 75% - 85% positive experience

**Lessons Learned**

Changes have been positive, still opportunities for improvement in 2024.

**Comment**

Changes will be implemented to continue to sustain and improve positive experience,

Indicator #1	Last Year		This Year	
	Palliative Care - End of Life (Castleview Wychwood Towers)	<b>CB</b> Performance (2023/24)	<b>90</b> Target (2023/24)	<b>100</b> Performance (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Add PPS onto the weekly RAI/MDS new admission, significant change scheduler. Nurse Managers to follow up that PPS scores have been completed Counsellors to schedule the end of life care conference in consultation with the team when there is a significant change

**Process measure**

- % of PPS not completed when there is a significant change % of end of life care conferences not completed

**Target for process measure**

- 100 % completion of PPS

**Lessons Learned**

Nurse Managers provided excellent guidance and follow up ensuring that PPS assessments were completed. Counsellors have received additional training to support families and are scheduling end of life care conference in consultation with the team when there is a significant change

**Comment**

Positive progress and enhanced knowledge to support families.

Safety | Safe | **Custom Indicator**

	Last Year		This Year	
<b>Indicator #7</b>	<b>14.50</b>	<b>12.50</b>	<b>17</b>	<b>NA</b>
Worsened symptoms of depression and social isolation (Castleview Wychwood Towers)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Improve well being for residents who may be experiencing depression or who could be more involved with meaningful activities in the home

**Process measure**

- Target = Residents with ISE scores 0-2 decrease by 15%, from 55% to 35%.

**Target for process measure**

- 35% of residents with ISE scores 0-2

**Lessons Learned**

This is an area which the home will continue to focus on in 2024.

**Comment**

Will continue to focus on residents with ISE scores 0-2.



**Safety | Safe | Priority Indicator**

	Last Year		This Year	
<b>Indicator #2</b>	<b>26.14</b>	<b>21</b>	<b>23.72</b>	<b>20</b>
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Castleview Wychwood Towers)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Review potentially inappropriate antipsychotic drug use every quarter (MDS coding: DRG01) RAI team and nurse managers ensure residents have appropriate RAI coding

**Process measure**

- % of residents with new or worsening behaviours will be discussed at either clinical or interprofessional huddles

**Target for process measure**

- 100% of residents with new or worsening behaviours will be discussed at either clinical or interprofessional huddles

**Lessons Learned**

A noticeable increase in residents being admitted with antipsychotics is hindering the teams ability to decrease usage dramatically, as diligence is being taken.

The team has been able to decrease antipsychotic usage in 2023 by 3%.

**Comment**

Steady progress is being made.