

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

	Last Year		This Year	
<b>Indicator #2</b>	<b>27.30</b>	<b>19</b>	<b>18.68</b>	<b>17</b>
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Bendale Acres)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Consistent Documentation, Review, and Evaluation

**Process measure**

- Documentation Reviews and Meetings as scheduled

**Target for process measure**

- The target for this measure is 85%

**Lessons Learned**

Bendale Acres has implemented all these measures. We need proactive consultation to support the reduction in ED visits. This can be attained through the NLOT Program with Scarborough Health Network and by recruiting internal Nurse Practitioners.

**Change Idea #2**  Implemented  Not Implemented

Family Engagement for End of Life Discussions

**Process measure**

- Family engagement with NP in discussion of End of Life

**Target for process measure**

- % of families/residents supported by NP related to end of life

### Lessons Learned

Bendale Acres is actively recruiting a NP.

**Change Idea #3**  Implemented  Not Implemented

Staff Training and Development

#### Process measure

- # of staff educated on EOLC and SBAR

#### Target for process measure

- 90% of staff educated on EOLC and SBAR

### Lessons Learned

67% SSLTC End of Life/Palliative Care ELI Education completed as of December 2023.

**Change Idea #4**  Implemented  Not Implemented

Audit and Data Analysis of ED Visits

#### Process measure

- % of ED transfers reviewed

#### Target for process measure

- 100% of ED Transfers Reviewed

### Lessons Learned

100% of ED Transfers have been reviewed. These are reviewed daily and monthly and presented to Bendale Site Quality Committee with analysis.

**Comment**

Team exceeded target.

Equity | Equitable | Custom Indicator

	Last Year		This Year	
<b>Indicator #1</b>	<b>48</b>	<b>58</b>	<b>49</b>	<b>NA</b>
Designated beds filled by Francophone residents (Bendale Acres)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Increase waitlist for the POD

**Process measure**

- # of Francophone applications on the waitlist

**Target for process measure**

- We are aiming to increase francophone admissions by 10% from 48% to 58% by year end 2023

**Lessons Learned**

Though we have doubled our POD waitlist, Francophone admissions have decreased significantly due to the prioritization of crisis applications. Bendale has participated in advocacy around this barrier to designated beds.

**Change Idea #2**  Implemented  Not Implemented

Increase community partnerships with organizations serving Francophone seniors living

**Process measure**

- # of partnerships with Francophone Community Organizations; # of referrals from partnering organizations to the POD

**Target for process measure**

- We are aiming to increase francophone admissions by 10% from 48% to 58% by year end 2023

**Lessons Learned**

We have established a strong relationship with the Entite 4 and their new Executive Leadership Team. In turn we have increased the # of partnerships and referrals to waitlist

Francophone Community in Scarborough from partnering organizations to the year end 2023

& Durham Region 2) Collaborate with Home & Community Support East to determine referral channels for POD applications

POD We have collaborated with Francophone

Network of Durham Region, TAIBU, Centre d'accueil Heritage, Entite 4 and HCCS Central East to increase awareness of the POD

**Comment**

Continue to collaborations and promotion of beds. Currently 19 Francophone residents are on the waitlist.

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

	Last Year		This Year	
<b>Indicator #5</b>				
Resident/Family Experience - Laundry Services (Bendale Acres)	<b>76</b>	<b>86</b>	<b>71</b>	<b>NA</b>
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

To improve resident and family satisfaction with laundry services for personal clothing/items

**Process measure**

- Increase % of residents strongly agree/agree

**Target for process measure**

- We are aiming to increase resident satisfaction by 10%. From 76% to 86% by August 2023

**Lessons Learned**

An action plan was created by the Acting Building Manager and YOC Team. The Action Plan was carried over to 2024.

**Comment**

An action plan was created by the Acting Building Manager and YOC Team. The Action Plan was carried over to 2024.

Indicator #6	Last Year		This Year	
	Resident/Family Experience - Quality of Food (Bendale Acres)	<b>72</b> Performance (2023/24)	<b>86</b> Target (2023/24)	<b>73</b> Performance (2024/25)

**Change Idea #1**  Implemented  Not Implemented

To improve resident and resident & family satisfaction with Quality of Food

**Process measure**

- Increase % of residents strongly agree/agree

**Target for process measure**

- We are aiming to increase resident satisfaction by 21%. From 65% to 86% by August 2023

**Lessons Learned**

The action plan for improving food quality was implemented in consultation with key stakeholders and the Resident’s Food Committee. Several welcomed initiatives were implemented, including a Resident Choice Menu, Cultural Food Menus and Special Event Themed Menus. However, we must continue to address food temperature as a priority for 2024.

**Comment**

Action plan developed with stakeholders, this work will continue in 2024.

Indicator #7	Last Year		This Year	
	Toronto Public Health - Mobile Dental Pilot (Bendale Acres)	<b>CB</b> Performance (2023/24)	<b>CB</b> Target (2023/24)	<b>89</b> Performance (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Consent to screen for dental care needs

**Process measure**

- % of residents screened and % of residents who received treatment via Toronto Public Health

**Target for process measure**

- 70%-85% of residents screened

**Lessons Learned**

91 residents consented to screening. 89% of residents who consented have been screened and 74% have continued as clients of the service.

**Comment**

Residents who consented to treatment and screening are receiving needed dental services.

	Last Year		This Year	
<b>Indicator #3</b>	<b>72</b>	<b>86</b>	<b>86.50</b>	<b>NA</b>
Resident/Family - Programming and Activities (Bendale Acres)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Improve resident & family satisfaction with programming and activities

**Process measure**

- Increase % of residents strongly agree/agree

**Target for process measure**

- We are aiming to increase resident satisfaction by 14% from 72% to 85% by August 2023

**Lessons Learned**

Resident Satisfaction increased from 72% to 86.5%. Resident Services gathered information from stakeholders. All the feedback was analyzed, and an action plan was created to address gaps. The Administrator and Manager of Resident Services developed a communication strategy to raise awareness of programming with families. Staffing was also stabilized in Resident Services in 2023, with one RSA for each floor.

**Comment**

Sustainability and stakeholder engagement will continue in 2024.



Indicator #4	Last Year		This Year	
	Resident/Family Experience - Dining Experience (Bendale Acres)	<b>80</b> Performance (2023/24)	<b>86</b> Target (2023/24)	<b>80</b> Performance (2024/25)

**Change Idea #1**  Implemented  Not Implemented

To improve resident and family satisfaction with the dining experience

**Process measure**

- Increase % of residents strongly agree/agree

**Target for process measure**

- We are aiming to increase resident satisfaction by 6%. From 80% to 86% by August 2023

**Lessons Learned**

Family satisfaction increased from 81% to 89%. However, resident satisfaction decreased from 80% to 71%. The Nutrition Managers gathered information from stakeholders to create an action plan to address gaps. In October 2023, a dining room supervision schedule was implemented for all managers to be present in the dining rooms to complete Dining Experience audits. A number of additional gaps were identified from these audits that were not identified in the stakeholder engagement. The #1 request in the stakeholder engagement sessions was for music in the dining rooms. Though radios were implemented, they are not loud enough for residents or families to hear. An audio systems will be installed at Bendale Acres.

**Comment**

Will continue with action plan in 2024.