

Access and Flow | Efficient | Priority Indicator

Indicator #2	Last Year		This Year	
	Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (True Davidson Acres)	23.67 Performance (2023/24)	18 Target (2023/24)	19.69 Performance (2024/25)

Change Idea #1 Implemented Not Implemented

Review all resident transfers to that was sent to Hospital on a monthly basis

Process measure

- % of transfers to hospital reviewed on a monthly basis

Target for process measure

- 100% of transfers to hospital reviewed on a monthly basis

Lessons Learned

- o Staff Knowledge and confidence: Ongoing education to staff of awareness of the appropriate protocols for managing emergencies.
- o Family Knowledge: Involve residents and their families in the review process and resident goal of plan of care.
- o Continue education: Seek feedback from staff involved in the process to identify areas for improvement in the review workflow.

Change Idea #2 Implemented Not Implemented

Review Resident Care Plan at 14 days to ensure a Interprofessional approach to address any known risk of falls, behaviours, dehydration, infections, etc. which may prevent an Emergency Room Admission

Process measure

- % of registered staff receive further education on avoidable ED Visits

Target for process measure

- 85% of registered staff receive further education

Lessons Learned

- o Establish feedback mechanisms for staff to share their experiences and provide input on the effectiveness of the guidelines.
- o Keep staff updated on training related to any changes to guidelines or new evidence-based practices due difficulty of reach all staff, especially part-time staff.

Change Idea #3 Implemented Not Implemented

Assess resident for risk for falls within 7 days of admission

Process measure

- % of residents assessed for falls risk within 7 days of admission

Target for process measure

- 100% of residents assess for falls risk within 7 days of admission

Lessons Learned

- o Create a friendly track tool that encourages a comprehensive assessment and provides a clear falls care plan audit review for further action.

Change Idea #4 Implemented Not Implemented

Consultation before emergency room transfer

Process measure

- % of tentative emergency transfers with consult before transfer

Target for process measure

- 85% - 100% of Emergency visits

Lessons Learned

- o Continue to identify and address any barriers that may hinder RNs/RPNs from seeking timely consultation RNIC and Outreach Nurses when MD, NP and CL are not available.
- o Continue to reinforce the use of SBAR Tool to emphasize the importance of a structured communication method.
- o Continue to emphasize with the RNs/RPNs the importance of early recognition of changes in a resident's condition by assessing, planning, implementing, evaluating and follow up potential issues before they escalate.

Comment

Excellent achievement by the team.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year	
Indicator #4	CB	CB	90	NA
Resident/Family Experience - Admission (True Davidson Acres)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

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%

Lessons Learned

Training and new assessments implemented and audited.

Sustainability plan needs to be monitored to ensure audits and education are completed on a continuous basis.

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

- 85% of interprofessional care team trained

Lessons Learned

The committee partnered with Ontario CLRI where they were provided with education.

In 2024 Home partnered with HPOC who will deliver training to all frontline staff and the leadership team.

Change Idea #3 **Implemented** **Not Implemented**

Improve family experience and satisfaction and also create cohesion within departments

Process measure

- Connecting and working with all department heads to determine best processes.

Target for process measure

- The target is 100% of all department heads to be involved in determining best processes.

Lessons Learned

Committee met with summer student and worked on draft letters and booklets that can be given to families/ resident upon admission.

Comment

Various strategies to improve care and safety of residents.

	Last Year		This Year	
Indicator #3	60	75	79	NA
Resident Experience - Food (True Davidson Acres)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Re-establish the food committee and report to Resident Council Monthly

Process measure

- Monthly meeting

Target for process measure

- 10 - 12 meetings

Lessons Learned

- Attended 10 meetings
 - Actioned all concerns at the meeting
- Received input for all special menus ie Mothers day/ Easter/ Christmas
- Conducted survey of the new menu

Change Idea #2 Implemented Not Implemented

To present food on plate in a tasteful manner

Process measure

- % compliance with standard

Target for process measure

- 100% of meals served are plated as per standard

Lessons Learned

- o Provided re-education to all FSWs
- o Ensured that all staff have the tools to provide proper service (spoons /scoops)
- o After 3 cycles of the new menu, Home was able to obtain the residents likes/dislikes
- o Provided training on all new equipment
- o Adjusted portion sized

Comment

Positive feedback from residents.

	Last Year		This Year	
Indicator #5	78	85	86	NA
Resident/Family Experience - Laundry and Personal Belongings (True Davidson Acres)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Reduce the number of personal items that are misplaced and sent to external laundry contractor

Process measure

- # items sent to external laundry contract in error

Target for process measure

- zero items sent

Lessons Learned

Continuous education is required as new staff are hired. *Additional training to be provided to all staff in Q1 2024

Change Idea #2 Implemented Not Implemented

Improve the turn around time for processing the personal laundry of the residents and to ensure it is returned within 72 Hours

Process measure

- % of resident clothing processed and delivered within 72 hours

Target for process measure

- 100% of resident clothing processed and delivered within 72 hours

Lessons Learned

o Minimum of 4 linen carts delivered daily as part of the new process
Schedule created and implemented for daily deliveries

Comment

Good progress made, but training will be ongoing in 2024.

Safety | Safe | Priority Indicator

	Last Year		This Year	
Indicator #1	22.14	21	21.40	19.40
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (True Davidson Acres)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Regular inter-professional review of anti-psychotic prescribing

Process measure

- % of residents on anti-psychotics reviewed monthly by home inter-professional team.

Target for process measure

- 100% of residents on anti-psychotics reviewed monthly by home inter-professional team.

Lessons Learned

Monthly review is a useful way to monitor antipsychotic use, assess resident’s BPSD symptoms and mental health status, and adjust or taper medications. For example, when residents’ behavior become less severe, or even drowsy due to antipsychotic use, taper/stop/switch antipsychotics accordingly in a timely matter.

Change Idea #2 Implemented Not Implemented

New admissions on anti-psychotics are reviewed

Process measure

- % of new admissions on anti-psychotics reviewed at time of admission to identify non-pharmalogical approaches to address responsive behaviours.

Target for process measure

- 100% of new admissions on anti-psychotics reviewed at time of admission to identify non-pharmalogical approaches to address responsive behaviours.

Lessons Learned

Alert BSO team from the admission to initiate proper care plan can smooth resident transfer to new environment. And address new symptoms promptly. BSO team initiates referral and educate staff to optimize care for residents.

Change Idea #3 Implemented Not Implemented

Audit and feedback**Process measure**

- % of residents on anti-psychotics tracked and monitored

Target for process measure

- 100% of residents on anti-psychotics tracked and monitored

Lessons Learned

RAI to provide statistic to follow all antipsychotic use ensure not to miss any resident that is on inappropriate antipsychotic use.

Comment

Increase in residents being admitted from the community on antipsychotics.