

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

Indicator #6	Last Year		This Year	
	Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Lakeshore Lodge)	<b>20.36</b> Performance (2023/24)	<b>18</b> Target (2023/24)	<b>18.18</b> Performance (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Planned recruitment for Nurse Practitioner in 2023. Physicians to review advanced directives with resident and families based on resident's dx and health status to create realistic treatment plan to reduce ED visits/ hospitalizations.

**Process measure**

- number of ED transfers and resident % of residents with Level 1 advanced directive ( End of Life Care. Maintain comfort by ensuring pain relief and effective symptom management with the use of medications, food and fluids as necessary. The resident will remain in the home. There will be no transfer to hospital.)

**Target for process measure**

- 30% of ED transfers compared to 2022

**Lessons Learned**

Actively recruiting a new Nurse Practitioner. Previous NP provided education at resident, family council and staff meetings with good success. Additionally, each ED visit was tracked to analyze whether the visit was avoidable or otherwise.

**Comment**

Actively recruiting a new Nurse Practitioner.

**Access and Flow | Timely | Custom Indicator**

	Last Year		This Year	
<b>Indicator #1</b>	<b>CB</b>	<b>CB</b>	<b>CB</b>	<b>NA</b>
Early identifications of potentially acute issues by Nurse Practitioner - onset signs and symptoms. (Lakeshore Lodge)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

NP to identify early onset of acute conditions. To re-educate staff on physical assessment skills. To re-educate staff on SOAP documentation for residents with acute conditions and to communicate using SBAR.

**Process measure**

- Reduced number of ED transfers and hospital admission compared to 2022. b) % of early identifications / interventions by NP versus transfers to hospitals

**Target for process measure**

- 30 % of ED transfers (of all transfers - 70% admissions in 2022).

**Lessons Learned**

Registered staff assisted with assessment with NP support but the use of SOAPIE and SBAR tools still in progress; December 2023

**Comment**

Continue with recruitment strategies.

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

	Last Year		This Year	
<b>Indicator #2</b>	<b>CB</b>	<b>70</b>	<b>CB</b>	<b>NA</b>
Emotional Centred Care - CareTO (Lakeshore Lodge)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

To continue iterative process, provide staff feedback on implementation of CareTO and update practices based on Wellesley Institute feedback on CareTO

**Process measure**

- Improved resident and family satisfaction. Feedback From Wellesley Institute on CareTO development and implementation specific to inclusion and equity strengths and areas to strengthen

**Target for process measure**

- YOC and staff survey (2023) specific to CareTO

**Lessons Learned**

Care coach education and reinforcement of principles achieved. High resident satisfaction scores; Wellesley Institute completed their final report December 2023; Pilot completed by December 2023 and plans for Divisional spread in 2024.

**Comment**

Positive support for CareTO from residents and staff.

Indicator #5	Last Year		This Year	
	CB	CB	CB	NA
Palliative Care - End of Life (Lakeshore Lodge)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Palliative assessment completed. Timely identification using divisionally approved tools - PPS score, triggering end of life order resulting to interprofessional interventions. Physician and team to educate families on changes on health status and timely discussion.

**Process measure**

- # of residents with end of life order/ care.

**Target for process measure**

- create baseline

**Lessons Learned**

Education on early identification, assessments and care planning completed. Education for residents, SDM, families , caregivers and volunteers completed.

**Comment**

Implementation and training on palliative care will continue in 2024.

Indicator #7	Last Year		This Year	
	Resident Experience - Admission (Lakeshore Lodge)	<b>CB</b> Performance (2023/24)	<b>CB</b> Target (2023/24)	<b>100</b> Performance (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Modify Admission process by streamlining it

**Process measure**

- % of resident/families satisfied with admission experience

**Target for process measure**

- 85% of resident/families satisfied

**Lessons Learned**

Easy implementation with high satisfaction; Need to include process for new staff orientation

**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**

All suicide assessment training completed in April 2023 to all departments using trainer the trainer model.; Audits were done daily, new admission audit and quarterly audits. Process completed by December 2023

**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**

Education provided by CLRI. Will continue as a priority in 2024.

**Comment**

Palliative care and resident safety will continue in 2024.

	Last Year		This Year	
<b>Indicator #8</b>	<b>60</b>	<b>70</b>	<b>93</b>	<b>NA</b>
Resident Experience - Laundry and Personal Belongings (Lakeshore Lodge)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

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

Introduce laundry drop off box to be implemented. Develop a process for labelling. Educate families and staff for all new clothing to use the drop box and complete the forms. New second washing machine, increasing timely laundry return. Reduce agency use.

**Process measure**

- Number of lost clothing, decrease complaints, less use of agency

**Target for process measure**

- The target for this process measure is 70%

**Lessons Learned**

All strategies implemented with high satisfaction.

**Comment**

Exception achievement in 2023.

**Safety | Effective | Custom Indicator**

Indicator #3	Last Year		This Year	
	Evening and Weekend Programming (Lakeshore Lodge)	<b>CB</b> Performance (2023/24)	<b>CB</b> Target (2023/24)	<b>85</b> Performance (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Add question to YOC specific to evening and weekend programming and clearly defining programming in survey. Feedback from residents. Focus on the marketing and programming activities.

**Process measure**

- # of events on evenings and weekend available to residents.

**Target for process measure**

- Increased resident satisfaction

**Lessons Learned**

Staffing was a challenge because of recruitment. Ongoing process as staff accept positions but later apply for transfers to work closer to home; While RSA provide programming based on the 5 domain model, families sometimes want activities that are different than what is offered. Consultations were completed to improve satisfaction. Ongoing process evenings and weekends. Develop activity available to residents. calendar based on resident feedback. Use of volunteers and partnership to augment programs. Follow-up on Resident engagement, creation of busy boxes to be used interprofessional team/ families. implementation of feedback/ suggestions from residents/ resident council.

**Comment**

Continue to assess, develop and integrate new program to meet needs



Indicator #4	Last Year		This Year	
	Has one or more infections - focus on UTI (Lakeshore Lodge)	<b>4.70</b> Performance (2023/24)	<b>3.90</b> Target (2023/24)	<b>3.50</b> Performance (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Specifying hydration requirements for each resident in care plan (RD). Referral to dietitian for UTIs. Initiate care plan for UTI.

**Process measure**

- # of lab confirmed UTIs

**Target for process measure**

- The target for this process measure is 3.9%

**Lessons Learned**

Lessons Learned – Analyzed the reasons for testing, establishing change in behaviors, family request and chronic UTI history; Initial education complete and will pursue in 2024 to ensure appropriate testing and treatment.

**Comment**

Will continue with UTI appropriate testing and treatment in 2024.