

Access and Flow | Efficient | Optional Indicator

| Indicator #3 Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Castleview Wychwood Towers) | Last Year | | This Year | | |
|---|-----------------------------------|---------------------------|-----------------------------------|---|---------------------------|
| | 23.52 Performance (2024/25) | 20 Target (2024/25) | 23.42 Performance (2025/26) | 0.43% Percentage Improvement (2025/26) | 20 Target (2025/26) |

Change Idea #1 Implemented

Nurse Practitioner to lead team reviews of high risk residents on each home area.

Process measure

- % of completed weekly rounds

Target for process measure

- 100% of rounds completed as scheduled

Lessons Learned

Routine quality care rounds by Nurse Practitioners for new admissions, changes in health status, and high-risk residents supported early identification and timely intervention.

Change Idea #2 Implemented

Ad hoc post re-admission and high risk resident care conferences to discuss significant changes in health status.

Process measure

- % of ad hoc care conferences held for re-admissions and high risk residents with significant changes in health status

Target for process measure

- 100% of re-admissions and high risk residents with significant changes in health status to have ad hoc conference

Lessons Learned

Ad hoc post re-admission and high risk resident care conferences to discuss significant changes in health status were held.

Change Idea #3 Implemented

Clinical assessment training for registered staff

Process measure

- % of full time staff trained

Target for process measure

- 100% of full time registered staff trained on clinical assessments.

Lessons Learned

Enhanced training is essential to help staff identify acute changes in residents' conditions, particularly in monitoring bowels, dehydration, skin integrity and respiratory infections.

Comment

The home will continue to monitor in 2025.

Equity | Equitable | **Optional Indicator**

| Indicator #2 | Last Year | | This Year | | |
|--|--------------------------|---------------------|--------------------------|--|---------------------|
| | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |
| Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Castleview Wychwood Towers) | 32.76 | 100 | 63.18 | 92.86% | 100 |

Change Idea #1 Not Implemented

Continue with Equity, Diversity and Inclusion training for all staff

Process measure

- % completion rate

Target for process measure

- 100% of managers and staff trained.

Lessons Learned

Scheduling processes are in place to ensure remaining staff complete training as planned, promoting full participation across the team.

Comment

Training will continue in 2025.

| Indicator #5 Response to "My issues, concerns or requests for information are addressed." (Castleview Wychwood Towers) | Last Year | | This Year | | |
|---|--------------------------|---------------------|--------------------------|-------------------------------------|---------------------|
| | 71.00 | 83 | 76.00 | -- | NA |
| | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |

Change Idea #1 Implemented

Communication strategies for Korean resident population.

Process measure

- % of Korean residents with positive communication experiences

Target for process measure

- 86% of residents responding that they have positive communication experiences

Lessons Learned

Creating cue cards, posters, and visual aids tailored for residents can enhance engagement and understanding. Integrating elements that reflect Korean culture within the facility helps foster a welcoming and inclusive atmosphere. Using tools like google translate supports language needs; coordinating with IT to install translation apps on facility iPads can enhance communication.

Partnering with local Korean churches, especially those with youth programs, can bring valuable cultural support and involvement. Including both English and Korean on resident name plates improves recognition and personalization for residents. Regular engagement meetings provide valuable insights from residents, enabling continuous improvement and in services.

| Indicator #4 Residents experience positive admission process. (Castleview Wychwood Towers) | Last Year | | This Year | | |
|---|--------------------------|---------------------|--------------------------|-------------------------------------|---------------------|
| | 81.00 | 93 | 89.00 | -- | NA |
| | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |

Change Idea #1 Implemented

Admission process

Process measure

- % of new admissions with a positive experience

Target for process measure

- 95% of new admissions with a positive experience

Lessons Learned

Listening to family feedback helps ensure a smooth transition for new residents. Taking resident photos immediately upon admission supports accurate identification and records. Providing a welcome package helps residents feel more comfortable and supported.

Change Idea #2 Implemented

Assessment and pain management for new admissions

Process measure

- % of new admissions with appropriate pain management interventions

Target for process measure

- 100% of new admissions

Lessons Learned

Completing all checklists and assessments, with nurse managers overseeing timely submission to Director of Nursing, ensures comprehensive onboarding.

Safety | Safe | Custom Indicator

| Indicator #6 Restraint utilization (Castleview Wychwood Towers) | Last Year | | This Year | | |
|--|--------------------------|---------------------|--------------------------|--|---------------------|
| | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |
| | 2.40 | 1.90 | 2.84 | -- | NA |

Change Idea #1 Implemented

Interprofessional monthly meeting to discuss resident on restraint/PASD

Process measure

- % of monthly meetings held

Target for process measure

- 100 % of monthly meetings scheduled held with team members

Lessons Learned

Regular restraint committee meetings promote a team-based approach to decision making.

Change Idea #2 Implemented

RAI MDS Audits to be completed

Process measure

- % of residents correctly coded

Target for process measure

- 100 % of residents correctly coded after audit

Lessons Learned

Conducting regular audits ensures accurate documentation and compliance with restraint policies.

Change Idea #3 Implemented

Staff education on restraint and PASD requirements and documentation

Process measure

- % Full time Staff trained on restraint and PASD requirements, assessment and documentation

Target for process measure

- 100% of full time registered staff trained

Lessons Learned

Ongoing training on the use of restraints and PASD, along with documentation requirements is essential for effective and safe practice.

Safety | Safe | Optional Indicator

| Indicator #1 | Last Year | | This Year | | |
|--|--------------------------|---------------------|--------------------------|--|---------------------|
| | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |
| Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Castleview Wychwood Towers) | 23.72 | 20 | 18.06 | 23.86% | 16 |

Change Idea #1 Implemented

Quarterly drug reviews

Process measure

- % of quarterly reviews completed with interprofessional team in attendance

Target for process measure

- 100% of scheduled drug reviews held with interprofessional team

Lessons Learned

Quarterly reviews help assess the appropriateness of antipsychotic medication use and identify opportunities for reduction. Training staff to document symptoms like delusions and hallucinations accurately supports better assessment and care planning. Enhanced Physician diagnostic practices ensure antipsychotics are prescribed only when clinically appropriate and diagnoses are accurate and up to date.

Change Idea #2 Implemented

Coding reviews completed by RAI MDS team

Process measure

- % of residents properly coded, with supporting documentation

Target for process measure

- 100% of residents properly coded

Lessons Learned

Regular audits maintain accuracy in RAI coding, supporting better data and care insights.

Change Idea #3 Implemented

Monthly BSO rounds

Process measure

- % of monthly BSO rounds scheduled and held

Target for process measure

- 100% of BSO rounds completed

Lessons Learned

Consistent meetings provide a platform for continuous oversight and discussion on antipsychotic use.

Change Idea #4 Implemented

Monthly Medication Management meeting

Process measure

- % of medication management meetings held as schedule with team members in attendance

Target for process measure

- 100 % of meetings held as scheduled to review antipsychotic usage

Lessons Learned

Consistent meetings provide a platform for continuous oversight and discussion on antipsychotic use.