

**Access and Flow | Efficient | Optional Indicator**

Indicator #6 Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Seven Oaks)	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
	21.20	18	26.87	-26.75%	23

**Change Idea #1 Implemented**

Consultation before emergency room transfer.

**Process measure**

- % of emergency transfers with consult before transfer

**Target for process measure**

- 100% of tentative emergency transfers to have a consult before the transfer either with Nurse Practitioner, LTC+ or Physician

**Lessons Learned**

There is opportunity to improve communication between the Registered Nurse (RN), Nurse Manager, Physician, or Nurse Practitioner (NP) before a transfer. The importance of having a full complement of Nurse Managers and staffing ensures that each unit has dedicated leadership, and staffing which helps improve the overall healthcare outcome of residents.

Staff may still be in the process of adjusting to new workflows or communication channels involving the Nurse Practitioner. This could include learning how to effectively reach out to the NP, understanding the role the NP plays in decision-making, or becoming familiar with how the NP can assist in avoiding ED transfers. Utilizing the opportunity to have the NLOT (Nurse lead outreach team) Scarborough Health Network be consulted before resident transfer to hospital.

## **Change Idea #2 Implemented**

Nurse Practitioner to provide education/clinical rounds with Registered Staff in recognition of changes in status.

### **Process measure**

- % of care plans that reflect residents health status/goals of care

### **Target for process measure**

- 100% of care plans reflect resident's care needs

### **Lessons Learned**

Ongoing Learning and Improvement

Clinical rounds provided an opportunity for staff to discuss resident's concerns directly with the NP, allowing for real-time guidance and support in managing changes in patient conditions. This helped staff feel more confident in making informed decisions about when to escalate care or manage patients within the facility. Regular rounds and ongoing education sessions are important for continuous improvement. Staff felt supported in their learning and were able to apply new knowledge, contributing to better outcomes for residents.

### **Comment**

The home will continue to monitor in 2025.

Equity | Equitable | **Optional Indicator**

	Last Year		This Year		
<b>Indicator #5</b>	<b>36.70</b>	<b>100</b>	<b>69.66</b>	<b>89.81%</b>	<b>100</b>
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Seven Oaks)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

## Change Idea #1 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

Process for conducting the training will need to be streamlined including multiple training formats, in-person, and virtual to accommodate staff schedules. Offer multiple training times or asynchronous options that can accommodate different schedules and work arrangements.

### Comment

Training will continue in 2025.

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

	Last Year		This Year		
<b>Indicator #3</b>	<b>83.00</b>	<b>90</b>	<b>86.00</b>	<b>--</b>	<b>NA</b>
Percentage of resident's responded "my Issues, concerns or requests for information are addressed". (Seven Oaks)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1 Implemented**

Managers attend Resident Council meetings when invited.

**Process measure**

- % of Managers who attend Resident Council Meeting when invited.

**Target for process measure**

- 100% of manager attend once invited

**Lessons Learned**

Management presence in council meetings (on invitation) allows for open dialogue, reducing misunderstandings and ensuring that both are aligned on goals and expectations. Resident councils are empowered more to feel involved and invested in the quality of their living in Seven Oaks, leading to a more positive and cooperative culture.

**Change Idea #2 Implemented**

Resident Services Manager will consult with residents to determine communication areas of improvement.

**Process measure**

- % of residents with a CPS 0-2 engaged on an ongoing basis.

**Target for process measure**

- 100% of residents with CPS 0-2

**Lessons Learned**

The Resident Services Manager addresses communication gaps and ensures that residents are better informed, can more easily access services, and are aware of any changes or important updates within the facility.

The home will implement a tracking system that can help staff and management team prioritize and follow up on requests or issues promptly. Furthermore, the home will strengthen the follow-up process by ensuring staff and managers actively check back with residents after addressing their concerns. The home will also establish a clear system to monitor and ensure that each concern is resolved to the resident's satisfaction. Lastly, the home will create an approach for residents who are unsure how or where to submit their issues or requests for information, they may feel that their concerns are not being addressed.

**Change Idea #3 Implemented**

Education for Staff at Dept. meetings regarding Customer Service (standards of employee Conduct)

**Process measure**

- % of meetings with actioned customer service standing agenda item.

**Target for process measure**

- 100% of meetings have customer service standing agenda item

**Lessons Learned**

Department managers incorporate customer service (standard of employee conduct) as a standing agenda item in their monthly meetings with staff and Home town hall meetings as it reflects a strategic effort to prioritize customer service and maintain high standards of professional behaviour in Seven Oaks.

Indicator #4 Percentage of resident's responded "My personal belongings are treated with respect". (Seven Oaks)	Last Year		This Year		
	83.00	90	82.00	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1 Implemented**

Managers attend Resident Council meetings when invited.

**Process measure**

- % of Managers who attend Resident Council Meeting when invited.

**Target for process measure**

- 100% of manager attend once invited

**Lessons Learned**

Resident councils are empowered more to feel involved and invested in the quality of their living in Seven Oaks, leading to a more positive and engaged culture.

## Change Idea #2 Implemented

Resident Services Manager will consult with residents to determine communication areas of improvement.

### Process measure

- % of residents with a CPS 0-2 engaged on an ongoing basis.

### Target for process measure

- 100% of residents with CPS 0-2

### Lessons Learned

Resident Services Manager addresses communication gaps and ensures that residents are better informed, can more easily access services, and are aware of any changes or important updates within the facility.

### Safety | Safe | **Optional Indicator**

	Last Year		This Year		
<b>Indicator #1</b>	<b>11.53</b>	<b>10</b>	<b>13.65</b>	<b>-18.39%</b>	<b>11</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Seven Oaks)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

## Change Idea #1 Implemented

Falls Committee will meet monthly and review care plan for high risk residents

### Process measure

Report Accessed: March 14, 2025

- % of committee meetings held

**Target for process measure**

- 100% of monthly meetings held

**Lessons Learned**

Consistent monitoring and evaluation

Monthly meetings provide a regular opportunity to assess the care plans of high-risk residents. This consistency ensures that any changes in the resident's condition or risk factors are quickly identified and addressed. The importance of proactively reviewing risk management reports and regular review of care plans allows for early identification of potential risks and ensures that preventative strategies, such as mobility aids or environmental modifications, are in place before a fall occurs.

**Change Idea #2 Implemented**

Align Nursing and Physiotherapy Care Plan Interventions

**Process measure**

- % of consults completed with physiotherapist for all admissions

**Target for process measure**

- 100% of new admissions

**Lessons Learned**

Improved interdisciplinary collaboration of RN/RPN and physiotherapists in working together to align their interventions to ensure a more holistic approach to resident care. The importance of post-fall huddle and just-in-time education and identification of root



cause of falls. Regular communication between nurses and physiotherapists likely played a key role in aligning care plans. Through joint assessments and

post-fall huddles, both teams could share valuable information about a resident's progress, risks, and needs, leading to more tailored and

effective interventions

### **Change Idea #3 Implemented**

Risk Management - Fall incident reports will be reviewed, analyzed and trended to identify high risk areas that require focused attention

#### **Process measure**

- % of fall incidents reviewed and included in the trending analysis

#### **Target for process measure**

- 100% of fall incidents will be reviewed

#### **Lessons Learned**

It is important to review risk management in a timely manner.

The PCC system was able to run risk management trending through incident analysis.

### **Change Idea #4 Implemented**

Critical Incidents – Falls leading to hospital transfers and Critical Incident reporting will be analyzed with a root cause analysis to prevent recurrence

**Process measure**

- % of CIs reviewed, analyzed and care plan updated

**Target for process measure**

- 100% of fall related to CIs will be reviewed and analyzed

**Lessons Learned**

Utilization of root cause analysis approach for critical incidents related to falls was beneficial. Interprofessional care plan huddle. Nursing ensures to align the intervention with Physiotherapist recommendations. Effectiveness of PCC assessment – post-fall interprofessional huddles and timeline to be completed.

**Comment**

This indicator will be a focus in 2025.

Indicator #2	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 (Seven Oaks)	22.09	18	12.17	44.91%	12

**Change Idea #1 Implemented**

BSO led monthly inter-professional review of anti-psychotic prescribing methods

**Process measure**

- % of residents prescribed anti-psychotics with regular inter-professional reviews

**Target for process measure**

- 100% of residents prescribed anti-psychotics with regular inter-professional reviews

**Lessons Learned**

The BSO (Behavioural Supports Ontario) team meets with attending MD to ensure that residents are appropriately prescribed antipsychotic medication. Specifically, this process ensures that a medical diagnosis is clearly documented before prescribing such medications. Ensure that the prescription complies with applicable regulatory guidelines, including the Ontario Ministry of Health and Long-Term Care's directives regarding the use of antipsychotic medications in long-term care settings. The pharmacist provides the home report on a monthly basis discusses antipsychotic usage and provides recommendations to the home site quality meeting team.

**Change Idea #2 Implemented**

New admissions on anti-psychotics are reviewed

**Process measure**

- % of new admissions on anti-psychotics reviewed 100% of new admissions has DOS Monitoring

**Target for process measure**

- 100% of new admissions on anti-psychotics reviewed

**Lessons Learned**

The BSO team will be checking if any previous antipsychotic medications have been prescribed to the resident, and if so, assess their effectiveness and any adverse effects. Reviewing diagnosis prior to admission or during admission application review. Management requesting a list of updated medications as part of the admissions review.

New resident admission starts on DOS monitoring for 5-7 days or as needed, for any new resident with a history of responsive behaviours. Results are being analysed and evaluated after the observation periods and create person-centred care plan including identified triggers for responsive behaviours.