Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #7 Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (True Davidson Acres)	**19.69** Performance (2024/25)	**18** Target (2024/25)	**15.21** Performance (2025/26)	**22.75%** Percentage Improvement (2025/26)	**15** Target (2025/26)

Change Idea #1 Not Implemented

Collaborate with NLOTs to provide in-home services/ education

Process measure

• % of active Registered staff who were educated on strategies to avoid ED visits

Target for process measure

• 100% of active registered staff who received education

Lessons Learned

NLOT team was unable to schedule education for staff.

Change Idea #2 Implemented

Expand Registered staff scope of practice such as IV/ hydration strategies

Process measure

• % of all full time Registered staff who have residents that require IV/ Hydration treatment will receive additional education from

the NP/ NLOT/ Clinical Lead.

Target for process measure

• 100% of full time registered staff whose resident's required IV/ Hydration treatment will receive additional education

Lessons Learned

Education was provided when resident needed IV hydration and/or antibiotics. Staff are willing to learn IV skills, especially how to maintain IV. Will continue to have this as one of the change ideas in 2025. But the target is not 100% of full-time registered staff who are providing IV treatments. How to maintain IV is also long term goal for the whole division. This will be the goal for our Home in 2025.

Change Idea #3 Implemented

Review all residents who are transferred to hospital on a monthly basis

Process measure

• % of transfers to hospital reviewed on a monthly basis

Target for process measure

• 100% of resident hospital transfers will be reviewed monthly

Lessons Learned

ED committee monthly meetings are very useful. Analysis of ED visits was beneficial in narrowing reason for transfers and Foley catheter insertion is one of the most common reasons that lead to ED transfer. NP provide refresh training to day/evening/night registered staff. 71 registered staff received training. Will continue this strategy in 2025. In 2025, a new change idea will be to help registered staff to refresh nursing skills. Clinical lead and NP will group together to provide education monthly. Education sessions will focus on the common reasons lead to ED transfer that are avoidable.

Comment

The home will continue to monitor in 2025.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #6 Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (True Davidson Acres)	**35.60** Performance (2024/25)	**100** Target (2024/25)	**69.90** Performance (2025/26)	**96.35%** Percentage Improvement (2025/26)	**100** 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

Staffing shortage to replace staffs created challenges to schedule training. Will continue to work to see how to balance training with operational needs.

Comment

Training will continue in 2025.

	Last Year		This Year		
Indicator #5 Percentage of resident's who responded "the variety and quality of food meets my needs". (True Davidson Acres)	**79.00** Performance (2024/25)	**85** Target (2024/25)	**63.00** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 Implemented

Food Committee Maintained as part of Residents' Council

Process measure

• % of monthly Resident Council meetings attended by Food and Nutrition Manager(s)

Target for process measure

• 100% of Resident Council meetings will include the Residents' Food Committee

Lessons Learned

In coordination with the CareTO coordinator, residents have expressed a desire for seasoning options to be made available on their respective units. A coffee tasting and a review of the coffee machine have been conducted to address residents' feedback. Additionally, education sessions related to the issues raised have been provided to the committee.

Change Idea #2 Implemented

Dining Experience Improvement

Process measure

• % compliance with plating standard

Target for process measure

• 100% of meals serviced will be plated as per standard

Lessons Learned

22 Food Service Workers (FSWs) have received training on enhancing the dining experience. Remaining staff without the education will receive in 2025. In partnership with the nursing department, an education session will be planned to benefit all staff and further improve the dining experience for the residents.

Comment

This indicator will continue to be an areas of focus in 2025.

	Last Year		This Year		
Indicator #3 Percentage of LTC home residents who responded "personal laundry services meets my needs" (True Davidson Acres)	**84.00** Performance (2024/25)	**90** Target (2024/25)	**85.00** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 Implemented

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

Process measure

• % of items sent to external laundry contract in error

Target for process measure

• 0% resident clothing items will be misplaced or returned in error

Lessons Learned

In 2024, there were 1604 items went to EcoTex for wash which impacted residents, since their items are to be washed in home.

Change Idea #2 Implemented

Education for full time Staff in Laundry and Nursing

Process measure

• % of full time Laundry Services staff and full time Nursing provided with re-education.

Target for process measure

• 100% of full time staff laundry and nursing re-educated (quarterly updates will be included in General Staff Meetings)

Lessons Learned

Nurse Managers reviewed with staff the procedure of sending hip protector for laundry

Nurse Managers followed up with the individual unit which sending the hip protector with the resident's soiled items

Change Idea #3 Implemented

Labelling of Clothing

Process measure

• % of resident's new clothing items labelled and returned within 72 hours % of weekly audits completed by Supervisor Building Services to ensure compliance

Target for process measure

• 100% of all new clothing items will be labelled and returned within 72 hours 100% of weekly audits will be completed by Supervisor Building Services

Lessons Learned

Scheduled staff for new admission, internal transfer and to label clothing received as gifts.

	Last Year		This Year		
Indicator #2 Percentage of LTC home residents who responded "I am satisfied with the quality of care and services since the implementation of CareTO". (True Davidson Acres)	**CB** Performance (2024/25)	**CB** Target (2024/25)	**CB** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 Implemented

Implementation of CareTO – Social Model of Care

Process measure

• % of "What matters Most" focus groups held prior to CareTO Kick-Off date.

Target for process measure

• 100% of focus groups will be held prior to CareTO Kick-Off date.

Lessons Learned

After meeting and discussing about CareTO, positive feedback was received from different partners with it's implementation. Majority of staff were happy with CareTO and what it will bring, however, some staff had some doubts about if it will be successful or not.

Change Idea #2 Not Implemented

Implementation of CareTO - CareTO Education training

Process measure

• % of full time staff trained on CareTO

Target for process measure

• 100% of full time staff will complete CareTO training

Lessons Learned

Currently education is still ongoing for Modules 1 & 2 (Person centered Care & Equitable, Diverse, and inclusive care). Have not provided education for Modules 3, 4, 5 yet. Challenges were identified with trying to replace staff on the unit due to shortages overall within the home. Adding additional training days assisted with catching some staff to attend training as it provided more availability for them to attend.

Change Idea #3 Not Implemented

Implementation of CareTO - Staff Support

Process measure

• % of floors with clinic leads to support CareTO prior to Q3

Target for process measure

• 100% of floors will have clinic leads to support CareTO prior to Q3

Lessons Learned

Currently we have 3 Clinical leads at this moment in time, however we have a total of 5 floors.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1 Percentage of LTC home residents who fell in the 30 days leading up to their assessment (True Davidson Acres)	**12.13** Performance (2024/25)	**11** Target (2024/25)	**13.39** Performance (2025/26)	**-10.39%** Percentage Improvement (2025/26)	**12** Target (2025/26)

Change Idea #1 Implemented

Post Fall Huddle Education

Process measure

• % of full time staff who completed the New Post Fall Huddle Education

Target for process measure

• 100% of all active full time Registered staff will complete the New Post Fall Huddle Education

Lessons Learned

Post fall huddle has been effective in reviewing high risk resident. All falls are reviewed within 10 days post fall. 3 days a week the team meets to review all residents that have fallen. Strategies have been updated to reflect the prevention of injury vs the prevention of a fall.

Comment

This indicator will be a priority in 2025.

	Last Year		This Year		
Indicator #4 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (True Davidson Acres)	**21.40** Performance (2024/25)	**19.40** Target (2024/25)	**26.29** Performance (2025/26)	**-22.85%** Percentage Improvement (2025/26)	**23** Target (2025/26)

Change Idea #1 Implemented

Monthly inter-professional review of anti-psychotic prescribing

Process measure

• % of residents on antipsychotic medication documents that are reviewed quarterly

Target for process measure

• 100% of resident antipsychotic medication documentation will be reviewed quarterly

Lessons Learned

Committee members including BSO lead, clinical leads, RAI lead, pharmacist and NP analyze every resident that is on antipsychotics and discuss if it is proper use. The committee also propose non-pharmacologic strategies to help with residents' behaviours. Taper or discontinue antipsychotics promptly. Report back to all registered staff during monthly "Nursing Practice meeting" and on-site QI meeting.

Change Idea #2 Implemented

BSO Support Participation

Process measure

• % of Care Team antipsychotic review meetings attended by BSO Lead

Target for process measure

• 100% of Care Team antipsychotic review meetings will be attended by BSO Lead

Lessons Learned

BSO lead join the GHMOP team round regularly. Update management plan (GHMOP report from Geri psychiatrist) including non-pharmacologic and pharmacologic to unit staff, MD/NP.

Change Idea #3 Implemented

4 GPA Training Sessions

Process measure

• % of front-line staff (NS/RS/BS/F&NS) trained by end of 2024

Target for process measure

• 100% of full time front-line staff (NS/RS/BS/F&NS) will have completed Gentle Persuasive Approach (GPA) training by end of 2024

Lessons Learned

Ongoing GPA training will guide staff of the proper approach to residents with behaviors. In 2024, 63 staff attended the GPA training. GPA training will continue in 2025. In 2025, as staff are changing, e.g. move to other sister Homes, resigned, leave, etc, 100% achievement is difficult. Suggest changing to a more realistic number.

Comment

This indicator will continue to be a priority in 2025.