

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

	Last Year		This Year		
<b>Indicator #6</b>	<b>21.02</b>	<b>18</b>	<b>26.25</b>	<b>-24.88%</b>	<b>23.25</b>
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Carefree Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1 Implemented**

Hydration Focus

**Process measure**

- % of RD referrals sent related to low fluid intake (<1L/day)

**Target for process measure**

- 95% of residents referred to RD when fluid is low

**Lessons Learned**

RNIC provided fluid intake reports once daily and flag any residents with low fluid intake for Registered Dietician for further follow up.

**Change Idea #2 Implemented**

SBAR Tool Education

**Process measure**

- % of full time registered staff trained on how to apply SBAR tool

**Target for process measure**

- 100% of full time staff trained in SBAR

**Lessons Learned**

**Change Idea #3 Implemented**

Review and audits of ED transfer monthly.

**Process measure**

- % residents that were admitted for further treatment or residents being provided with treatment at ED that is urgent and not available at LTCH.

**Target for process measure**

- 100% of emergency visits reviewed (residents urgent and treatment not available at LTCH).

**Lessons Learned**

RAI\_MDs to track and provide report to the committee to mitigate the ED transfers. RAI\_MDS, DON, NM, physician, and NP reviewed. Opportunity to assess coverage on weekends.

**Comment**

The home will continue to monitor in 2025.

Equity | Equitable | **Optional Indicator**

	Last Year		This Year		
<b>Indicator #5</b>	<b>45.05</b>	<b>100</b>	<b>83.33</b>	<b>84.97%</b>	<b>100</b>
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Carefree Lodge)	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

Managers are all trained, focus in 2025 will be to have staff scheduled to attend.

### Comment

Training will continue in 2025.

Indicator #4 Percentage of resident's responded "The variety and quality of food meets my needs". (Carefree Lodge)	Last Year		This Year		
	75.00	85	77.00	--	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

## Change Idea #1 Implemented

Food ordering system by PSW staff

### Process measure

- % of PSW staff who received education, by the first quarter of the year

### Target for process measure

- 80% of PSW's to receive education

### Lessons Learned

This will continue in 2025.

## Change Idea #2 Implemented

Improve the Variety and quality of foods offered.

### Process measure

- % of respondents satisfied with changes to menu

### Target for process measure

- 85% of respondents satisfied with changes to menu

### Lessons Learned

Slight improvement in rating.

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of resident's responded "the variety and quality of activities meets my needs". (Carefree Lodge)	79.00	85	77.00	--	NA

### Change Idea #1 Implemented

Increase Programs offered in Activity Calendars

#### Process measure

- % of calendars that meet requirements

#### Target for process measure

- 80 % of calendars meet requirements

### Lessons Learned

Access to new programs were offered in 2024.

Safety | Safe | Optional Indicator

	Last Year		This Year		
<b>Indicator #1</b>	<b>12.83</b>	<b>11</b>	<b>12.74</b>	<b>0.70%</b>	<b>10</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Carefree Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1 Implemented**

Interdisciplinary falls rounds and care plan review

**Process measure**

- % of residents who fell and interdisciplinary review completed

**Target for process measure**

- 100 % of residents who had a fall to be included in review and falls round

**Lessons Learned**

Focus will be to support interdisciplinary participation in falls reviews.

**Change Idea #2 Implemented**

Falls Montessori program for residents with frequent falls

**Process measure**

- % of residents who experienced a decrease in the number of falls

**Target for process measure**

- 80% of residents experienced less falls

**Lessons Learned**

Montessori program provided daily to residents with multiple falls to aid in reducing the rate of multiple falls.

**Change Idea #3 Implemented**

Weekly assessment for bed/chair alarms

**Process measure**

- % of residents with bed/chair alarms audited

**Target for process measure**

- 85% of residents audited

**Lessons Learned**

Audits completed for residents with bed/chair alarm by falls working group bi-weekly to assess residents need for the equipment.

**Change Idea #4 Implemented**

Monthly medication review related to falls

**Process measure**

- % of residents assessed who may be on a medication that increases risk for falls

**Target for process measure**

- 100% of resident reviewed

### Lessons Learned

Interdisciplinary team collaboration to assess and analyze monthly medications of residents who have had falls were held.

### Comment

The home will continue to monitor 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 (Carefree Lodge)	13.70	12	15.27	-11.46%	12.27

### Change Idea #1 Implemented

Monthly antipsychotic review by interdisciplinary team and BSO

### Process measure

- % of residents reviewed who are on antipsychotic

### Target for process measure

- 100% of residents reviewed

### Lessons Learned

Continue in 2024



## **Change Idea #2 Implemented**

GPA training for staff

### **Process measure**

- % of full time nursing staff previously not trained

### **Target for process measure**

- 100% of full time nursing staff with GPA training

### **Lessons Learned**

24% completion, team will review opportunities for training in 2025.

### **Comment**

The home will continue to monitor in 2025.