

Access and Flow | Efficient | Priority Indicator

Indicator #4	Last Year		This Year		
	Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Burton Manor)	18.54 Performance (2023/24)	17 Target (2023/24)	18.71 Performance (2024/25)	-0.92% Percentage Improvement (2024/25)

Change Idea #1 Implemented Not Implemented

Continue to utilize attending physician , NP , NPNLOT team , on call physicians on regular basis to receive education training and guidance on early recognition of and treatment .

Process measure

- Residents will be assessed in house by NP , attending physicians and other resources prior to ED transfer - Number of fall risk assessments are reviewed on monthly basis - utilization of SBAR tool by registered staff prior to contacting physician , NP

Target for process measure

- ED transfer rates and utilization of resources

Lessons Learned

- Utilization of NP , NPNLOT team and attending physician has reduce the number of ED transfers

Change Idea #2 Implemented Not Implemented

Train all newly hired and existing registered staff to use SBAR at the time of orientation and as needed

Process measure

- evaluate the success and sustainability of SBAR tool - Educate of proper documentation with the use of SBAR tool will show clear picture of resident transfers

Target for process measure

- - 100% staff education and awareness to do documentation by using SBAR tool to minimize the ED visit .

Lessons Learned

Registered staff have been trained on utilizing SBAR tool

Change Idea #3 Implemented Not Implemented

Resident and family engagement ,education and involvement in resident plan of care For eg POET project and end of care planning

Process measure

- Registered staff and MD will provide education to families related to Treatment plan at the time of care conference, situational care conference in case decline in resident's health condition.

Target for process measure

- Reduction in ED transfer visit

Lessons Learned

POET has been successfully implemented in 2023

Change Idea #4 Implemented Not Implemented

- FT in house NP has been hired and home ahs medical services 6 days a week

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

NP was hired in December 2023 , home utilized NPNLOT team until home hired a FT NP

Change Idea #5 Implemented Not Implemented

- Home has purchased bladder scanner which has helped in reducing scary hospital transfer

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Bladder scanner was purchased through local priority funding by Ontario Health , this has helped in reducing few hospital transfers

Change Idea #6 Implemented Not Implemented

Home has purchase suture kits to be utilized in house to avoid hospital transfers

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Suture kits were also utilized by NP's in house and this has reduced few hospital transfers

Comment

Home has medical service available for residents in house 7 days a week and all residents are thoroughly assessed by registered staff , NP and MD's prior to transferring to hospital , however some transfers were family driven and could have been avoided and treated in house

Experience | Patient-centred | Priority Indicator

	Last Year		This Year		
Indicator #3	78.38	80	87.50	11.64%	92.50
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Burton Manor)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Percentage Improvement (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

- Specific training in this area

Process measure

- Annual training and at least quarterly and departmental and home area meetings to provide education

Target for process measure

- To reach the target of 80%

Lessons Learned

QAP has been developed and implemented

Change Idea #2 Implemented Not Implemented

- Front line staff will be trained on customer service

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Customer service education has been completed for all new hires and annually .

Change Idea #3 **Implemented** **Not Implemented**

PSW compliment has been increased from 3 - 4 to improve resident care

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

4th PSW has been added on day and evening shift on all four home areas . 5th PSW's were added on 3 home areas later in the year 2023 to improve resident care

Comment

There has been very low number of residents/families participated in the survey . Home has developed a QAP and staff will be trained on providing best care to residents .

	Last Year		This Year		
Indicator #2	91.43	92	35.00	-61.72%	65
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Burton Manor)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Percentage Improvement (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Continue to support and recognize staff for listening well

Process measure

- The outcome on this question when resident survey goes out in end of February 2023

Target for process measure

- 90% plus rate in satisfaction in regards to listening to residents

Lessons Learned

- Staff are reminded time to time by management team for all the great work they do .
- Staff appreciation days are celebrated frequently by management team and the families

Change Idea #2 Implemented Not Implemented

- Increased front line staff compliment and addition of FT Social worker will enhance the resident and family satisfaction

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

PSW compliment increased from 3- 4 per home area on days and evening shift and 2 PSW per home area on nights , this has improved staff to resident care hours

Change Idea #3 Implemented Not Implemented

Resident's and families concerns were acknowledged and thorough follow up completed and responded in a timely manner

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

All concerns have been acknowledged and addressed in a timely manner by leadership team

Comment

This year there were low number of participation , only 40 out of 128 residents / families have completed the survey , this has a huge impact on the low rate to this question .Home has developed QAP to improve resident and family satisfaction and this has been communicated with front line staff . Complaints and concern from residents and families have been followed up in an timely manner and trend has been analyzed to improve satisfaction

Safety | Safe | Priority Indicator

	Last Year		This Year		
Indicator #1	16.43	15	16.88	-2.74%	15
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Burton Manor)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Percentage Improvement (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Working with Pharmacist , MD and NP's to ensure that residents using antipsychotic medications have a medical diagnosis and reason for use is identified

Process measure

- Regular audits of charts for those residents we know that are on antipsychotics by DBSO

Target for process measure

- Review of all residents charts on admission by DBSO and quarterly and annually by Pharmacist

Lessons Learned

- DBSO worked closely with MD , Pharmacy consultant , NP to reduce the number of antipsychotics without the diagnosis of psychosis however we had couple of new move in's with low dose of antipsychotics that were not possible to discontinue . DBSO will continue to work with medical team to add the diagnosis of psychosis as needed or to discontinue the use of antipsychotics based on assessment .
- Use of antipsychotics are also discussed with residents and families during admission , 6 weeks and annual care conferences

Change Idea #2 Implemented Not Implemented

Continue to utilize community resources to manage responsive behaviors

Process measure

- Regular audits of charts , staff education ,

Target for process measure

- assess all new admission for antipsychotic and review the actual need for it

Lessons Learned

- PRC , TRC , NB NP team and Psychiatrist from community have been utilized to manage responsive behaviors

Change Idea #3 Implemented Not Implemented

Involvement of BSO PSW in Montessori activities as well as educating staff on management of responsive behaviors

Process measure

- - all new hires and students will be training on management of responsive behavior

Target for process measure

- - Staff education will improve residents with responsive behaviors and reduce the number of antipsychotics

Lessons Learned

- FT BSO PSW has been hired in 2023 and they have been utilized to manage responsive behaviors through Montessori programs and other activities

Change Idea #4 Implemented Not Implemented

- Home has 3 GPA coaches who conduct GPA training monthly for all staff

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

GPA coaches provided ongoing GPA training for new hires and existing staff

Change Idea #5 Implemented Not Implemented

- Pharmacy consultant and NP will be utilized to provide education to frontline staff

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Pharmacy consultant provided education on antipsychotic use for registered staff in 2023

Change Idea #6 Implemented Not Implemented

- Targeted recreational activates such as music therapy , sensory stimulation projector to manage responsive behavior

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Home had purchased sensory stimulation projector in 2023 and this has been used to manage responsive behaviors among residents

Change Idea #7 **Implemented** **Not Implemented**

Home participated in ISMP's Trailblazer project on reducing the number of antipsychotic use without the diagnosis of psychosis

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

DBSO lead this project and worked closely with MD and pharmacy consultants to reduce the number of antipsychotic use without the diagnosis of psychosis

Comment

DBSO is working closely with NP , MD and Pharmacy consultant to reduce the number of antipsychotic use without the diagnosis of psychosis , however we had several residents moved in with low dose of antipsychotics which were difficult to reduce or discontinue which has increased the number of antipsychotic use .

