Access and Flow | Efficient | Priority Indicator

Indicator #4

Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Henley Place)

Last Year		This Year		
20.55	18.10	30.56	-48.71%	25
Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Percentage Improvement (2024/25)	Target (2024/25)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Continued training of staff on assessments of residents who have a change in status and reporting of those changes for review by physicians and the use of SBAR when reporting

Process measure

- Number of staff who attended training over number of that are in the community

Target for process measure

- 70% of staff to be trained by the end of the year

Lessons Learned

high staff turnover and high utilization of agency staff was a deterrent
Admission, delirium and resident and family centred care and wound care assessment training completed in 2024
Change to dietary assessments as well to capture changes faster

Change Idea #2 ☐ Implemented ☑ Not Implemented

Monthly review of transfers with the Medical Director and physicians to discuss things that could have prevented the transfer and work towards process changes

Process measure

- Number of visits to the Emergency Department over the number of potentially avoidable ED visits

Target for process measure

- in the first 6 months 75% of transfers will be discussed, by the end of the year 100% of all transfers will be discussed.

Lessons Learned

inconsistency's with monthly reviews, due to management turnover and physician availability
NP was added this year full time to HPL

Change Idea #3 ☑ Implemented ☐ Not Implemented

Initiate the use of hospital transfers in PointClickCare (PCC) as a way of analyzing and tracking transfers

Process measure

- Number of transfers to the ED over total number of transfers documented in the PCC system

Target for process measure

- 100% of transfers will be completed in full within PCC charting system and analyzed monthly by the falls committee

Lessons Learned

high staff turnover and high utilization of agency staff
Utilizing the PCC transfer tab consistently
Amplify went live last year

Change Idea #4 ☐ Implemented ☑ Not Implemented

Monthly performance indicator for number of ED transfers will be posted and reviewed at huddles. Posted information will not have resident specific information within it

Process measure

- Number of posted data related to ED transfers over 12 months of the year to be completed.

Target for process measure

- 100% of each monthly analysis will be posted and reviewed with staff. Posted information will not have resident specific information within it

Lessons Learned

inconsistency's with monthly reviews, due to management turnover
Initiated 2024

Change Idea #5 ☑ Implemented ☐ Not Implemented

At admission and updated yearly and as needed, discuss palliative care and do-not-resuscitate (DNR) orders to ensure LTC residents, families, and caregivers are provided education around palliative and end-of-life care in the home and that their wishes are documented

Process measure

- Number of palliative approach to care assessments completed out of the number of residents receiving palliative care

Target for process measure

- 100% of residents receiving palliative care will have documentation of a palliative approach to care assessment completed on admission and during care conferences

Lessons Learned

program is well implemented and families are more receptive to changes leading towards end of life care in the home

Comment

high staff turnover and high utilization of agency staff has caused inconsistency's in ED visits and residents being transferred.

Experience | Patient-centred | Priority Indicator

Indicator #3	Last Year		This Year		
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Henley Place)	CB Performance (2023/24)	90 Target (2023/24)	87.91 Performance (2024/25)	-- Percentage Improvement (2024/25)	95 Target (2024/25)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Education to staff on whistleblowing and retaliation more frequently than once per year

Process measure

- Resident/Family feedback and decrease in complaints. Survey of new admissions shows no areas of concern in this area

Target for process measure

- 100% of staff will complete the education, surveys will show 100% satisfaction in this area

Lessons Learned

annual education completed
Every staff had abuse training during the year and this was discussed during that education provided
Orientation added to the program as well.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Education to residents on retaliation and reporting mechanisms with the community and protection provided

Process measure

- Residents reporting more freely, surveys after admission responses to this question

Target for process measure

- 100% of surveys completed will respond to this question and show 100% satisfaction with being able to speak with no fear

Lessons Learned

education completed with resident during resident council, and resident feel more open and honest with staff
On admission resident rights are reviewed and reporting discussed
Not all residents come to council and therefore not all were in the education

Change Idea #3 ☐ Implemented ☑ Not Implemented

Increase rate of participation in annual resident/family satisfaction survey

Process measure

- to complete the presentations by end of September

Target for process measure

- Enhanced resident/family engagement to help us work towards solutions and interventions

Lessons Learned

lower participation in this years survey vs last year.

Change Idea #4 ☑ Implemented ☐ Not Implemented

Ensure residents/families are aware of these indicators and engaged them in the QI process

Process measure

- This will be completed in September, October, November

Target for process measure

- Enhanced resident/family engagement to help us work towards solutions and interventions. Feedback regarding the information will be positive

Lessons Learned

survey results are posted in the home and shared with both family/resident council. residents council is actively involved in survey action planning.
Quality council includes residents and families

Comment

We did the survey but our responses were not the same measurables as above therefore this would not be a fair representation of the outcomes. We had 80 with the answer yes and 11 with the answer no, those were their options.

	Last Year		This Year		
Indicator #2	**CB**	**30**	**32.97**	**--**	**40**
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Henley Place)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Percentage Improvement (2024/25)	Target (2024/25)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Education to managers and frontline staff on active listening.

Process measure

- Receiving less complaints regarding staff not listening or following resident direction. Staff to staff communication improvement will be seen

Target for process measure

- Community will improve communication and the satisfaction rate target for next year will be 80% or higher using the answers for the QIP

Lessons Learned

challenges getting all staff to complete education on time.
Improved education on orientation
decrease number of complaints in the first quarter as compared to last year first quarter

Change Idea #2 ☐ Implemented ☑ Not Implemented

Satisfaction surveys will have an increase in the number returned to the community

Process measure

- Increase in surveys in this years survey

Target for process measure

- increase by 20 more surveys completed

Lessons Learned

challenge getting all residents to participate
Slightly less participation, due to wanting paper copies and they were not available as readily this year.
Need to find new ways of getting the survey completed.
Less students during this time period this year

Change Idea #3 ☐ Implemented ☑ Not Implemented

Create a survey for new residents entering the building at 12 weeks from admission that will give feedback on this area

Process measure

- How many responses over how many new residents

Target for process measure

- 100% of surveys will be completed from new admissions

Lessons Learned

survey has not yet been created, but will be created and implemented for 2024

Change Idea #4 ☑ Implemented ☐ Not Implemented

Education on customer service to all staff

Process measure

- Annual training with testing on this area, admission surveys

Target for process measure

- 80% of staff will show retention of the information provided, Surveys will show 100% of residents feel staff listen to them

Lessons Learned

all 2023 annual education was completed
Reduction in number of complaints received

Comment

not able to compare scores to pervious year as date was not collected the same.

Safety | Safe | Priority Indicator

	Last Year		This Year		
Indicator #1 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Henley Place)	**29.48** Performance (2023/24)	**25** Target (2023/24)	**27.98** Performance (2024/25)	**5.09%** Percentage Improvement (2024/25)	**25** Target (2024/25)

Change Idea #1 ☐ Implemented ☑ Not Implemented

Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment

Process measure

- Template created by July 2023

Target for process measure

- Template will be initiated in July and show monthly utilization of the template

Lessons Learned

Template will be required to be used with new RAI, change over in RAI has made this difficult.

Change Idea #2 ☐ Implemented ☑ Not Implemented

An interdisciplinary team that shall include but not be limited to the attending physician, Behaviour support RPN, pharmacist and the social worker who shall conduct a critical review of residents on daily antipsychotics to determine if there is an indication of the of the 4 diagnosis/behaviours

Process measure

- An interdisciplinary team that includes expert health care professional consultation have conducted a critical review of residents on a daily antipsychotic and an indication or link to diagnosis and behaviours has been documented.

Target for process measure

- 80% reduction in those residents reviewed

Lessons Learned

hired BSO lead RPN to complete team in 2024
Change over in management has made team meetings difficult, they have been inconsistent

Change Idea #3 ☑ Implemented ☐ Not Implemented

When use of antipsychotic medications is deemed inappropriate, measures will be taken to reduce the medication which shall include consultation and health teaching of the resident

Process measure

- residents/families had the information shared with them and agreed to reduction in the medication

Target for process measure

- 80% residents/families will agree to have the education and 50% to agree to reduction following the education

Lessons Learned

BRT out reach team, to assess and look more in-depth related to residents mental health
Forensic outreach team to work with residents and families to assist in reduction

Comment

reduction in percentage from previous year