

**Access and Flow | Efficient | Priority Indicator**

	Last Year		This Year	
<b>Indicator #5</b>	<b>17.95</b>	<b>16</b>	<b>23.75</b>	<b>21.75</b>
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Dom Lipa)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Educate families about palliative care and advance directives.

**Process measure**

- Number of families addressed.

**Target for process measure**

- 80% - 100% by the end of March 31, 2024.

**Lessons Learned**

100% of families upon admission and annual care conferences.

**Experience | Patient-centred | Priority Indicator**

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	Last Year		This Year	
<b>Indicator #3</b>	<b>61.11</b>	<b>79</b>	<b>CB</b>	<b>79</b>
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Dom Lipa)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

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**Change Idea #1**  Implemented  Not Implemented

Residents will feel heard and will not hesitate expressing their opinions.

**Process measure**

- Resident's Satisfactory Survey Results.

**Target for process measure**

- 79% total resulting in a 10% increase.

**Lessons Learned**

64%: Always

29%: Usually

7%: Sometimes

0%: Never

**Change Idea #2**  Implemented  Not Implemented

At each Resident Council Meeting, all attendees will be asked this question.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

n/a

	Last Year		This Year	
<b>Indicator #4</b>	<b>70.59</b>	<b>80</b>	<b>CB</b>	<b>NA</b>
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Dom Lipa)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

We will constantly be asking the residents about their concerns regarding this idea.

**Process measure**

- The number of concerns per month will be reviewed by the management team during their monthly meetings.

**Target for process measure**

- 80%-100% of residents will be actively consulted on the matter.

**Lessons Learned**

100% of concerns are addressed and resolved.

**Safety | Safe | Priority Indicator**

	Last Year		This Year	
<b>Indicator #2</b>	<b>9.89</b>	<b>5</b>	<b>5.62</b>	<b>NA</b>
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Dom Lipa)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Interactive and hands-on methods will be utilized to decrease behavioural challenges resulting in the prevention of resorting to the use of antipsychotic medication.

**Process measure**

- The number of behavioural challenges on each unit per month.

**Target for process measure**

- Between 40% - 60% improvement within the next year.

**Lessons Learned**

Challenges: New admissions with multiple responsive behaviours and polypharmacy.

Successes: Reducing the usage of antipsychotic medications by using Gentle Persuasive Approach techniques by staff and culturally appropriate methods.

Safety | Safe | **Custom Indicator**

	Last Year		This Year	
<b>Indicator #6</b>	<b>CB</b>	<b>CB</b>	<b>100</b>	<b>NA</b>
Skin and wound, Management of pressure ulcers. (Dom Lipa)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Educating registered staff on Skin and wound Management.

**Process measure**

- Number of registered staff completing education.

**Target for process measure**

- 100% of registered staff completing education.

**Lessons Learned**

100% of registered nursing staff.

**Safety | Effective | Custom Indicator**

	Last Year		This Year	
<b>Indicator #1</b>	<b>CB</b>	<b>50</b>	<b>100</b>	<b>NA</b>
Gentle Persuasive Approach Training. (Dom Lipa)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Our goal is to have 50% of staff to be trained in Gentle Persuasive Approach Training.

**Process measure**

- Percentage of staff.

**Target for process measure**

- 50% of staff will be trained in one year which will total in 100% of staff certified within two years.

**Lessons Learned**

The challenge presented was scheduling for education sessions.

Staff were appreciative of in-house education opportunities.