

Access and Flow | Efficient | Priority Indicator

	Last Year		This Year	
Indicator #3	10.37	10	18.63	16.75
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Regina Gardens)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Analyze ED tracker to identify times of incidences

Process measure

- Number of residents added to the ED tracker each month.

Target for process measure

- 100% of residents transferred to ED will have monthly analysis to determine reasoning for transfers.

Lessons Learned

All residents who went to ED were added to the tracker each month for analysis by the clinical team. This was helpful in identifying trends.

Change Idea #2 Implemented Not Implemented

Reduce the risk of injury from falls resulting in transfer to ED by providing additional education to the frontline team on post fall huddles and interventions to reduce the risk of injury.

Process measure

- Track 100% of front line team receiving additional education on a quarterly basis.

Target for process measure

- 50% of staff will receive additional education on post fall huddles and interventions to mitigate risk of injuries from falls by December 2023. Education to be completed by Nursing Leadership.

Lessons Learned

The home introduced fall kits on each home are that we easily accessible and contained items such as non slip socks, hip protectors, and bed and clip alarms that could be put into places as soon as a falls risk was identified.

Change Idea #3 Implemented Not Implemented

Educate residents, families and staff on potentially avoidable ED transfers.

Process measure

- The number of potential avoidable ED visits.

Target for process measure

- Number of ED visits will be reduced to 9% in 2023.

Lessons Learned

Potentially avoidable ED transfers are discussed as each resident reviews their Goals of Care on admission, annually and as condition changes. Consistent Physicians who are familiar with residents and have open discussions regarding goals of care with families early so that goals are clear and understood by all involved. Services that can be offered within the home are reviewed.

Comment

The home did not meet the target set but we were able to initiate processes that will help us move forward as we continue to work toward our new goal in 2023.

Experience | Patient-centred | **Custom Indicator**

Indicator #2	Last Year		This Year	
	Percentage of residents responding that they strongly agree to "I enjoy meal times" (Regina Gardens)	32 Performance (2023/24)	37 Target (2023/24)	29 Performance (2024/25)

Change Idea #1 Implemented Not Implemented

Survey residents to obtain input on types of food and theme meals they would enjoy.

Process measure

- Number of residents surveyed

Target for process measure

- 50% of residents surveyed by December 2023.

Lessons Learned

Informal surveys with residents were initiated in January and throughout the year in 2023. Feedback was obtained at food committee meetings, social events and during meal service. All ideas or feedback were taken back to the food committee or to the Food Manager.

Change Idea #2 Implemented Not Implemented

Creating bigger better theme/cultural meals/days

Process measure

- The addition of more theme/cultural meals/days on the activity calendars.

Target for process measure

- Increase in satisfaction score for I enjoy meal times on the 2023 resident satisfaction survey.

Lessons Learned

Throughout 2023, to offer more variety at meal times We were able to offer more dine in meals such as Pizza, McDonalds, Chinese, KFC and Swiss chalet. We also had fish and chips for Good Friday, Men's groups beer and wings, weekly summer BBQ's.

Change Idea #3 Implemented Not Implemented

Finding ways to encourage more resident to attend monthly food committee meetings

Process measure

- Analysis of attendance at monthly committee meetings. 2023 survey results

Target for process measure

- At least one resident representative per neighbourhood will attend the monthly committee meeting by the end of 2023.

Lessons Learned

Some Food Committee meetings throughout the 2023 were switched to travelling meetings to try and capture more residents. Cooks also attended food committee meetings to receive feedback from residents.

Comment

Unfortunately we did not meet our goal to increase satisfaction in this area. Despite creating bigger better theme/cultural meals and finding ways to encourage more residents to attend monthly food committee meetings, our percentage of residents responding they strongly agree that they enjoy meal times decreased to 29%

Safety | Safe | Priority Indicator

	Last Year		This Year	
Indicator #1	6.61	6	5.70	NA
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Regina Gardens)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 **Implemented** **Not Implemented**

Continue with comprehensive medication reviews

Process measure

- RAI Coordinator to identify residents currently taking antipsychotic medications without a supporting diagnosis.

Target for process measure

- 100% of residents receiving antipsychotics without a diagnosis will be reviewed by the physician.

Lessons Learned

RAI-C continues to identify residents who are on antipsychotics and do not have a diagnosis to support usage with each MDS assessment being completed. Medication reviews with Physicians continue to determine appropriate diagnosis or opportunities for tapering or discontinuing. Numbers are reviewed at PAC meetings quarterly.

Change Idea #2 **Implemented** **Not Implemented**

Involve external resources to help manage responsive behaviours before initiating antipsychotic medications.

Process measure

- Number of referrals being made to external resources and total number of residents with reported responsive behaviours.

Target for process measure

- 100% of residents with responsive behaviours will be referred to external resources if internal strategies are ineffective.

Lessons Learned

Both internal and/or external BSO teams are on hand to assist with transitional support of new Residents. 100% of residents exhibiting responsive behaviours are reviewed by the team and non-pharmacological interventions to support the residents are implemented in the plan of care.

Comment

Home was able to exceed target with interventions initiated and in place. Will continue to work with our BSO teams to determine non-pharmaceutical interventions to support residents with expression and with our physicians to ensure appropriate prescribing and diagnosis.