

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

	Last Year		This Year		
<b>Indicator #2</b>	<b>16.59</b>	<b>16</b>	<b>17.24</b>	<b>-3.92%</b>	<b>15.50</b>
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (AgeCare Wenleigh)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Education and capacity building of assessment skills to all Registered Staff.

**Process measure**

- % of Registered staff that receive mentorship, education and training in the area of Assessment Skills.

**Target for process measure**

- To have 100% of Registered Staff receive mentorship, education and training in the area of Assessment Skills.

**Lessons Learned**

Registered staff received education related to Leadership, Clinical Assessment, Skin and Wound Care, Bladder Scanner Utilization, and others. The home is continuing to build the capacity of our registered staff and looking at additional educational opportunities for the coming year. This will include education related to IV infusion and the use of IV equipment obtained through Local Priorities Funding. Attending Nurse Practitioner is assisting the registered staff at point of care to build capacity in the use of the bladder scanner and physical assessment skills.

**Change Idea #2**  Implemented  Not Implemented

Trillium Health Partners for LTC Virtual Care Program.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Partnership was formed and implement in April. Since conception, the home has been able to use the technology to support several residents care needs. Program includes same day or next day virtual visit with a General Medicine Internist for consult and expedited diagnostic imaging.

**Comment**

Our indicator slightly worsened but initiatives that were introduced will help us sustain our clinical assessment and practices and we were able to partner with Trillium Health Partners for additional support. Our attending Nurse Practitioner and Physicians continues to educate residents and families on treatment modalities that are available in the LTC home.

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

	Last Year		This Year		
<b>Indicator #3</b>	<b>43.00</b>	<b>45</b>	<b>34.00</b>	<b>--</b>	<b>NA</b>
Resident overall satisfaction in "Dining Services" (AgeCare Wenleigh)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Increase residents participation in menu planning and food choices.

**Process measure**

- # of suggestions elicited from our residents and families on food choices that are incorporated into menu planning or food choices.

**Target for process measure**

- Home to incorporate at least 1 suggested change into the menu planning/food choice each month.

**Lessons Learned**

The home did a targeted blitz with residents to gain more participation at the food committee meetings. Participation increased to 18 residents. Residents were able to make suggestions for to the menu and themed meals.

**Change Idea #2**  Implemented  Not Implemented

Improve dining atmosphere to make it a more pleasurable dining experience.

**Process measure**

- % of staff who receive pleasurable dining education. # of concerns identified on daily audits related to pleasurable dining.

**Target for process measure**

- 100% of staff who participate in dining services will have pleasurable dining education. No concerns related to pleasurable dining on audits after pleasurable dining education completed.

**Lessons Learned**

Over 80% of staff completed pleasurable dining education. Dietary Aides were also educated on the dining sequence. Increased leadership presence in the dining rooms was also implemented which enabled managers to complete on the spot education to staff as well as obtain feedback from residents about their meal and service.

**Change Idea #3**  Implemented  Not Implemented

Special dinners and themed meals

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

With resident feedback, the home hosted summer barbeques, breakfast club, and a Chinese themed meal. Additionally, with collaboration with the program department, residents have started to participate in the preparation of themed meals, most recently Irish Stew.

**Change Idea #4**  Implemented  Not Implemented

Increased participation was needed from the Residents' Council and the Family Council. Administrator reviewed the Resident and Family Survey with the Family Council and the Residents Council. Indicator explained and that we would like their feedback and ideas to move this indicator.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Resulted in increased participation in the Summer Barbeque outdoor activities. Will continue to build on this.

**Comment**

The home was not able to meet the target set for "Very Satisfied". The home is just building momentum and hope to see an increase in this indicator on our 2025 survey.

**Safety | Safe | Optional Indicator**

Indicator #1	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 (AgeCare Wenleigh)	<b>21.36</b>	<b>19</b>	<b>16.52</b>	<b>22.66%</b>	<b>14</b>

**Change Idea #1**  Implemented  Not Implemented

The Interdisciplinary Team MD, NP, BSO (Including Psychogeriatric Outreach Team) and staff to meet monthly to review all new admission for diagnosis and medications for inappropriate prescribing of Antipsychotic. This will also be reviewed with the Professional Advisory Committee which includes the Pharmacy and Therapeutic Committee on a quarterly basis for further analysis and improvement strategies.

**Process measure**

- % of residents who are reviewed by the interdisciplinary team. Additional indicators of success: Number of meetings held weekly and the number of antipsychotics reduced per month. Number of PAC meetings held quarterly and improvement strategies resulting in the number of antipsychotics reduced.

**Target for process measure**

- 100% of Newly admitted Residents reviewed for the appropriateness by the Team.

**Lessons Learned**

Weekly meetings were held for all new residents moving in and other residents were reviewed following the MDS schedule. DOS monitoring was utilized for new residents and team was able to taper and discontinue several psychotropics for these residents. Successful approach.

**Change Idea #2**  Implemented  Not Implemented

Pharmacy engagement with medication reviews.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Pharmacy consultant reviewing residents who are on psychotropics and making suggestions to the physicians opportunities to reduce and offer support related to education and monitoring.

**Change Idea #3**  Implemented  Not Implemented

Weekly meetings were held with RAI-MDS Coordinator and BSO Coordinator to review residents coded as having received Antipsychotics. Registered staff nurses were re-educated on MDS coding during observation period.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

This collaboration and reeducation was successful in accuracy in MDS coding.

**Comment**

With current strategies and focus, the home exceeded targets but will continue to work with this indicator in order to decrease the percentage further..