

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

	Last Year		This Year		
<b>Indicator #2</b>	<b>17.24</b>	<b>15.50</b>	<b>12.32</b>	<b>28.54%</b>	<b>11</b>
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (AgeCare Wenleigh)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Enhance clinical knowledge and skill of registered staff to support complex care needs within the home.

**Process measure**

- % of registered staff that receive additional training that supports their clinical knowledge and skills.

**Target for process measure**

- 100% of registered staff have the opportunity and participate in the education offered.

**Lessons Learned**

We were successful in meeting our target for improvement. There were some challenges as new staff members were recruited which included many newly registered staff. We needed to allocate more time commitment in training/education for newly registered/hired staff. Attending Nurse Practitioner assisted the registered staff at point of care to build capacity in the use of equipment and physical assessment skills. Success was also dependent on the use of our diagnostic or treatment equipment such as Bladder scanners, IV infusion pumps and after hours support such as NPSTAT and Physician on Call

**Change Idea #2**  Implemented  Not Implemented  In Progress

Trending and analysis of determinants resulting in transfers to hospital.

**Process measure**

- % of transfers tracked and trended.

**Target for process measure**

- 100% of transfers will be tracked, trended and analyzed for opportunities for improvement.

**Lessons Learned**

Important to this was the monthly review by the team of the reasons why Residents were transferred to the ED and could this have been avoided. Of note is residents and families expectation regarding services and treatment that the home can provide. We continue to educate residents/families on treatment/care modalities that can be managed at the home level.

**Comment**

We will continue with this change idea to further improvement.

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

	Last Year		This Year		
<b>Indicator #3</b>	<b>59.00</b>	<b>64</b>	<b>67.00</b>	<b>--</b>	<b>NA</b>
Resident satisfaction in Dining Services (AgeCare Wenleigh)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Leadership presence in the dining room to determine resident satisfaction with the meal and meal service and to gain feedback with 1:1 interaction and regular auditing.

**Process measure**

- % of audits completed and trends identified.

**Target for process measure**

- 100% of audits will be completed per the audit schedule and will be trended.

**Lessons Learned**

This change idea was successful as it continued to gain feedback from residents at the point of care when the meals were being served/consumed. Staff members were also educated on aspects of "Pleasurable Dining" . Leadership Team members presence in the dining rooms during meal service is necessary to support staff members in ensuring that the meal service is efficient and offering assistance when needed.

**Change Idea #2**  Implemented  Not Implemented  In Progress

## Resident feedback on menu items and themed meals

### Process measure

- # of menu changes/themed meals.

### Target for process measure

- Minimally of 1 menu change/them meal per month.

## Lessons Learned

This change idea was huge success as approximately 15% of residents attended and formed the home's Food Committee. We have IMPROVED 8% over the previous year's satisfaction survey rating and met our target. The residents were noted to be very vocal and engaged in offering their feedback but more so to witness from the prior month's review that their input was implemented. Themed meals chosen by the residents were successful as they planned the day/date of the meal, choose the theme and the menu items. Our cooks attend the dining room service to meet with residents and garner feedback.

**Change Idea #3**  Implemented  Not Implemented  In Progress

During the Food committee meetings, there was sampling by the Committee of food/menu items.

### Process measure

- No process measure entered

### Target for process measure

- No target entered

## Lessons Learned

This resulted in more testing of menu items and garnered feedback from the residents as to likes and dislikes in appearances, taste and texture of the food served..

## Comment

We will continue with this Indicator for continued improvement in this area.

**Safety | Safe | Optional Indicator**

	Last Year		This Year		
<b>Indicator #1</b>	<b>16.52</b>	<b>14</b>	<b>4.28</b>	<b>74.09%</b>	<b>NA</b>
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (AgeCare Wenleigh)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

Delusions and hallucinations will be identified and properly coded during the assessment.

**Process measure**

- % of resident coded with hallucinations and delusions

**Target for process measure**

- 100% of resident experiencing hallucinations and delusions will be coded.

**Lessons Learned**

We were successful in educating the Registered staff in identifying and coding of hallucinations and delusions. The greatest success came through designating 2 leaders (the RAI/MDS coordinator and the BSO Coordinator) in championing this QIP. For new residents the challenge continues to be long standing prescription and usage prior to admission.

**Change Idea #2**  Implemented  Not Implemented  In Progress

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.

**Process measure**

- % of newly admitted residents who are assessed for the appropriateness of the antipsychotic medications.

**Target for process measure**

- 100% of newly admitted residents will be assessed.

**Lessons Learned**

This change idea was implemented but it soon became apparent that more frequent meetings were needed.

**Change Idea #3**  **Implemented**  **Not Implemented**  **In Progress**

The Interdisciplinary Team MD, NP, BSO (Including Psychogeriatric Outreach Team), RAI/MDS and staff to meet weekly to review all new admission for diagnosis and medications for inappropriate prescribing of Antipsychotic.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

The expansion of the meetings from monthly to weekly resulted in more timely review and identification to decrease the usage of the Antipsychotic.

**Comment**

We will not be working on this indicator as part of the QIP but will continue with our actions at the home.