

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

	Last Year		This Year	
<b>Indicator #4</b>	<b>13.91</b>	<b>12</b>	<b>23.86</b>	<b>NA</b>
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Copernicus Lodge)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Raise awareness across all caregivers of the capacity to manage many ambulatory care sensitive conditions in house

**Process measure**

- Admission discussion: 100% Exception: 1. Residents who are incapable and present with NO family or substitute decision makers; residents supported by PGT 2. families, SDM/residents who are adamant about transfer regardless of rationale or advice to the contrary

**Target for process measure**

- 80% of all newly admitted residents/transfers into LTC will be oriented to the scope of services available within the home by SW/nursing staff and/or physician./

**Lessons Learned**

The range of services available in house is extensive and shared with residents /SDMs on admission. demands of families in spite of services available cannot be over-riden b staff.

**Comment**

CCRS Data from Q1 2022/23 shows our rate at 2.3 Q3, and Q4 are respectively 6.3 and 5.5. Comparator: Toronto Central LHIN Q3 is 5.5 and in Q4 5.7. informed (29FEB 2024) that the QIP LTC indicator on ED avoidable visits relies on 4 quarters combined rather than a quarterly value. It is expected that the QIP indicator result will be notably larger because the numerator is much bigger given it covers 12 months rather than 3 months.

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

---

	Last Year		This Year	
<b>Indicator #3</b>	<b>92</b>	<b>93</b>	<b>100</b>	<b>NA</b>
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Copernicus Lodge)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

---

**Change Idea #1**  Implemented  Not Implemented

Staff orientation &amp; on-boarding/re-training:

**Process measure**

- 1. HR Dir can verify content of orientation 2. HR verification of [mandated annual re-training contains required content

**Target for process measure**

- 100% of new employees 100% of employees receive relevant orientation [i.e. to patient rights; therapeutic communication].

**Lessons Learned**

HR states that new employees and those receiving mandatory annual retraining review resident rights, but the freedom from threat of reprisal is implied rather than explicit. The whistleblower policy is employee specific,

**Change Idea #2**  Implemented  Not Implemented

Resident &amp; Family support

**Process measure**

- 1. Annually/with On daily rounds. On weekends, depending on severity of issue, concerns may be escalated to nursing leadership
- 2. 100% of resident admission package includes this information

**Target for process measure**

- 1. 90% Allows for issues to pre-empt/omissions due to absence to occur 2. 100% of admission packages provided to residents/families on admission

**Lessons Learned**

this content is addressed briefly in SURGE learning - resident's rights.

**Comment**

The concept of the right to report without fear of reprisal has long been present in OH&S principles about whistleblower protection for staff. This is then a concept that is easily generalized.

Indicator #2	Last Year		This Year	
	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Copernicus Lodge)	<b>92</b> Performance (2023/24)	<b>93</b> Target (2023/24)	<b>100</b> Performance (2024/25)

**Change Idea #1**  Implemented  Not Implemented

provide additional support to front line care givers re: responsiveness

**Process measure**

- 1. specify this activity as one responsibility for ADOC during daily rounds 2. Directly engage staff during daily rounds re: issues of concern raised by residents and families.

**Target for process measure**

- 100% Ensure that this is specified in position description for nursing supervisor and ADOC 100%

**Lessons Learned**

the daily huddles with members of the nursing admin group - DOC,

2 ADOCs and Supervisor effective way of sharing emerging issues, and equip staff to support front line staff.

**Comment**

This year 41/52 eligible residents (POP) participated for a response rate of 79%. Assignment of specific ADOCs to support specific units very effective in ensuring continuity of follow-up and immediate support/guidance to staff. There is also in house coverage on evenings, and availability by telephone when admin staff is off -site.

**Safety | Safe | Priority Indicator**

	Last Year		This Year	
<b>Indicator #1</b> Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Copernicus Lodge)	<b>29.22</b> Performance (2023/24)	<b>28</b> Target (2023/24)	<b>23.35</b> Performance (2024/25)	<b>22</b> Target (2024/25)

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

## Personalization of Care initiative

**Process measure**

- 1. Audit quarterly by Activation Therapy Assistants assigned to specific floors when completing the quarterly MDS's 2. Audit at 6 week care conference The BSO Recreationist is responsible for this.

**Target for process measure**

- 1. 100% EXCEPTION: Resident unable to communication due to neurological/mental disorder and no SDM/family available to participate in the all about me process

**Lessons Learned**

Both activities accomplished; reported to Lead BSO

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

## Inter-professional collaboration

**Process measure**

- 1. Verify deployment of PSW supports to RHAs with BSO lead 2. Verify Stewardship meeting schedule 3. For residents undergoing titration or change in regimen: regular documentation reviews of the impact of change by BSO lead

**Target for process measure**

- 1. Randomly -bi-weekly 2. Monthly by BSO lead 3. Randomly by BSO lead

**Lessons Learned**

1. PSW fully autonomous to decide optimal placement; BSO may review and override
2. done by BSO Lead
3. Documentation of hallucinations/ delusions in residents without DSM5 psychosis not well captured in MDS.

**Comment**

The BSO recreationist has taken another position and it will not be replaced. Duties assigned by BSO lead. for 2024-25, a closer collaboration with RAI-MDS coordinator is being designed to better capture hallucinations and delusions. Key component will be staff education to document clinical signs suggestive of hallucinations in residents s receiving antipsychotic medication.