

Access and Flow | Efficient | Priority Indicator

	Last Year		This Year	
Indicator #7	9.48	10	6.19	NA
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (The Elliott Community)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

We have consistently performed below the provincial and LHIN rates, therefore this indicator will not be a an area of focus this year.

Process measure

- We have consistently performed below the provincial and LHIN rates, therefore this indicator will not be a an area of focus this year.

Target for process measure

- We have consistently performed below the provincial and LHIN rates, therefore this indicator will not be a an area of focus this year.

Lessons Learned

N/A

Comment

N/A

Equity | Equitable | Custom Indicator

	Last Year		This Year	
Indicator #2	100	80	NA	NA
% of residents who respond with positive agreement to the statement 'I feel that my expression of identity, spirituality, culture and language preferences are honoured and included in this community'. (The Elliott Community)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

We have performed above our target, therefore this indicator will not be an area of focus this year.

Process measure

- We have performed above our target, therefore this indicator will not be an area of focus this year.

Target for process measure

- We have performed above our target, therefore this indicator will not be an area of focus this year.

Lessons Learned

N/A

Comment

N/A

Experience | Patient-centred | Priority Indicator

	Last Year		This Year	
Indicator #6	88.24	80	NA	NA
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (The Elliott Community)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

We have consistently performed above our internal target, therefore this indicator will not be an area of focus this year

Process measure

- We have consistently performed above our internal target, therefore this indicator will not be an area of focus this year

Target for process measure

- We have consistently performed above our internal target, therefore this indicator will not be an area of focus this year

Lessons Learned

N/A

Comment

N/A

	Last Year		This Year	
Indicator #5	100	80	86.84	NA
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (The Elliott Community)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

We have consistently performed above our target, therefore this indicator will not be an area of focus this year

Process measure

- We have consistently performed above our target, therefore this indicator will not be an area of focus this year

Target for process measure

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Lessons Learned

N/A

Comment

N/A

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

Indicator #1	Last Year		This Year	
% of residents responding positively to all questions in the dining experience category of the in-house annual experience survey (The Elliott Community)	76 Performance (2023/24)	80 Target (2023/24)	74 Performance (2024/25)	NA Target (2024/25)

Change Idea #1 Implemented Not Implemented

Adopt the CHOICE+ Dining Room and Mealtime Practices checklists

Process measure

- Identify the number of items on the checklists we need to improve.

Target for process measure

- We will achieve 80% of the checklist items.

Lessons Learned

An average of 35 Dining Service Audit were conducted per month to assess the Dining Experience in LTC.

Main area for improvement identified was maintaining the temperature of food at steam tables. To improve this new steam tables was ordered and installed by the end of the year.

Implementing the changes based on the Action plan for enhancing the dining experience was time consuming as retirement home area was also focused in the project.

Change Idea #2 Implemented Not Implemented

Improve Dining environment by making it more decorative and pleasant.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Installed Art works in the Home area

Centre pieces on Dining tables was installed to make the tables look more appealing.

Playing music during meal times and installing table clothes still pending. Working on having those implemented in 2024.

Comment

A new Dining service Audit checklist was created based on the CHOICE+ Dining Room and Mealtime Practices checklists to capture areas of improvement for resident dining service. Frequent audits were conducted during meal service using this tool. The areas identified were discussed with the team and actions were taken to rectify the issues.

Food temperature was identified as a concern. The steam tables needed to be replaced to maintain an appropriate temperature. A steam table with a warming shelf to keep plates warm and minimize the risk of food becoming cold before it is served to residents.

To enhance the physical environment, art work was installed and floral centre pieces were placed on all tables. Music is played during meal times to enhance the experience. The addition of table cloths s a future project to be achieved in 2024.

Although our Performance indicator shows an overall satisfaction rate of 74% which is below the target set (80%). This year the performance indicator was adjusted. The survey conducted this year was a five-point Likert scale questionnaire in contrast to the previous year's Three-point Likert scale. The Five-point scale enables respondents to express their true opinion on a subject at a reasonable level of detail thus providing more valid data. As a result, the data percentages from previous years can not accurately be compared to 2023. According to the new survey results anything equal to or above 75% is considered high satisfaction which is what we strive to achieve.

Results

Level of Satisfaction(LTC-2023)			
Survey Category	POA/SDN	Resident	Overall
Resident Activities	59%	55%	57%
Engagement	55%	55%	55%
Occurrence	63%	55%	58%
Resident Services	80%	71%	75%
Physician Services	79%	55%	66%
Physiotherapy	72%	58%	64%
Salon Services	79%	62%	72%
Laundry Services	84%	83%	84%
Building & Environment	93%	88%	90%
Resident Care	85%	79%	82%
Person centered Care	80%	83%	82%
Staff Attentiveness	89%	75%	81%
Overall Quality of Care	83%	78%	80%
Continence Products	95%	83%	88%
Safety & Security	90%	85%	87%
Staff Etiquette	92%	89%	90%
Secure & safe Environment	90%	90%	90%
Home Comfort	85%	75%	80%
Psychological safety	92%	83%	87%
Dining Experience	77%	74%	75%
Availability	74%	71%	73%
Choices	78%	76%	77%
Overall experience	73%	74%	74%
Quality of Food	79%	74%	76%
Survey Average	78%	73%	75%

Facility	Submitted by	Importance	Delegated Department	Concern/Comment
Elliott	Family/POA	Positive Feedback	Dietary	Food is tasty and seems that it is the highlight of most residents' days, not just my Dad.
Elliott	Family/POA	Positive Feedback	Dietary	My mother not enjoying the meals cannot be taken as a criticism of the quality or variety. She is uncommonly fussy. Compared to the hospital and the transition LTC, Elliott is heads above.
Elliott	Resident	Positive Feedback	Dietary	Lots of variety
Elliott	Resident	Positive Feedback	Dietary	food is prepared better than before but still room for improvement

Safety | Safe | **Priority Indicator**

Indicator #4 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (The Elliott Community)	Last Year		This Year	
		16.46 Performance (2023/24)	15 Target (2023/24)	10.86 Performance (2024/25)

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

Plan staff education for GPA retraining

Process measure

- Number of staff who attended GPA training in Q1-Q4

Target for process measure

- 50% of staff who regularly interact with residents complete GPA training by Q4

Lessons Learned

Throughout the year, we conducted numerous GPA training sessions, which were attended by our interdisciplinary team. A total of 62 staff successfully completed the GPA training. Moreover, we achieved the milestone of having two staff members undergo the 'Train the Trainer' program, empowering us to conduct internal training sessions for our staff.

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

Track pain/worsened pain in residents who are receiving antipsychotic medications

Process measure

- Monitor CIHI data/internal pain data

Target for process measure

- Decrease residents with worsened pain to 11.5%

Lessons Learned

The BSO lead diligently monitored escalating pain levels among residents falling under this category, providing timely recommendations to the Physician. The Physician conducted continuous reviews of medications, resulting in a gradual reduction in Antipsychotic medication usage for multiple residents.

Comment

Through consistent resident monitoring and the application of non-pharmaceutical interventions, we successfully ceased medication usage for several residents. This remains a persistent challenge, given the gradual nature of tapering and discontinuing antipsychotic medications. Securing the involvement and agreement of multiple interdisciplinary team members is pivotal, presenting its own set of challenges. Nevertheless, our efforts over the past year have resulted in surpassing the desired target for our performance indicator. Additionally, when comparing our achievement to both the regional and Ontario averages, we consistently outperform, positioning ourselves below the average benchmarks.

Safety | Effective | Custom Indicator

	Last Year		This Year	
Indicator #3	3.70	2.50	3.30	NA
% of residents with new or worsened stage 2 to 4 pressure injuries (The Elliott Community)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Point Click Care to provide implementation and training for a new skin & wound module

Process measure

- All registered staff to receive training on new skin & wound module within 1 month of go-live

Target for process measure

- Go-live for new skin & wound module by June 1st

Lessons Learned

100% of the registered staff completed the training.

There were glitches with the Skin and Wound app initially but are now resolved. All staff at present use the Skin & Wound app to do assessments enabling better tracking of wounds.

Change Idea #2 Implemented Not Implemented

Identify residents who require a wheelchair for mobility and have a high-risk of pressure injury using PURS score

Process measure

- Every qualifying resident will trial Starz wheelchair seat cushion and continue to be monitored for signs of new or worsening pressure injury

Target for process measure

- % of residents with new or worsened stage 2 to 4 pressure injury decreased to 2.5%

Lessons Learned

The program underwent a trial phase, during which only a limited number of cushions were purchased to determine if they would improve new or worsening wounds. Due to its high cost, additional cushions will be purchased in 2024.

Comment

The main cause of worsening pressure ulcers was identified as wounds not being treated/identified in the early stages and the need for more frequent repositioning. We have provided education to the team about monitoring skin integrity and the importance of appropriate wheelchair cushions and frequent repositioning of residents.

The skin and wound app module was implemented and has been successful. Further education is needed to gain the full capabilities of this app (i.e. tracking and trending of wounds).

We have not been able to meet the target due to the home acquiring multiple residents with pressure injuries upon admission and upon re-admission from the hospital.

Staff do a great job with attempting to prevent pressure injuries but not all skin issues were able to be prevented from worsening. Education regarding repositioning and the use of repositioning aides is ongoing.