Access and Flow | Timely | Custom Indicator

	Last Year		This Year		
Indicator #1 % of residents assessed for delirium risk factors upon admission process (The Elliott Community)	**CB** Performance (2025/26)	**100** Target (2025/26)	**100.00** Performance (2026/27)	**--** Percentage Improvement (2026/27)	**NA** Target (2026/27)

Change Idea #1 ☑ Implemented   ☐ Not Implemented   ☐ In Progress

Implement Registered Nurses' Association of Ontario (RNAO) Clinical Pathways best practice resident assessments through the Point Click Care planning software and utilize it for all admission process.

Process measure

- Go live date of the assessment tool.

Target for process measure

- Ensure the assessment tool is fully activated by March 27, 2025, and implemented for all admissions thereafter.

Lessons Learned

In-person training provided to all nurses is challenging to accomplish, support from RNAO for implementation was successful.

Change Idea #2 ☑ Implemented   ☐ Not Implemented   ☐ In Progress

Have all registered staff been trained on utilizing the RNAO Clinical Pathways for Best Practice Resident Assessments tool.

Process measure

- % of registered staff trained on using the assessment tool.

Target for process measure

- 100% of registered staff is trained to utilize the assessment tool by March 21st 2025.

Lessons Learned

In-person training provided to all nurses is challenging to accomplish, support from RNAO for implementation was successful.

Experience | Patient-centred | Custom Indicator

	Last Year		**This Year**		

Indicator #4

Percentage of residents responding positively to: "It feels like home at the Elliott." (The Elliott Community)

61.40	**75**	**70.00**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

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

Implementation of The Butterfly Approach in three LTC HA's on the third floor. This approach aims to create an environment that feels more like home and supports people living there to feel valued, loved and free to be themselves.

> **Process measure**
>
> - Quality of Interactions Schedule (MCM Observational Audit) Score MCM 100 points environmental checklist.
>
> **Target for process measure**
>
> - Achieve accreditation in The Butterfly Approach during May 2025 audit for the foundational home areas.

Lessons Learned

We achieved 'Excellent' level of accreditation in 3 home areas on the 3rd floor from MCM in June 2025

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

Begin culture change transformation on the second floor of LTC with the eventual goal of achieving accreditation in The Butterfly Approach across all LTC home areas.

> **Process measure**
>
> - Quality of Interactions Schedule (MCM Observational Audit) Score.

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> **Target for process measure**
> - Improvement on mid-point audit from baseline of at least 3 points.

Lessons Learned

This is in progress and supported by IDCP grant funding.

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

Educate new family members and care partners on The Butterfly Approach and provide suggestions to support the transition into a new home.

> **Process measure**
> - 1)% of Families/POA's/Residents provided with information. 2)% of resident rooms with personalized elements.
>
> **Target for process measure**
> - 1)100% of family members/POA's provided with information and follow-up in 2025 for the Fiscal year. 2)100% of resident rooms with personalized elements by Mid point Audit.

Lessons Learned

Family members were 100% satisfied with the home environment changes from The Butterfly Approach

	Last Year		This Year		
Indicator #2	CB	75	75.00	--	NA
Percentage of Family/POA's responding positively to: "I know who to contact for specific matters, and I find the general information shared via email to be helpful and informative." (The Elliott Community)	**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 residents' and families'/POAs' access to department leads and awareness of general information by creating and maintaining a live 'Myth-Busting' document. This resource will provide greater clarity on general procedures and ensure families and POAs can easily connect with the appropriate personnel.

> **Process measure**
>
> - # Instances the 'Myth-Busting' document is shared with POAs'/Families per month.
>
> **Target for process measure**
>
> - An average of at least one instance per month, starting in April 2025.

Lessons Learned

Challenging to implement all in one document. We created a more detailed contact page for our website and created information pages on common questions that families have. We have also planned for in-person education sessions at Family Councill.

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

Regularly utilize venues such as Leadership forum, Resident and Family council in identifying areas to be addressed in the FAQ.

> **Process measure**
>
> - # instances a committee/group was consulted for reviewing the 'Myth Busting' document per month.
>
> **Target for process measure**
>
> - At least 1 instance per quarter staring from April 2025.

Lessons Learned

Ongoing collection of commonly asked questions that we can address through education sessions in-person and/or create resources or connect to existing resources.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #3 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment in the foundational Butterfly home area. (The Elliott Community)	**31.03** **Performance (2025/26)**	**20** **Target (2025/26)**	**13.85** **Performance (2026/27)**	**--** **Percentage Improvement (2026/27)**	**NA** **Target (2026/27)**

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

Implement the Antipsychotic (AP) Deprescribing Algorithm for reducing the Antipsychotic usage in the butterfly home areas Wellington & Fountain.

Process measure

- # residents antipsychotics usage tapered down using the Antipsychotic (AP) Deprescribing Algorithm.

Target for process measure

- 1 residents per month in average starting from March 2025.

Lessons Learned

We were successful with collaboration between multidisciplinary teams and family to reduce antipsychotic use.

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

Conduct Butterfly Care & Antipsychotic Reduction discussions monthly at BSO huddles. Include interdisciplinary team members with the aim of discussing and reducing the usage of antipsychotics in the Butterfly home areas.

Process measure

- Number of monthly Butterfly Antipsychotic Reduction Huddles held In the Butterfly foundational home areas.

Target for process measure

- Conduct the huddle at least twice a month starting from March 2025.

Lessons Learned

The integration of resources between BSO and Butterfly Approach implementation made this change idea successful.