

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

Indicator #5	Last Year		This Year		
	18.71	17	17.26	7.75%	16
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Burton Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

### Change Idea #1 ☒ Implemented ☐ Not Implemented

Appropriate assessment of residents prior to ER transfer by registered staff and NP .

#### Process measure

- All the residents will have assessment completed by registered staff , CN and NP prior to transferring to ER . Good communication with family , SDM and physician will take place respecting resident's wishes

#### Target for process measure

- Aiming to reduce potentially avoidable ED visits 18.71% to 17% by Dec31st 2024

### Lessons Learned

Full time NP at the care community has supported in reducing the ED visits also home has received support from HCCS to administer A/B in house.

Challenges - Few ED visits were requested by the POA or SDM .

There is also an opportunity to enhance registered staff training to avoid unnecessary ED visits

### Change Idea #2 ☒ Implemented ☐ Not Implemented

Utilize PoET individualized form to support resident and families in regards to Health care decision making

#### Process measure

- 100% of residents will have PoET completed on 6 weeks care conferences and annually

#### Target for process measure

- Number of ED visit will decrease from 18.7% to 17% by December 2024

**Lessons Learned**

PoET has supported the registered staff and medical team to transfer the resident based on current health care needs which has helped in reducing unnecessary ED visits

**Change Idea #3** ☒ **Implemented** ☐ **Not Implemented**

Registered staff have been trained on using the SBAR tool while communicating with physician's and NP .

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Enhancing staff education on SBAR tool has supported in reducing ED visits

**Change Idea #4** ☒ **Implemented** ☐ **Not Implemented**

Care community has recruited contract Wound care nurse to visit every 6 weeks consistently , this has helped in reducing the unnecessary ED visits related to wound

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Having regular visits by wound care nurse has supported in reducing the ED visits related to skin and wound

**Comment**

Care community has shown 7.75% improvement in ED visits rates by utilizing the inhouse NP and regular education and training sessions for registered staff

Equity | Equitable | **Optional Indicator**

Indicator #4	Last Year		This Year		
	CB	100	100.00	--	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Burton Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Continue to provide education to all staff on equity , diversity and inclusion and anti -racism

Process measure

- Number of management and staff completed the reeducation in the year 2024

Target for process measure

- 100% of management and staff will have equity , diversity , inclusion and anti-racism reeducation by December 31st 2024

Lessons Learned

All the new hires were provided orientation on cultural sensitivity.

Experience | Patient-centred | **Optional Indicator**

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Burton Manor)	35.00	65	94.64	170.40 %	95

Change Idea #1 ☒ Implemented ☐ Not Implemented

- customer service education will be provided to front line staff

**Process measure**

- Number of resident and family satisfaction surveys - Monthly concern /complaint analysis

**Target for process measure**

- Home will have 65% increase in the satisfaction to the question on :what number you will use to rate how well the staff listen to you ? by October 31st 2024 .

Lessons Learned

mandated the module on the customer services for all the staff members

Change Idea #2 ☒ Implemented ☐ Not Implemented

Seek out formal suggestion for improvement in satisfaction with resident's and families

**Process measure**

- Executive Director attends family council meetings and Life enrichment manager attend monthly Resident council meetings and concerns are followed up with staff and communicated back to councils

**Target for process measure**

- Regular attendance of ED and LEM to family council and Resident council meetings

Lessons Learned

implemented as intended

Change Idea #3 ☒ Implemented ☐ Not Implemented

any concerns that were brought to home's attention were addressed immediately

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

implemented as intended

Indicator #3	Last Year		This Year		
	Performance	Target	Performance	Percentage Improvement	Target
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Burton Manor)	87.50	92.50	94.64	8.16%	95
	(2024/25)	(2024/25)	(2025/26)	(2025/26)	(2025/26)

**Change Idea #1** ☒ **Implemented** ☐ **Not Implemented**

- Frontline staff to become sensitive to resident's perception to their requests through education

**Process measure**

- Increase percentage on satisfaction survey

**Target for process measure**

- To increase 5% in the satisfaction question related to "I can express my opinion without fear of consequences"

**Lessons Learned**

Educated staff during huddles, townhalls, departmental meetings.

**Change Idea #2** ☒ **Implemented** ☐ **Not Implemented**

Enhance knowledge with Residents and Families that community would want the resident's to be involved with their own care decisions

**Process measure**

- Inviting residents to their annual care conferences and ensuring documentaion is updated to reflect their presence

**Target for process measure**

- To increase percentage of resident satisfaction from 87.5% to 92.5% by December 31st 2024

**Lessons Learned**

Enhanced knowledge with residents and families through care conferences, family and resident council meetings.

Safety | Safe | **Optional Indicator**

Indicator #1	Last Year		This Year		
	16.88	15	16.31	3.38%	16
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Burton Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

People living with dementia who are prescribed psychotropic medication to reduce responsive behaviors receive a documented medication review to consider reducing or discontinuing medication if they have no diagnosis of psychosis

Process measure

- Number of residents with the use of psychotropic medications without the diagnosis of psychosis, this will be reviewed quarterly by DBSO with MD and pharmacy consultant

Target for process measure

- 100% of the residents on psychotropic medication have a full review to determine eligibility to decrease or discontinue antipsychotics

Lessons Learned

Multidisciplinary approach with DBSO , MD , NP and Pharmacy consultants has shown positive impact on reducing the use of antipsychotic medications without the diagnosis .

Also the challenge was that we had multiple residents admitted from hospital or communities with the use of antipsychotics without the diagnosis of psychosis

Change Idea #2 ☒ Implemented ☐ Not Implemented

Utilize an interdisciplinary team approach to reduce the percentage of resident's antipsychotic medication use without the diagnosis of psychosis

Process measure



- Percentage of residents receiving antipsychotic medications without the diagnosis of psychosis

**Target for process measure**

- To reduce the percentage of antipsychotic use without the diagnosis of psychosis from 18.7% to 17 % by December 31st 2024

**Lessons Learned**

Multidisciplinary approach with DBSO , MD , NP and Pharmacy consultants has shown positive impact on reducing the use of antipsychotic medications without the diagnosis .

Also the challenge was that we had multiple residents admitted from hospital or communities with the use of antipsychotics without the diagnosis of psychosis

**Change Idea #3** ☒ Implemented ☐ Not Implemented

Care community has also recruited full time music therapist as well as PT complimentary therapist as non-pharmacological interventions to manage responsive behaviors

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

Music therapy and complimentary therapy has also played as an important role in reducing the use of antipsychotics

**Comment**

Care community has shown 3.38 % improvement in use of antipsychotic without the diagnosis of psychosis