

Access and Flow | Efficient | Optional Indicator

Indicator #5	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Terrace Lodge)	32.37	26	35.66	-10.16%	28

Change Idea #1 Implemented Not Implemented

Reduce (avoidable) repeat visits to the emergency department for unresolved/ongoing symptoms through increased nursing and medical surveillance and intervention.

Process measure

- Track the number of staff trained to use new diagnostic equipment. Track the number of potential issues identified utilizing the new diagnostic equipment Track the ongoing use of daily report sheets and shift hand offs.

Target for process measure

- Reduce the number of Residents who returned to the hospital/ED within 30 days of a previous visit/admission, to less than 1 per month by Dec 2024

Lessons Learned

Registered staff completed IV pump training via in person and in surge learning. New daily report sheets were implemented to assist in improved staff hand offs.

Change Idea #2 Implemented Not Implemented

All registered staff will utilize the Clinical Data Exchange on Point Click Care for admissions, transfers and discharges.

Process measure

- The percentage of staff trained on use of the clinical data exchange. The percentage of completed admissions, transfers and discharges entered into the clinical data exchange system

Target for process measure

- 100% of hospital transfers will be captured utilizing the Clinical Data by Dec 2024; 100% of registered staff will understand and implement data for all unplanned emergency department visits.

Lessons Learned

All registered staff were provided training, however, ongoing audits and follow up are required to ensure timely completion.

Change Idea #3 Implemented Not Implemented

Implementation of Comfort Care Rounds for residents identified as being high risk for falls or those identified as having a precarious health condition.

Process measure

- % of staff that have completed comfort care round training. The % of residents who are on comfort care rounds that experience a decrease in falls or other negative health outcomes.

Target for process measure

- 100% of staff will receive training by June 2024. 100% of Residents identified as a very high risk for falls will be assessed and considered for Comfort Care Rounds by a falls team member. 25% decrease in the number of falls for residents on comfort care rounds.

Lessons Learned

Training was completed for all staff, however with competing priorities such as the redevelopment project and extensive move day planning and preparations, this program was not able to be implemented. This change idea will continue to be a focus in the 2025/2026 QIP.

Comment

Despite the change ideas being implemented, the Home did see an increase in ED visits. An analysis of ED visits demonstrated that many visits are related to resident and/or family requests.

Equity | Equitable | Optional Indicator

Indicator #4	Last Year		This Year		
	CB	CB	96.86	--	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Terrace Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Elgin County will build on the Respect Lives Here project; education will be provided to all staff to support civil respect in the workplace.

Process measure

- Number of staff who engaged in civil disrespect after having received Respect Lives Here education.

Target for process measure

- 100% of staff will receive education and will follow the process; zero incidents of civil disrespect in the workplace

Lessons Learned

Education building on the respect lives here project was not implemented through to front line staff in 2024. However, the Homes management team did receive "Manager as a Coach Training" to better support civil and respectful workplace practices within the Homes.

Change Idea #2 Implemented Not Implemented

Introduction of RNAO Developing and Sustaining Nursing Leadership.

Process measure

- The creation and implementation/action plan will include pre and post staff survey evaluations and will be incorporated into the implementation plan

Target for process measure

- Implementation plan to be developed by May 2024. Surveys will be developed and handed out by June 2024 and results reviewed by August 2024. Implementation plan reviewed and updated monthly beginning in July 2024.

Lessons Learned

Lesson learned was an increase awareness of whom would be participating in the survey and providing feedback. The importance of creating a safe space for front line staff to share opinions and thoughts.

Change Idea #3 Implemented Not Implemented

Development and implementation of Diversity, equity and inclusion policy specific to long-term care home resident care and services.

Process measure

- Conduct pre and post policy survey specific to DEI for residents; # of surveys completed; # of DEI concerns identified within the survey; # of concerns brought forward separate to the survey; # of strategies implemented for resident care needs in support of DEI

Target for process measure

- Survey to be developed and implemented by end of spring 2024; Policy developed and implemented by end of spring 2024; Post survey questions will be implemented into the annual resident satisfaction survey for the fall 2024 survey

Lessons Learned

This change idea will be carried into next years QIP

Comment

Embracing diversity tool kit from CLRI will be utilized in 2025 to develop and implement policy and provide education to staff based on gaps identified.

Indicator #3	Last Year		This Year		
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Terrace Lodge)	96.97	100	92.86	-4.24%	NA
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Improve understanding of the resident and SDM as it relates to how they participate in their plan of care.

Process measure

- Number of residents who respond positively to the survey question "I participate in my plan of care."

Target for process measure

- 100% participation and satisfaction by Nov. 2024.

Lessons Learned

Informational pamphlet was developed describing the role of the resident and family in development of the plan of care. Pamphlet to be given out on admission and reviewed during care conferences.

Change Idea #2 Implemented Not Implemented

Review and update the resident and family satisfaction surveys to ensure questions are better understood by those completing the survey.

Process measure

- Track the number of positive responses to the satisfaction survey questions.

Target for process measure

- 100% satisfaction 100% audits reflect name tags are worn

Lessons Learned

Questions revised and updated. Reviewed with resident and family council to ensure a better understanding of the questions.

Comment

There was a very slight decrease in this indicator but overall very positive results. The Home is continuing to implement RNAO best practice guidelines - continuing focus on the BPG related to developing and sustaining leadership which will support resident outcomes in this area.

Safety | Safe | Optional Indicator

Indicator #2	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Terrace Lodge)	19.70 Performance (2024/25)	15 Target (2024/25)	10.84 Performance (2025/26)	44.97% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Implement collaborative regular meetings between the consultant pharmacist and the BSO team to review all residents on antipsychotic medications without a supporting diagnosis.

Process measure

- Number of residents using antipsychotic medication without an indication for use or a supporting diagnosis. Number of meetings between BSO team and consultant pharmacist. Number of residents on antipsychotic medications without a supporting diagnosis that are being supported by BSO

Target for process measure

- By Dec 2024 100% of residents using antipsychotic medications without a supporting diagnosis will be reviewed by the BSO team in collaboration with the consultant pharmacist to ensure behavioural care plans are in plan and medication aligns with the residents behavioural needs.

Lessons Learned

The Home transitioned to a new pharmacy in 2024 and has seen significant improvement in this indicator. While this change idea of the consultant pharmacist involvement with BSO team meetings was not fully implemented, discussions and work regarding antipsychotic medications occurred through Professional Advisory Committee meetings and quarterly medication reviews.

Comment

The home exceeded the target and has seen significant work in this indicator. The implementation of the RNAO clinical pathways project work will support this work.

	Last Year		This Year		
Indicator #1	20.74	18	22.83	-10.08%	15.52
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Terrace Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Resident self transfers was identified as a major contributor of resident falls, while many residents fell when self transferring without staff assistance, we will be working to improve our lift and transfer program with the intent of an increase awareness of residents ability to self transfer and when they need assistance.

Process measure

- Number of staff who received hands on lift and transfer training; Audit of residents transfer assessments to ensure completed on admission, quarterly and with a change in status.

Target for process measure

- By Dec 2024 less than 18 residents, per month, will fall.

Lessons Learned

Nursing staff completed hands on lift and transfer training February- April 2024. Review, revision and implementation of updated lift and transfer assessment in October 2024.

Change Idea #2 Implemented Not Implemented

Decrease the number of falls with injury; defined by level 2+ harm category

Process measure

- # of falls with injury (level 2 or higher)

Target for process measure

- Monthly falls with injury will be less than 4 per month and maintained for 3 consecutive months by Sept 2024

Lessons Learned

The Home increased their level of 2+ harm category by 2%

Comment

The Home continued the redevelopment project activities including a resident move in May of 2024 which saw 36 residents temporarily sharing a room with another resident in a smaller space, while the Home prepared for the phase 3 move at end of March 2025 in which 84 residents will have a single room with ensuite washroom and 16 residents will have their own room and share a washroom with one other resident. The project provides enhanced common area space and an environment supportive of minimizing risk for falls.