

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

	Last Year		This Year	
<b>Indicator #4</b>	<b>16.18</b>	<b>15.85</b>	<b>21.36</b>	<b>20.93</b>
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Hastings Manor Home for the Aged)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Implement the SBAR tool for the Nursing Department to communicate changes in resident condition to MD/NP.

**Process measure**

- Number of RN's and RPN's who receive education on the SBAR tool for communicating changes in resident condition to MD/NP.

**Target for process measure**

- 100% of RN's and RPN's will receive SBAR education by December 31st, 2023

**Lessons Learned**

Ongoing - utilize a UTI SBAR for residents who are displaying symptoms of a UTI.

Ongoing roll out of the SBAR for other acute concerns.

**Comment**

Mobile Xray - limited availability and staffing challenges affected transfers to hospital.

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

Indicator #5	Last Year		This Year	
	The proportion of residents (SDM/POC) who are provided with/offered information regarding palliative and end of life care options available to them on admission to the home. (Hastings Manor Home for the Aged)	<b>CB</b> Performance (2023/24)	<b>100</b> Target (2023/24)	<b>NA</b> Performance (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Each resident will have a comprehensive and holistic assessment of their palliative and end of life care needs on admission.

**Process measure**

- Admission audits to include completion of the Palliative/End of Life Clinical Support Tool

**Target for process measure**

- 100% of newly admitted residents will have a Palliative/End of Life Clinical Support Tool completed at admission.

**Lessons Learned**

Ongoing

**Change Idea #2**  Implemented  Not Implemented

Each resident will have an assessment of their palliative care needs done quarterly.

**Process measure**

- Quarterly assessment audit of Palliative Care/End of Life Clinical Support Tool.

**Target for process measure**

- 100% of residents will have a quarterly Palliative or End of Life Assessment completed by December 2023.

**Lessons Learned**

Ongoing

**Change Idea #3**  Implemented  Not Implemented

Education will be provided on Palliative Care Philosophy to all team members.

**Process measure**

- Number of team members who receive education on a palliative care philosophy.

**Target for process measure**

- 100% of nursing team members will receive education on a palliative care philosophy.

**Lessons Learned**

Ongoing

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

	Last Year		This Year	
<b>Indicator #2</b>	<b>94.74</b>	<b>100</b>	<b>95.45</b>	<b>NA</b>
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Hastings Manor Home for the Aged)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Improve resident satisfaction survey response to this question.

**Process measure**

- Increase in positive rate on annual satisfaction survey.

**Target for process measure**

- 100% of residents will respond positively to this question on the annual resident satisfaction survey completed in the fall of 2023.

**Lessons Learned**

Rate on the 2024 survey noted an improvement.

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

Education to Team Members on engaging with residents

**Process measure**

- Conducting in person training to resident facing team members.

**Target for process measure**

- 100% of team members to have received in person training that takes a person-centered approach

**Lessons Learned**

Return to Annual Education Days including a presentation from the residents on the bill of rights.

**Change Idea #3**  **Implemented**  **Not Implemented**

Team Member availability to attend to residents wants / needs / wishes.

**Process measure**

- Hours of care / resident.

**Target for process measure**

- 2023 Goal = 3.19-3.42

**Lessons Learned**

Addition of RPN's and PSW's to staffing compliment in 2023.

	Last Year		This Year	
<b>Indicator #3</b>	<b>90.79</b>	<b>100</b>	<b>95.37</b>	<b>NA</b>
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Hastings Manor Home for the Aged)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Improve resident satisfaction survey response.

**Process measure**

- Increase in positive response rate on annual satisfaction survey.

**Target for process measure**

- 100% of residents will respond positively to this question on the annual resident satisfaction survey completed in the fall of 2023.

**Lessons Learned**

Improvement from survey last year.

**Change Idea #2**  Implemented  Not Implemented

Team Member Education on Policy.

**Process measure**

- Attendance to training.

**Target for process measure**

- 100% of team members to receive training.

**Lessons Learned**

Return to annual education in 2023 including presentation on the Bill of Rights involving residents.

**Safety | Safe | Priority Indicator**

Indicator #1	Last Year		This Year	
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Hastings Manor Home for the Aged)	<b>30.81</b> Performance (2023/24)	<b>29.26</b> Target (2023/24)	<b>34.51</b> Performance (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Reduce the number of residents who receive antipsychotic medications without a diagnosis of psychosis.

**Process measure**

- Number of residents on antipsychotic medication without a diagnosis of psychosis will decrease.

**Target for process measure**

- A reduction of 5% of residents on an antipsychotic medication without a diagnosis of psychosis by December, 2023.

**Lessons Learned**

The home met regularly to review residents on Antipsychotics and ensure RAI coding was correct.

**Change Idea #2**  Implemented  Not Implemented

Implement education for team members on non-pharmacological ways to manage responsive behaviours.

**Process measure**

- Number of team members from all departments who receive education on managing responsive behaviours.

**Target for process measure**

- 100% of team members will receive education on managing responsive behaviours by the end of December, 2023.

**Lessons Learned**

This was completed at our Annual Education day with BSO team presenting.

**Change Idea #3**  Implemented  Not Implemented

Education for families on antipsychotic medications and non-pharmacological activities that can help with responsive behaviours.

**Process measure**

- Families have access to a brochure on responsive behaviours.

**Target for process measure**

- 100% of families will have access to a brochure on responsive behaviours by the end of December, 2023.

**Lessons Learned**

Ongoing development.

**Comment**

Our Antipsychotics number continue to vary due to more acutely ill residents being admitted to the home.