

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

Indicator #4	Last Year		This Year	
	Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Hastings Centennial Manor)	<b>30.83</b> Performance (2023/24)	<b>30</b> Target (2023/24)	<b>21.48</b> Performance (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Recognizing the ability of residents/SDM to self admit to ED for visits, we will provide education on what it can be done in house and when an ER visit is warranted. Information shared practices in collaboration with QHC on HCM admissions and resident outcome post discharge with staff, residents and families. Early recognition and assessments implemented with residents' status change. Goals of care discussions at the admission, yearly with MDC and as needed with a change in status Clear visual identification on charts spine for residents who choose not to be hospitalized

**Process measure**

- process maps will be created to oversee the data collected on a quarterly basis

**Target for process measure**

- Will will reduce the number of ED visits by 2% by March 31, 2024.

**Lessons Learned**

Our LTCH is attached to the hospital. Residents have the ability to walk over. This is challenging as the accessibility is convenient. Creating an SBAR with an algorithm to identify when hospital visits should be considered has decreased the amount of visits to the ED.

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

	Last Year		This Year	
<b>Indicator #3</b>	<b>96.77</b>	<b>100</b>	<b>91.43</b>	<b>93</b>
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Hastings Centennial Manor)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Our efforts are in place to provide 100% satisfaction among residents and their families. We are providing staff education on resident centered care and building staff capacity to implement best practice guidelines responding to expressive behaviour driven by dementias. (ie: Living the Dementia Journey, Gentle Persuasive Approach, and others). HCM is committed to collecting feedback and improving raised concerns on all level in a timely manner. All committees newly formed at HCM will work together with physicians, residents and families to improving standard of care.

**Process measure**

- Satisfaction survey implemented yearly Ongoing feedback - monthly Committees meetings monthly/quarterlies

**Target for process measure**

- 100% resident and families satisfaction

**Lessons Learned**

Opening dialogue through resident council family council and team meetings to address concerns continues to empower all levels throughout the organization to recognize and identify concerns at an earlier interval.

	Last Year		This Year	
<b>Indicator #2</b>	<b>90.32</b>	<b>100</b>	<b>87.50</b>	<b>90</b>
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Hastings Centennial Manor)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Our efforts are in place to provide 100% satisfaction among residents and their families. We are providing staff education on resident centered care and building staff capacity to implement best practice guidelines responding to expressive behaviour driven by dementias. (ie: Living the Dementia Journey, Gentle Persuasive Approach, and others). HCM is committed to collecting feedback and improving raised concerns on all level in a timely manner. All committees newly formed at HCM will work together with physicians, residents and families to improving standard of care.

**Process measure**

- Satisfaction survey implemented yearly Ongoing feedback - monthly Committees meetings monthly/quarterlies

**Target for process measure**

- 100% resident and families satisfaction

**Lessons Learned**

Our success was that remained over 85% but we always strive to do better. Working with different colleges to recruit team members has had some success.

**Safety | Safe | Priority Indicator**

	Last Year		This Year	
<b>Indicator #1</b>	<b>20.65</b>	<b>20</b>	<b>12.12</b>	<b>11.88</b>
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Hastings Centennial Manor)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Close collaboration between physicians and staff on discussing the need of antipsychotic medication Clear description of behaviours to include hallucination/delusions with medication changes clear understanding of antipsychotic medication side effects on residents and their quality of life

**Process measure**

- Creating a process map Tracking Data tool Measuring data on a quarterly basis

**Target for process measure**

- HCM will reduce the number of residents without psychosis who were given antipsychotic medication by 2% by March 31, 2024.

**Lessons Learned**

We were able to decrease the amount of antipsychotic use with support of the physicians and educating team members on non pharmacological interventions. We will continue to monitor, work with physicians and educate team members. Challenges include having residents admitted on antipsychotics. Reviewing medication list at time of application received gives opportunity to clarify use of antipsychotics.