

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

| Indicator #6  | Last Year                |                     | This Year                |                                     |                     |
|---|--------------------------|---------------------|--------------------------|-------------------------------------|---------------------|
|   | 10.87                    | 5                   | 4.35                     | 59.98%                              | 4                   |
| Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Billings Court Manor) | Performance<br>(2024/25) | Target<br>(2024/25) | Performance<br>(2025/26) | Percentage Improvement<br>(2025/26) | Target<br>(2025/26) |

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

Goals of care are reviewed upon admission, annually and as needed.

**Process measure**

- Doctors to explain what services can be provided in house vs at the hospital and the effect of transfers have on residents who have dementia with the families

**Target for process measure**

- 100 % of advanced care directive will be reviewed with families and SDM.

**Lessons Learned**

Many families are opting for full code due to lack of end of life care.

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

Physicians and Registered Staff understand and address the root cause of ED transfer through preventative care, reorganizing and treating the conditions (fall, UTI, skin and wound) when possible within the home (based on residents ACD)

**Process measure**

- Through Registered staff meetings and in person education.

**Target for process measure**

- 100% of Reg staff full time and part time will receive education.

**Lessons Learned**

Staff remains vigilant to assess residents condition, and communicate effectively to physician for further assistance.

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

Early identification, assessment and recognition of symptoms

**Process measure**

- All PWS's will be reeducated on utilizing POC alerts for communication any changes in health status to the Registered Staff for further assessment and intervention.

**Target for process measure**

- 100% of existing front line staff will be reeducated on POC by Q3 of 2024

**Lessons Learned**

Staff aware of POCRA assessment when providing ADL and report and changes to Registered staff and document with the help of POC

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

Reduce the number to ED transfers due to unmanageable behaviors within the facility.

**Process measure**

- Psycho geriatrician will be able to monitor and change medications to as needed to decrease resident behaviors that are unmanageable.

**Target for process measure**

- Reduce ED visits due to responsive behaviors by 25% by Sept 2024.

**Lessons Learned**

Significant decrease of number of ED visits related to responsive behaviors.

Equity | Equitable | **Optional Indicator**

| Indicator #5   | Last Year             |                  | This Year             |                                  |                  |
|--|-----------------------|------------------|-----------------------|----------------------------------|------------------|
|  | CB                    | CB               | CB                    | --                               | CB               |
| Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Billings Court Manor) | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |

Change Idea #1 ☐ Implemented ☒ Not Implemented

Staff will have a better understanding of resident and coworkers ethnic and cultural diversity.

Process measure

- Staff will review and become familiar with the policy

Target for process measure

- 100% of staff will review and receive any education that is required to be be in compliant with the new equality policy.

Lessons Learned

Head Office continues to develop Policy.

Change Idea #2 ☒ Implemented ☐ Not Implemented

To provide education for all staff members to complete

**Process measure**

- Completion of the courses will be monitored monthly once implemented to ensure completion by all staff.

**Target for process measure**

- All Staff will have the education completed by Nov 30, 2024

**Lessons Learned**

Management staff received training.

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

Staff to gain a greater understand of different cultures, religions that are practice within Billings Court Manor by both staff and residents.

**Process measure**

- Recreation Department/ Management will organized cultural days with different menu choices, entertainment and staff appreciation events.

**Target for process measure**

- Events will be held 1x per quarter over the next year.

**Lessons Learned**

Difficult to cover all of the holiday for staff and residents.

| Indicator #3   | Last Year             |                  | This Year             |                                  |                  |
|--|-----------------------|------------------|-----------------------|----------------------------------|------------------|
|  | CB                    | CB               | CB                    | --                               | CB               |
| Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Billings Court Manor) | Performance (2024/25) | Target (2024/25) | Performance (2025/26) | Percentage Improvement (2025/26) | Target (2025/26) |

Change Idea #1 ☒ Implemented ☐ Not Implemented

Staff to understand there is meaning behind every behaviour

Process measure

- Provide GPA training to staff who work directly with high risk residents.

Target for process measure

- 30% of our front line staff who work with high risk residents

Lessons Learned

High staff turnover, change of culture to be resident focused from task focused.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Residents and POA are aware of the reporting system through our organizational chart and contact person

Process measure

- Allow residents to speak to staff in a safe environment when expressing issues or concerns.

Target for process measure

- Residents will feel safe and feel like they are being listened to by staff.

Lessons Learned

Continued education needed to families due to high turnover rate

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

Continue to work with Residents Council and Food Committee to create a safe place where residents feel comfortable to voice their questions, concerns and or comments.

**Process measure**

- Percent of residents population who participates in Residents Council meetings.

**Target for process measure**

- Continued participation in Residents Council meetings. Strive to 10% of the resident population at attend council meetings.

**Lessons Learned**

Residents council and food committee continue to be involved in making changes.

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

Management be available to speak with residents and POA about questions, concerns or comments.

**Process measure**

- Increase the number of residents or POA that response positively to "how well do staff listen"

**Target for process measure**

- 85% or more residents, or POA will response positively to the question " How well do staff listen" on the 2024-2025 Residents Satisfaction survey

**Lessons Learned**

Open door policy. Nursing manager assigned to each floor and families and residents are referred to them

| Indicator #4   | Last Year                |                     | This Year                |  |                     |
|--|--------------------------|---------------------|--------------------------|--|---------------------|
|  | CB                       | CB                  | 85.71                    | --                                     | 88                  |
| Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Billings Court Manor) | Performance<br>(2024/25) | Target<br>(2024/25) | Performance<br>(2025/26) | Percentage<br>Improvement<br>(2025/26) | Target<br>(2025/26) |

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

Social Service Coordinator hired full time Feb 2024. Implement a resident wellness check advocacy part of routine

**Process measure**

- Wellness checks progress notes will be made by Social Service Coordinator and will be audited by Recreation manager monthly.

**Target for process measure**

- Reach a minimum of 10 residents wellness visits by Social Service Coordinator per month by December 20024.

**Lessons Learned**

- \* High turner over rate, residents being admitted with terminal diagnoses.
- \* Residents seem overall happy when wellness checks occur, any issues that rise are dealt with immediately.

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

Staff to be fully aware of resident and family feedback from satisfaction survey.

**Process measure**

- Increase percentage on survey

**Target for process measure**

- On going feedback from resident on being comfortable to speak with staff.

**Lessons Learned**

Continue to share info at staff meeting

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

Staff to become sensitive to residents perception to their requests through education.

**Process measure**

- Increase percentage on survey

**Target for process measure**

- Ongoing feedback from resident on satisfaction with service being provided by staff.

**Lessons Learned**

Trying to focus staff on being less task focused and more on resident centered care.

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

Ensure appropriate representation for residents is in attendance at quarterly meeting. Encourage feedback and input during the meetings.

**Process measure**

- # of meetings with residents in attendance/ # of meetings in year

**Target for process measure**

- 80% of meeting will be attended by residents.

**Lessons Learned**

difficult to have different residents at 1/4ly meeting due to advanced dementia in majority of residents. Only few residents can participate.



Safety | Safe | **Optional Indicator**

| Indicator #1   | Last Year                |                     | This Year                |                                     |                     |
|--|--------------------------|---------------------|--------------------------|-------------------------------------|---------------------|
|  | Performance<br>(2024/25) | Target<br>(2024/25) | Performance<br>(2025/26) | Percentage Improvement<br>(2025/26) | Target<br>(2025/26) |
| Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Billings Court Manor) | 17.86                    | 12                  | 16.12                    | 9.74%                               | 13                  |

Change Idea #1 ☒ Implemented ☐ Not Implemented

Analysis of the falls that occur with in the facility

Process measure

- ADOC to review falls monthly and review trends in falls meeting 1/4ly.

Target for process measure

- The frequency of resident that fall multiple times over the next 3 months will decrease by 50%.

Lessons Learned

Observed frequent fallers and trends of when the falls occur.

Change Idea #2 ☒ Implemented ☐ Not Implemented

All resident will have access to universal fall prevention measures.

Process measure

- Residents who have are at high risk for falls will have the appropriate fall prevention measures implemented in their care plans. (Fall mats, bed alarms, hip protectors, helmets,

**Target for process measure**

- Injuries from falls will decrease by 25 % over the next three months.

**Lessons Learned**

Quality of hip protector

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

Families have a better understand and acceptance of the falls interventions that are put into place.

**Process measure**

- Education will be provided through newsletter, education at Family Council meetings, care conferences, conversation with nursing teams and sharing the Falls Program review annually.

**Target for process measure**

- Families will be more accepting of fall prevention measures and will assist in reducing the number of injuries from fall by 25 % over the next three months.

**Lessons Learned**

Families still continue to refuse fall interventions

**Comment**

Continue to monitor residents monthly and provide fall interventions when necessary

| Indicator #2   | Last Year                |                     | This Year                |                                     |                     |
|--|--------------------------|---------------------|--------------------------|-------------------------------------|---------------------|
|  | 3.48                     | 2                   | 1.60                     | 54.02%                              | 0.50                |
| Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Billings Court Manor) | Performance<br>(2024/25) | Target<br>(2024/25) | Performance<br>(2025/26) | Percentage Improvement<br>(2025/26) | Target<br>(2025/26) |

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

Doctors of residents taking antipsychotic medications to review on a minimum of quarterly basis to determine opportunities for reduction or titration of medications

**Process measure**

- Trial non- pharmacological interventions prior to administering psychotropic drugs for behaviours. Involvement of BSO for responsive behaviours and SMHO team.

**Target for process measure**

- 100% of resident meeting eligibility criteria are considered for Antipsychotic discontinuation or reduction.

**Lessons Learned**

Decreased the amount of residents on antipsychotic medication.

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

Review all residents receiving anti psychotics medication to ensure they have an appropriate diagnosis.

**Process measure**

- At the quarterly medication review the pharmacy lead will flag those resident using anti psychotics without a diagnosis for review by the physician team.

**Target for process measure**

- All resident identified for a quarterly medication review will be audited by the pharmacy lead and flagged for the physician team.

**Lessons Learned**

Diagnosis are added to resident who are on antipsychotics accordingly.

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

Increase education and awareness concerning managing of responsive behaviours

**Process measure**

- The number of staff who have attending training courses for resident with responding behaviors

**Target for process measure**

- To have education quarterly with a minimum of 8 staff focusing on staff who work on our dementia areas.

**Lessons Learned**

Staff for different types of training, PIECES, GPA and U-first. Focused on staff on dementia unit.

**Comment**

Ensure that residents are given the correct diagnoses to receive antipsychotics, and use non paralogical interventions prior to receiving antipsychotics.