Access and Flow | Efficient | Optional Indicator

Indicator #8

Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Millennium Trail Manor)

Last Year		This Year		
20.09	**18**	**30.77**	**-53.16%**	**27.70**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Interdisciplinary team to review resident change in health status during Daily Clincial Rounds (M-F) and nursing huddle to facilitate early recognition and treatment for changing medical conditions to prevent further transfer to hospital. Utilize PCC secure conversations to enhance communication between physician, NP, and RNs in order to facilitate early recognition and treatment for change in condition.

Process measure

- 1) At the resident care conference meetings, the ADOC or designate will discuss with the residents and their family membersand review the current level of care and make changes if needed. 2) Level of care and goals will be thoroughly reviewed at each admissions and residnets/families/POA will be educated about the same. This step will help lower the number of unnecessary hospital transfers.

Target for process measure

- Reduce the number of potentially avoidable ED visits by 10% by the end of 2024.

Lessons Learned

Some challenges with hospital transfers were with new admissions who were medically complex. A nurse practitioner started full time in the home in April of 2024, which has had a positive impact on avoidable hospital transfers.

Comment

A positive change should be reflected in the data through next quarter.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #7	**CB**	**100**	**100.00**	**--**	**100**
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Millennium Trail Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

100% of Millennium Trail Managers received training in equity, diversity, inclusion and anti-racism in September of 2023.

Process measure

- Completed Sept. 2023

Target for process measure

- 100% completion

Lessons Learned

All managers received training in equity, diversity, inclusion and anti-racism in 2023. New hire managers will receive the same training in September of 2025.

Comment

Positive feedback was received regarding this implementation and training.

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #5	**87.36**	**100**	**79.69**	**-8.78%**	**100**
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Millennium Trail 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 collaborate with residents and implement feedback on policies, quality improvements processes within Millennium Trail Manor through Resident Council Meetings.

Process measure

- Director of Recreation to obtain feedback from residents at Resident Council meetings.

Target for process measure

- 90% on annual Resident Satisfaction Survey for residents responding positively to "how well staff listen to you".

Lessons Learned

Residents provided feedback that they survey was too long and that some residents preferred to complete it on paper and not an iPad. Survey was revamped to make it more user friendly, and paper options were made available then input into digital version to record data.

Comment

Updated version of the survey and paper copies will be available as per resident choice for 2025.

Indicator #6

Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Millennium Trail Manor)

Last Year		This Year		
83.15	**100**	**82.81**	**-0.41%**	**100**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Increase resident knowledge of who to speak with when they have a concern by implementing a standing section in monthly newsletter called "Whom Should I Speak With?". The section provides residents and families with scenarios of common questions as well as providing direction with whom they should speak with. The area of the newsletter is designed to provide information and encourage residents to freely bring concerns and questions forward. Director of Recreation to review Whistle Blower Policy and Complain process bi-annually at Resident Council meetings and to publish it in the newsletter.

Process measure

- Residents indicate that they have a clear understanding of Whistle Blower Policy and Complain process through Resident Council Meetings. Residents express concerns without fear of consequences as they arise resulting in fewer formal complaints received by the home. Director of Recreation will obtain feedback from Resident Council regarding items in the newsletter prior to publishing.

Target for process measure

- Increase percentage of residents who responded positively to the statement "I can express my opnion without fear of consequences" to 100%.

Lessons Learned

Feedback from a Resident's Council is that they would prefer to complete the survey anonymously in their room. Other members of the Resident's Council stated that they completed the survey privately in their room. Recreation staff will ask the residents their preference prior to completing the survey to ensure privacy if that is resident preference. Residents were assured that the results were anonymous, and reinforced chain of command, reporting and whistleblower policies with Resident's Council.

Comment

Positive feedback was received from Resident's Council on the survey process going forward.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #2	**18.85**	**15**	**19.13**	**-1.49%**	**18.94**
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Millennium Trail Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented

DOC and ADOCs will review the 24-hour shift report daily. When pain assessments are completed, the RAI Coordinator will notify the ADOC of triggered pain, and the ADOC and DOC will then follow up to ensure compliance.

Process measure

- Pain management lead ADOC will audit at least ten residents per week to ensure residents continue to receive quality of care in the home.

Target for process measure

- Residents experiencing worsening pain will be reduced by 1.5% by the end of 2024.

Lessons Learned

Falls Lead in conjunction with interdisciplinary team reviews each fall to ensure that interventions are in place. Falls Lead developed a robust auditing process to ensure compliance with assessments, care planning, and interventions. Some challenges were staff turnover, especially with RPN, which proves challenging for education, skill, and judgement.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Falls Lead in conjunction with interdisciplinary team reviews each fall to ensure that interventions are in place. Falls Lead developed a robust auditing process to ensure compliance with assessments, care planning, and interventions.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Some element of success in that the Falls Lead has remained consistent through staff turnover, allowing for more continuity and follow through in the Falls Prevention Program.

Comment

The home continues to improve as the transition to Extendicare policies is reinforced in the home.

	Last Year		This Year		
Indicator #3	**24.21**	**20**	**22.32**	**7.81%**	**22.10**
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Millennium Trail Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

1)A decrease in the indicator of number of residents on antipsychotic medications without diagnoses will demonstrate a dedicated effort by the team of physicians, pharmacists, RAI-coordinator and nurses in using evidence-based practice, making sure that residents are given antipsychotic drugs based on their current diagnoses. 2) All new diagnoses will be added to the residents upon admission and with nay change in condition.

Process measure

- Medication Management Lead-DOC will ensure that at the PAC/QIP meetings, nursing management and CareRx pharmacists will review the medication utilization report every three months. This report will show trends and statistical values for this indicator. The consulting pharmacist will review approximately 10 residents on each floor every month, as well as new admissions and re-admissions. The registered nurses will continue to document the effects of newly prescribed antipsychotic medications on the residents for the monitoring period and send the information to the pharmacist, nurse practitioner and the attending physician for review.

Target for process measure

- The pharmacist will continue to collaborate with the medical practitioners, and will review 50 residents quarterly, on admission and readmission as well as PRN (significant change) immediately to enhance medication management with the goal to achieve the goal.

Lessons Learned

Medical Director has had success in focusing on de-prescribing antipsychotic medications with a goal toward being below the provincial average. The addition of a full time BSO-funded Recreation Therapist as a Behavioural Support Manager has been a positive change in the home.

Comment

While the home has improved, the goal is to be below the provincial average for this indicator.

Safety | Effective | Custom Indicator

Indicator #1

"Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a stage 2 to 4 pressure ulcer that worsened."
(Millennium Trail Manor)

Last Year		This Year		
4.27	**3**	**5.38**	**--**	**NA**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Complete PURS risk assessment with each admission and with any change to skin integrity. Nursing management will continue to educate all registered staff on wound management, treatments protocols and referrals as recived by the skin an dwound program lead ADOC.

Process measure

- Skin and wound management lead ADOC will audit at least ten residents per week to ensure residents continue to receive quality care in the home.

Target for process measure

- Residents experiencing worsening stage 2 to 4 pressure ulcer will be reduced by 1.5% by the end of 2024.

Lessons Learned

The home transitioned into using the RNAO Clinical Pathways for skin and wound. In addition, the new Remedy skincare line was implemented in the home in 2024.

Comment

Skin and Wound Lead will revamp the audit process to ensure a more robust auditing process is taking place, and will re-educate all staff on skin and wound for 2025.

Indicator #4

Percentage of Residents experiencing worsening pain at Millennium Trail Manor
(Millennium Trail Manor)

Last Year			This Year		
10.43	**9**		**12.48**	**--**	**NA**
Performance (2024/25)	Target (2024/25)		Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented

DOC and ADOCs will review the 24-hour shift report daily. When pain assessments are completed, the RAI Coordinator will notify the ADOC of triggered pain, and the ADOC and DOC will then follow up to ensure compliance.

Process measure

- Pain management lead ADOC will audit at least ten residents per week to ensure residents continue to receive quality of care in the home.

Target for process measure

- Residents experiencing worsening pain will be reduced by 1.5% by the end of 2024.

Lessons Learned

Several new admissions into the home were admitted with chronic pain and referrals were made to Palliative Pain and Symptom Management Consultants, and Pain Clinics. The addition of a full time Nurse Practitioner on staff has been a positive intervention in treating pain and other concerns in a timely manner. Staff have received education from the PPSMC on pain management, and the RNAO Clinical Pathway for Pain was implemented in the home in November, 2024.

Comment

The home continues to use the RNAO Clinical Pathway for pain and should see improvements for this indicator in 2025.