Access and Flow | Efficient | Optional Indicator

Indicator #3

Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Spruce Lodge Home For The Aged)

Last Year		This Year		
18.62	16	21.74	-16.76%	20
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☐ Implemented ☑ Not Implemented ☐ In Progress

To implement Point Click Care Olis Lab Integration Solution to be able to enter and receive lab results in PCC.

Process measure

- Number of registered staff trained on Olis Lab Integration solution by January, 2026. Number of occurrences of lab tests not occurring as scheduled.

Target for process measure

- 95% of the registered staff team will be trained on the use of the Olis Lab Integration Solution by January 31, 2026.

Lessons Learned

Point Click Care delayed the implementation of this web based program at this time. The home will move forward with this change idea once PCC makes the solution available.

Change Idea #2 ☐ Implemented ☐ Not Implemented ☑ In Progress

To implement a revised skin and wound assessment tool to standardize our documentation of altered skin integrity resulting in early detection of worsening wounds.

Process measure

- Number of registered staff educated on revised skin and wound assessment tool. Number of registered staff educated on product "picker" for wound care products. Number of residents transferred to acute care for wound assessment and treatment. Number of residents requiring parental antibiotics to treat skin infections. Number of low air loss surfaces in use within the home.

Target for process measure

- 100% of residents with impaired skin integrity will have their wounds assessed using the new skin and wound assessment tool by December 2025.

Lessons Learned

A head to toe assessment has been implemented which is completed within 24 hours of the resident's admission, upon any return of the resident from hospital, and upon any return of the resident from an absence of greater than 24 hours.
This tools ensures the home identifies any potential skin breakdown for early management and treatment. This is being completed 100% of the time with new admissions.
One RN successfully completed the Wounds Canada program for LTC supported through the Ministry of LTC. This lead also completes the weekly wound assessments to promote consistency in the completion of the assessments as well as identifying trends/ gaps in our process that need to be addressed. The home has a draft version of a Skin and Wound assessment developed and it is ready to be implemented. The home experienced an increase in admissions and discharges and the decision was made to focus on these transitions of care and implementing the new assessment when the team has time to attend training and understand how to complete the wound assessment and document the assessment fully and accurately.

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

To implement the CPR/No CPR treatment plan and remove the levels of intervention tool to promote person directed care in obtaining consent for treatment with a change in status.

Process measure

- Number of residents who have a CPR/No CPR treatment plan in place by December 2025. Number of residents who request CPR.

Target for process measure

- 100 % of residents will have a CPR/No CPR treatment plan in place by March, 2026.

Lessons Learned

The home was successful in the implementation of the CPR/No CPR conversation at the time of the resident's admission to the home or with any change in status/request from resident to review. The levels of intervention form has been discontinued. Reviewing resident current status, sharing potential treatment options and updating plan of care occurs with a change in condition versus relying on the previous levels of intervention form thus promoting best practice by obtaining treatment direction at the time, not in advance. We will continue to support our registered staff team on how to have difficult conversations, explaining treatment options to prevent unnecessary transfers to ED and follow resident values and goals for care.

Comment

The home will continue to work on the change idea of implementing a skin and wound assessment tool with the goal to have this completed by summer of 2026. Through the development of this tool and building a product picker for staff to use as a reference, the home has identified a need for additional training related to prevention of skin breakdown and early identification of impaired skin. This will be added to our 2026/2027 QIP.
The home did experience an increase in hospital transfers, 18.5% related to investigation post a fall with 6 admissions to acute care; 8.1% related to change in level of consciousness; 10% related to Genitourinary issues including UTI; 7% related to Respiratory infections; 6% other infections, not tracked; 5% related to GI issues and 7% related to investigation for stroke. Other reasons for transfer include decreased hemoglobin, seizure not controlled, bleeding from nose not able to be controlled, uncontrolled pain, hyperglycemia associated with change in status and one laceration requiring sutures. In total there were 81 transfers to ED January 1, 2025-December 31, 2025 with 46% of the transfers resulting in admission to acute care.

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #2 Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Spruce Lodge Home For The Aged)	**90.24** Performance (2025/26)	**92** Target (2025/26)	**91.67** Performance (2026/27)	**1.58%** Percentage Improvement (2026/27)	**NA** Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

To implement the Palliative and End of Life Clinical Pathways which will meet the residents' psychological, social, cultural, emotional and spiritual needs as well as the physical.

Process measure

- Number of residents who have a Palliative Assessment completed by December 2025. Number of residents who have an end of life assessment completed by December 2025. Number of residents deceased April-December, 2025.

Target for process measure

- All new admissions to the home between April and December 2025 will have a palliative clinical pathway or end of life clinical pathway completed.

Lessons Learned

The home completed the RNAO Palliative gap analysis as well as the End of Life gap analysis. This assisted in the home in determining what the baseline process was and set a plan of where we wanted to be. The Clinical pathways were implemented in April 2025 and we continue to learn as a team how to work through these pathways and utilize this knowledge in developing a resident's plan of care that matches their goals and values. Education for residents, family and staff continue to understand the difference between palliative care and a palliative approach to care versus end of life care.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

To implement the interRAI LTCF clinical assessment that allows for sharing of information across health care sectors and promotes continuity of care.

Process measure

- Number of residents who have an interRAI LTCF assessment completed by December 31, 2025.

Target for process measure

- The home will successfully transition to interRAI LTCF October 1, 2025.

Lessons Learned

The home successfully went live with LTCF in October 1, 2025. Prior to the transition, the team led by our RAI coordinator transitioned the resident plan of care to the RNAO care plan library which uses person centred language as well as matching the wording in the LTCF. As we are currently in our second quarter of LTCF, we are just starting to access quality indicators and continue our trending of indicators and outcome scores.

Comment

We will continue to educate the registered staff team on the use of the Palliative and End of Life pathways to build capacity within the team on having difficult conversations while advocating for the residents values and goals of care.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #1	**30.05**	**27**	**34.42**	**-14.54%**	**32**
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Spruce Lodge Home For The Aged)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Implementation of DementiaAbility in Cottage B.

Process measure

- Number of staff trained. Number of engagement kits assembled for Cottage B. Number of physical enhancements planned for Cottage B. Number of physical enhancements initiated in Cottage B.

Target for process measure

- 75% of residents living in Cottage B will have an agenda to aide staff, visitors and family to provide each resident with meaningful activities that build on their abilities.

Lessons Learned

DementiAbility connects research to multidisciplinary knowledge and practical tools to understand and address the needs of those in our care. When staff understand the connections between the brain, life story, environment and behaviour, they are better equipped to set individuals living with dementia up for success. DementiAbility teaches teams how to connect Life story both past and present with observations so that the team can then provide a comprehensive plan of 'what to do' based on the Residents needs, skills, interests and abilities.
To date, 87 team members across all departments have been trained with plans to continue to train until all have participated in this emotion based care technique.
A Little About Me - Resident Life stories are being compiled and posted in Resident rooms giving opportunities for person centered communication between Resident and Home Team. All residents in Cottage B have A Little About Me Page for the team to get to know them better and we continue to expand this project across the home.
Activity engagement stations throughout the main hallways of home have been established to invite and engage residents in their home environment. Personalized activity kits have also been created for home areas where this has been identified as a need and continues to be supported going forward.
Spa rooms were equipped in October,2025 with Simple Players that were loaded with various music genre folders to assist in creating a positive bathing outcomes for residents. All players are programmed the same for ease of use by families, residents and staff but can also easily be programmed to meet a specific resident need.
Renovations in home areas to support environmental changes that enhance engagement, independence and purpose for those calling Spruce Lodge home continue.
The home has been successful in meeting this change idea. As we are in an implementation/ planning stage, we have not been successful in this initiative decreasing the number of residents without a diagnosis of psychosis who take antipsychotics. Thirty-seven people moved to Spruce Lodge in 2025 and we are finding many residents are being admitted on antipsychotics. As the resident becomes more comfortable in the home and the team learns how to engage and remove triggers to emotional responses, dosage of medications are decreased with the goal to eventually discontinue.

Comment

This is an initiative that we continue to work on with the support of our Consultant Pharmacist, physicians, BSO team and multidisciplinary team. The home also experienced an increase in resident deaths this past year- Haldol is used to manage symptoms at end of life but is coded as taking an antipsychotic without the diagnosis of psychosis so this also skews our results.