

SHC 2022/23 QIP- Progress Report

QIP: Avoidable ED Visits

Reduce potentially avoidable emergency department visits for long-term care resident

Performance Indicator:

Number of ED visits for a modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.

Target	FY 21/22	YTD (Q2 2021/2022-Q1 2022/2023)
17.5%	11.5%	19.6% HQO prepopulated data

Comments on the Progress of this Indicator
Reasons for higher rates of transfer include: resp/covid outbreaks; turnover, new staff, agency staff, and high acuity admissions. Moving forward, we are taking a palliative approach towards new move-ins to the home, wherein palliative goals of care are discussed with our NP from the moment of entry. This will assist the residents and families with decision making when a sentinel event occurs.

Change Ideas	Implemented	Comments/Accomplishments and Lessons Learned
<p>Goals of Care Planning and the “Resident Health Care Wishes” assessment will be completed within 6 weeks of a resident’s admission Discuss the goals of care plan at the 6 weeks interdisciplinary care reference</p>	Yes	<ul style="list-style-type: none"> The change idea associated with the Goals of Care Planning had been successfully implemented, however, in November 2022 there were changes to the assessment. Education with staff remains ongoing
<p>Goals of Care Planning and the “Resident Health Care Wishes” for all current residents will be formally documented in individual care plans and PCC assessment tab Discuss goals of care planning for all residents at their interdisciplinary care conference</p>	Yes	<ul style="list-style-type: none"> This change idea was implemented successfully and will be maintained on an ongoing basis

QIP: Resident Satisfaction

Improve the residence experience

Executive Sponsors: *Susan Woollard*

Performance Indicator:

Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?"

Target	FY 21/22	YTD (Nov 2022)
90%	89%	74%

Comments on the Progress of this Indicator

The resident experience was largely associated with dining in the home. In particular, the survey looked at atmosphere and appetizing food. As a first step, we are updating the dining rooms in terms of atmosphere through painting, decoration, and staff reinforcement of dining etiquette. In addition, we are getting the stakeholders involved in how we can improve their experience.

Change Ideas	Implemented	Comments/Accomplishments and Lessons Learned
<p>Develop a monthly Activation program Activation department to create one new program per month</p>	Yes	This change idea was implemented and remains as a goal on an ongoing basis
<p>Hold monthly In-person (with the option of virtual attendance) Resident Council meetings Develop methods for virtual Monthly meeting to be held consistently</p>	Yes	This change idea has been successfully implemented with the following additions for the coming year: Each month a meeting will be held with a member of the Leadership Team when invited
<p>Improve Customer Service Experience for Residents and their Family Members Provide "Start with Heart" education to front line staff & improve "move-in" process by introducing a "Welcome Team"</p>	Yes	This change idea was implemented. For the coming year, we have chosen to focus on providing education to staff about fine dining experience and the importance to residents, using an immersive experience

QIP: Documented assessment of needs for palliative care patients

Increase the documented assessment of palliative care needs

Performance Indicator:

Percentage of residents with documented palliative needs assessments

Target	FY 21/22	YTD (Dec 2022)
100%	100%	100%

Comments on the Progress of this Indicator
The root causes of our current performance include our beneficial relationship with an in-house Nurse Practitioner who is able to provide timely follow-up and communication with staff, residents, and families regarding changes in resident status and plan of care. We have learned that the most successful methodology is the early identification of palliation and prognosis as well as communication with residents and SDMs about expressed wishes.

Change Ideas	Implemented	Comments/Accomplishments and Lessons Learned
Residents will die peacefully at the home	Yes	This change idea was successfully implemented and continues to be a focus of care decision making for all palliative residents in the home.
Palliative Care Consultation with Freeman Centre	Yes	This change idea was utilized once in the current quarter. We will continue to utilize on an as-needed basis.
NP to review PPS for all residents and determine need to utilize Gold Standard Framework as prognostic indicator	Yes	This change idea was successfully implemented and continues to be a focus of care decision making for all palliative residents in the home.

QIP: Falls

To reduce number of falls

Performance Indicator:

Percentage of long-term care home residents who fell during the 30 days preceding their resident assessment.

Target	FY 21/22	YTD (Sept 2022)
16.4%	11.1%	14.2%

**There is a lag of 3 months in the data*

Comments on the Progress of this Indicator
In comparison to the data available for the 2021-2022 fiscal year, we have noted a significant decrease in the total number of falls. This indicator continues to be a focus in the upcoming fiscal year.

Change Ideas	Implemented	Comments/Accomplishments and Lessons Learned
<p>Minimize risk of injury associated with falls Ensure all residence have a fall's focus in their Plan of Care using an interdisciplinary approach</p>	Yes	This change idea was successfully implemented and continues to be a focus of care decision making for all residents at risk for falls in the home.
<p>Identify high risk residents and implement appropriate inventions within 14 days of admission.</p>	Yes	This change idea was successfully implemented and continues to be a focus of care decision making for all residents at risk for falls in the home.
<p>Maximize falls prevention interventions to ensure increased quality of life Physically mark appropriate bed height for each resident to indicate where it should be located a specific times of day and night</p>	No	This change idea was not implemented due to unpredictable changes within resident health status. This change idea is being abandoned due to logistical concerns.

QIP: Pressure Injuries

To reduce Pressure injuries rate acquired at Seniors Home

Performance Indicator:

Percentage of long-term care residents who have stage 2 to 4 pressure ulcer

Target	FY 21/22	YTD (Sept 2022)
4.6%	3.5%	2.5%

*There is a lag of 3 months in the data

Comments on the Progress of this Indicator
Throughout the fiscal year, SHC has maintained a performance score that is better than the provincial benchmark. This has been achieved through consistent usage of the skin and wound app, weekly assessments, wound care champion and building capacity among direct care registered staff in wound management. Education will continue, and this indicator will be monitoring internally on the quality scorecard.

Change Ideas	Implemented	Comments/Accomplishments and Lessons Learned
New wound care champion, will work in conjunction with dedicated ET nurse	Yes	This change idea was successfully implemented. Education with staff continues an ongoing basis.
Utilize MDS PURS score (greater 4) to identify at high risk of developing PU residents	No	This change idea was not implemented as usage of skin and wound app as well as weekly assessments has effectively identified at risk residents.
Wound care education to be provided by 3M for all registered staff as well as PSW geared at early identification	Yes	This change idea was successfully implemented and will continue to be provided to staff on an ongoing basis.