

Access and Flow | Efficient | Priority Indicator

	Last Year		This Year	
Indicator #6	0	0	13.43	NA
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (PeopleCare Delhi LTC)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

n/a - We have 0% for our ED visits and have opted to not have this as an option for a QIP as a focus related to having this at 0%

Process measure

- n/a We have 0% for our ED visits and have opted to not have this as an option for a QIP as a focus related to having this at 0%

Target for process measure

- n/a We have 0% for our ED visits and have opted to not have this as an option for a QIP as a focus related to having this at 0%

Lessons Learned

challenges were newer nursing coming from critical care or emergency nursing in a hospital not truly understanding the difference from LTC and hospital and what LTC can truly do. some avoidable transfers occurred however through education we now have ensured we will continue to reduce this number

Comment

We still remained below provincial average however had an increase related to beginning the QIP not related to challenges with the QIP see above for details

Experience | Patient-centred | **Custom Indicator**

	Last Year		This Year	
Indicator #4	100	100	100	NA
Percentage of residents who responded positively to the question: 'Did we meet your expectations?' (PeopleCare Delhi LTC)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Resident spotlight. Aimed to increase results on family and resident satisfaction survey for the question ' the staff know the story of my life '

Process measure

- results from the family and resident satisfaction survey related to 'the staff know the story of my life'

Target for process measure

- increase from current 40% to 60% in this question

Lessons Learned

VERY successful, residents and staff were always looking for updates on our resident spotlight. Residents were so joyful to share their interests and past when it was their spotlight. increased conversations between staff, families, visitors and residents.

Comment

We will be continuing with this project even into the next year and moving forward, even though it will not be an ongoing QIP.

Indicator #1	Last Year		This Year	
	Percentage of Families who respond positively to "I would recommend this site/organization to others". (PeopleCare Delhi LTC)	100 Performance (2023/24)	100 Target (2023/24)	100 Performance (2024/25)

Change Idea #1 Implemented Not Implemented

Enhanced education to family council by Deborah Bakti "Now what? managing the emotions of long term care"

Process measure

- Results from family satisfaction survey, Family Council meeting minutes.

Target for process measure

- Will remain with 100% as the target for you "have exceeded my expectations".

Lessons Learned

Amazing success with this process and we are rolling it over to enhance for our family satisfaction QIP for this current year. Our book club has allowed our families to understand the empathy exchange between team members and families, and it has enhanced our family council with new members.

Experience | Patient-centred | Priority Indicator

	Last Year		This Year	
Indicator #3	CB	100	CB	NA
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (PeopleCare Delhi LTC)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

See below QIPs for information that will add to this patient-centered care

Process measure

- See below QIPs for information that will add to this patient-centered care

Target for process measure

- See below QIPs for information that will add to this patient-centered care

Lessons Learned

n/a

Comment

did not work on this QIP however added additional QIP in its place

Indicator #5	Last Year		This Year	
	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (PeopleCare Delhi LTC)	CB Performance (2023/24)	100 Target (2023/24)	CB Performance (2024/25)

Change Idea #1 Implemented Not Implemented

See below QIPs for information that will add to this patient-centered care

Process measure

- See below QIPs for information that will add to this patient-centered care

Target for process measure

- See below QIPs for information that will add to this patient-centered care

Lessons Learned

n/a

Safety | Safe | **Priority Indicator**

Indicator #2	Last Year		This Year	
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (PeopleCare Delhi LTC)	19.29 Performance (2023/24)	18 Target (2023/24)	15.65 Performance (2024/25)

Change Idea #1 Implemented Not Implemented

Medical Director and BSO team will review all antipsychotics nad make changes accordingly.

Process measure

- The BSO team will review # of BSO referrals and the residents that are receiving antipsychotic medication

Target for process measure

- All new admissions that are admitted with antipsychotic medications will be assessed by medical director and pharmacy to ensure diagnosis is accurate and if the medication is used appropriately

Lessons Learned

no challenges with this action item. successes was the BSO team support in achieving our goal with this quality improvement plan

Change Idea #2 Implemented Not Implemented

Enhancing staff knowledge on trialing nonpharmacological interventions to minimize the usage of psychotropic medications by providing educational opportunities.

Process measure

- The number of staff attending training courses as documented by educational sign in sheets.

Target for process measure

- 75% of all staff to receive GPA Training by end of year.

Lessons Learned

We utilized our nurse practitioner to assist with educations to our staff. No challenges came up.

Change Idea #3 **Implemented** **Not Implemented**

Review quarterly RAI MDS assessments for all residents triggering the DRG01 QI for accuracy prior to submission to CIHI.

Process measure

- RAI coordinator will Audit each RAI assessment triggered psychotropic usage on a weekly basis.

Target for process measure

- 100% of all residents on an antipsychotic medication will have an appropriate Dx recognized by CIHI by August 2023.

Lessons Learned

No challenges. Success was being able to identify those individuals that were missing diagnosis for antipsychotic medications, and then presenting this to the medical doctor to assess for diagnosis or reevaluate the medication for potential discontinuation

Comment

We have met and exceeded our target for reduction in antipsychotic medication usage without a diagnosis and will continue with the actioned items in our practice to ensure we maintain below provincial average for this quality indicator

Safety | Effective | Custom Indicator

	Last Year		This Year	
Indicator #7	CB	100	100	NA
The percentage of residents whose care plan accurately captures the residents' expressed wishes for palliative and end-of-life care. (PeopleCare Delhi LTC)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Additional section to care conference assessment to cover end of life wishes and will be updated in the CarePlan.

Process measure

- Number of Care conference assessments and Care plans reviewed/completed with POAs and Family members per month by ADOC and leadership team.

Target for process measure

- 50% of residents will have a palliative care conference section completed with plan of care updated by June 30th, 100% of residents will be complete by Dec 31st 2023.

Lessons Learned

new enhanced admission assessment and RPNAO best practice assessment implementation was a big success in supporting at admission and at care conferences for these discussions.

Change Idea #2 Implemented Not Implemented

Increase in the number of residents who have experienced pain last quarter within the 7 day observation period as per the Quality indicator "Has worsening pain" 4 qtr avg. of 15% (December 2022) Updated pain scores were not documented throughout the 7 day observation period.

Process measure

- All eligible residents for quarterly RAI MDS assessment will be on pain monitoring during a 7 day observation period and pain scores reviewed by RAI coordinator for accuracy.

Target for process measure

- To have the QI Has worsening pain 4 qtr avg. % under the provincial average by June 30th 2023 and to continue to maintain the % to be under provincial average (currently 9.5%) through Dec 31st 2023.

Lessons Learned

no challenges

