Access and Flow | Efficient | Priority Indicator

Indicator #4	Last Year		This Year	
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Valley Manor Nursing Home)	**15.69** Performance (2023/24)	**15.16** Target (2023/24)	**27.36** Performance (2024/25)	**26** Target (2024/25)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Provide education to Registered staff on criteria for Potentially avoidable ED visits.

Process measure

- % of new registered staff provided with education material.

Target for process measure

- 100% of new Registered staff hired will be provided with educational material by Feb. 29, 2024 .

Lessons Learned

All new Registered Nurses were provided with the education on and the list for potentially avoidable ED visits. The challenges the RN's face are the resident or the POA's insistence and preference for the resident to be assessed in the ED.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Recruit for a Nurse Practitioner for our home who would be able to provide assessments, treatment options, as well as education for residents and families.

Process measure

- # of job postings on websites, in newspapers, meeting with partners, electronic communications, and phone calls per month.

Target for process measure

- The home will hire 1 Nurse Practitioner by Feb. 29, 2024.

Lessons Learned

Despite the Director of HR and CEO making at minimum 33 attempts to recruit a Nurse Practitioner for our home the home was not successful in hiring one.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Provide education on Cellulitis to the PSW's so that prompt recognition can avoid visits to the ED.

Process measure

- # of PSW's who have received education and completed a Quiz on Cellulitis each month.

Target for process measure

- 75% of PSW's will receive education and complete a Quiz on Cellulitis by Sept. 30, 2023 and 100% of PSW's will receive education and complete a Quiz on Cellulitis by Feb. 29, 2024.

Lessons Learned

All PSW's received and completed education on cellulitis. Of note there were no residents sent to the ED who were diagnosed with cellulitis from April 1, 2023 to March 1, 2024. This is an improvement from the previous year, as 2 residents had been sent to the ED. Residents who experienced cellulitis were treated within the home with effect. Providing this education to the PSW's has provided the PSW's with the tools for early identification of cellulitis.

Comment

The home will continue to work on change ideas in effort to reduce ED visits.

Experience | Patient-centred | Priority Indicator

Indicator #3

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

Last Year		This Year	
13.33	**25**	**40.91**	**60**
Performance (2023/24)	**Target (2023/24)**	**Performance (2024/25)**	**Target (2024/25)**

Change Idea #1 ☑ Implemented ☐ Not Implemented

To improve the resident participation in the annual survey.

Process measure

- # of residents/SDM's provided with annual survey

Target for process measure

- To have 80% of residents participate in the annual survey.

Lessons Learned

The Resident and Family Satisfaction survey was an online survey this year. The home communicated the change at the Continuous Quality Improvement Committee meetings. The CEO sent an invitation to the residents and family requesting they complete the survey. The resident population at the time was 88/90. This year the home received feedback from 48% of the resident and family population compared to 7% last year. 1 of the challenges that the home faced was that 1 resident forgot that she had completed the survey and both of her siblings then completed it.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Have family complete the survey if resident CPS score is 4 or above.

Process measure

- 100% of families for residents with a CPS of 4 or more will be provided with a survey and asked to complete.

Target for process measure

- To have 80% of families who are contacted participate in the annual survey.

Lessons Learned

SDM's were emailed an invitation to complete the survey online with the link attached. Unfortunately it was not discovered until after the survey had closed that not all SDM's have email. These SDM's were not physically mailed the invitation to complete the survey along with a hard copy of the survey.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Address concerns as they are identified at the resident MDCC's.

Process measure

- # of voiced concerns expressed at each resident MDCC per department per month

Target for process measure

- 100% of concerns are addressed within the time line of the homes concerns and complaints policy.

Lessons Learned

The home started to track concerns brought forward at the "Move In" and annual Multi-disciplinary care conference meetings in Q2. Concerns identified for Recreation, Dietary, Nursing, Housekeeping, and Laundry continue to be tracked. These departments are also tracking the concerns that have been resolved. The concerns are tracked on a monthly basis, and the results are discussed at the Continuous Quality Improvement Committee meetings that are held every 2 months.

Indicator #2	Last Year Performance (2023/24)	Last Year Target (2023/24)	This Year Performance (2024/25)	This Year Target (2024/25)
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Valley Manor Nursing Home)	45.45	60	73.81	79

Change Idea #1 ☑ Implemented ☐ Not Implemented

Improve communication with residents and family

Process measure

- # of times the CQI board has been updated each month to keep our residents and family members updated on changes within the home and on progress with change ideas from May 1, 2023 to Feb. 29, 2024.

Target for process measure

- Improve our current performance on how well the staff listen to 60 from increased feedback received on the Resident and Family Satisfaction survey that will be sent out in the Fall of 2023.

Lessons Learned

After further discussion with the Continuous Quality Improvement Committee it was decided that the weekly and monthly activity calendars created by the Manager of Recreation & Volunteers would include hairdressing days and footcare days. Requests for this information to be shared in a more timely manner was made by a member of the Resident Council when she was participating in a Continuous Quality Improvement Committee meeting. These calendars are at the bedside of each resident making this change idea very beneficial to the residents and their visitors. The Continuous Quality Improvement Board was created and it has been updated x 2 since implementation with updates on quality improvement. A member of the Resident Council attends the Continuous Quality Improvement Committee meetings that are held every 2 months. The Manager of Recreation & Volunteers invites the Family Council to participate in each meeting as well by Zoom or in person. Improved communication between the home and the Family Council has occurred with increased electronic communication and collaboration among members of the Continuous Quality Improvement Committee and the Family Council. Relationships have strengthened with the sharing of information, experience, and ideas improving the resident experience.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Implement a new computer charting system for Recreation Activities called “ActivityPro" that includes a "Family Portal” where families can see photos/videos of their loved ones.

Process measure

- # of residents who have photos/videos uploaded to the Web-Based Secure Platform in the Family Portal for them or their SDM to access per month.

Target for process measure

- 50 % of our residents will have photos/videos uploaded by Sept. 30, 2023, and 100% of our residents will have photos/videos uploaded by Dec. 31, 2023.

Lessons Learned

The Activity department did implement the new ActivityPro software to better track the quality of resident engagement. The Family portal allowed the family members who created an account access to photo/video sharing, and more with ActivityPro. The Manager of Recreation and Volunteers received many emails from family with positive feedback. A family member wrote, "I just checked the portal tonight and loved the videos of Mom.
Thank you for taking the time for the activities and photos and videos.
Very meaningful for families!" Unfortunately there was a glitch with ActivityPro and they were not able to track the number of photos/videos that were uploaded. The home plans to track the number of SDM's that are using the new software for the 2024/25 QIP.

Change Idea #3 ☐ Implemented ☑ Not Implemented

Survey residents after participating in recreation programs.

Process measure

- # of residents surveyed every 4 months using the ActivityPro Software.

Target for process measure

- 50% of residents who participated in programs will be surveyed by July 31, 2023 and 80% of residents who participated in programs will complete a survey by Dec. 31, 2023.

Lessons Learned

Unfortunately this change idea was not implemented related to HHR challenges in the Activity department.

Safety | Safe | Priority Indicator

	Last Year		This Year	
Indicator #1 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Valley Manor Nursing Home)	**10.69** Performance (2023/24)	**6.69** Target (2023/24)	**X** Performance (2024/25)	**NA** Target (2024/25)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Engaging residents/SDM's in discussion regarding use of antipsychotics.

Process measure

- # of residents/SDM's engaged in discussions regarding use of antipsychotics per month.

Target for process measure

- Discussions regarding use of antipsychotics will occur at each Move In and Annual MDCC with the resident/SDM from April 1, 2023 to Feb. 29, 2024.

Lessons Learned

At each resident's "Move In" or "annual" multi-disciplinary care conference discussions were held regarding the resident's use of antipsychotics. The vast majority of SDM's requested no changes with the use of antipsychotics related to the goals of care and to ensure the resident's inherent dignity was maintained. For those that did request changes follow-up visits were arranged with Geriatric Mental Health and/or the Physician was called and updated.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Increased awareness for the use of anti-psychotics medication without a supporting diagnosis

Process measure

- # of residents who are using antipsychotics medication without a supporting diagnosis each month.

Target for process measure

- 100% of residents will be reviewed on a monthly base for use of anti-psychotics medication without a supporting diagnosis.

Lessons Learned

This information was tracked on a monthly basis and the results were presented to the Continuous Quality Improvement Committee every 2 months. In Q4 2022/23 and in Q1 2022/23 there was 1 resident identified who was prescribed an antipsychotic medication without a supporting diagnosis. Of note the resident is prescribed Haldol for control of nausea and vomiting.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Provide education to the Resident and Family Councils on the Role of the BSO PSW.

Process measure

- # of educational sessions provided by the BSO to the Resident and Family Councils per year

Target for process measure

- The BSO will provide 1 educational session to both the Resident and Family Council.

Lessons Learned

Only 1 education session was provided to the Resident Council. The session occurred in Q1 and it was well received by the Resident Council.

Comment

With the implementation of the change ideas the homes performance has continued to be below the provincial average.