

Continuous Quality Improvement – Annual Report

DESIGNATED LEAD

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QUALITY PRIORITIES FOR 2023/24

Perley Health is pleased to share our 2023/24 Quality Improvement Plan (QIP). Our ongoing commitment to quality is reflected in our mission “to achieve excellence in the health, safety and well-being of Seniors and Veterans with a focus on innovation in person centred and frailty-informed care and service” and in our long-term strategic plan, which identifies Excellence in Resident Care and Service as one of Perley Health's 4 key strategic pillars. In 2021, Perley Health's strategic plan was refreshed in response to several unprecedented factors which resulted in a fundamentally changed healthcare landscape. These factors included, amongst others, the ongoing impacts of the COVID-19 pandemic, persistent healthcare worker shortage and burnout, increased public attention on long term care, and increased regulation of an already highly regulated environment. The core pillars of the long-term strategy remain relevant, and are reflected in the refreshed strategy which outlines objectives and priorities for 2022 - 2025. These objectives include "Sustaining excellence in Seniors' and Veterans' care", as well as embodying a "People First" philosophy. The QIP is a roadmap to achieving both of these objectives, while navigating challenges and opportunities in our environment.

Perley Health's QIP is aligned with our Quality Framework, based on the Quadruple Aim framework adopted by Ontario Health. The high-level priorities for this year's QIP are informed by the quality and safety aims under the various pillars of the framework, as determined by Perley Health's Board of Directors:

- increase resident and family experience
- reduce preventable harm
- provide the "right care" 100% of the time
- improve health-related quality of life
- improve staff experience

Priorities are divided into 3 categories based on the projected scope of work anticipated for the year – focused action, moderate action and monitoring. Areas for action are included in this report.

QUALITY OBJECTIVES FOR 2023/24

1. Enhance Psychological Health and Safety (increase the percentage of staff that respond positively to “I feel safe to give feedback about things that matter to me” from 61% to 66%).
2. Increase the percentage of residents who responded positively to “I participate in meaningful activities” from 47% to 55%.
3. Increase the percentage of residents who responded positively to “I enjoy mealtimes” from 65% to 75%.
4. Ensure that 100% of residents that die at Perley Health have a “meaningful death” (as identified by resident and/or family).
5. Reduce the percentage of residents who experienced pain from 12% to 11%.
6. Reduce the percentage of residents on antipsychotics without a diagnosis of psychosis from 23% to 22%.
7. Reduce the percentage of residents whose mood from symptoms of depression worsened from 33% to 32%.

2023/24 QIP PLANNING AND PRIORITY SETTING PROCESS

Perley Health has developed QIPs as part of the annual planning cycle since 2015, with QIPs submitted to Health Quality Ontario (HQP) every April. Perley Health’s QIP planning cycle typically begins in August, and includes an evaluation of the following factors to identify preliminary priorities:

- progress achieved in recent years;
- ongoing analysis of performance data over time available from the Canadian Institute for Health Information (CIHI); with areas indicating a decline in performance over time and/or where benchmarking against self-identified peer organizations suggests improvement required
- resident, family and staff experience survey results;
- emergent issues identified internally (trends in critical incidents) and/or externally;
- input from residents, families, staff, leaders and external partners, including the MOLTC.
- mandated provincial improvement priorities (e.g. HQO)

Preliminary priorities are subsequently presented and discussed at various forums to validate priorities and identify additional priorities that may have been missed. These forums included (in chronological order) Perley Health’s new CQI committee (*Quality Council*), Resident Councils, Family and Friends Council, the operational leadership team, and the Quality of Life and Safety Committee (QLSC) of the Board of Directors. This is an iterative process with multiple touchpoints of engagement with different stakeholder groups as QIP priorities, targets

and high-level change ideas are identified and confirmed. Final review of the QIP is completed by the QLSC, which endorses the plan for approval by the Board of Directors.

Perley Health's *Quality Council*

Perley Health's QIP planning cycle now begins with recommendations from our *Quality Council*. At the council's inaugural meeting September 20, 2022, members reviewed CIHI QI indicator data as well as preliminary resident experience survey results to recommend draft QI priorities for the 2023/24 QIP. This discussion included a review of the priorities included in the 2022/23 QIP to validate existing priorities and identify new priorities based on performance data. These recommendations were shared and discussed with subsequent stakeholder groups as outlined above.

PERLEY HEALTH'S APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

Perley Health's nursing and administrative policies, combined with practice standards, provide a baseline for staff in providing quality care and service. Perley Health has adopted the Model for Improvement to guide quality improvement activity. Interprofessional quality improvement teams, including resident and family advisors, work through the phases of the model to:

1. Diagnose/Analyze the Problem

Teams use various QI methodologies to understand some of the root causes of the problem and identify opportunities for improvement. This work can include process mapping or value stream mapping, Gemba, 5 whys, fishbone, etc. Also included in this work, is an analysis of relevant data and completion of a gap analysis against relevant Best Practice Guidelines.

2. Set Improvement Aims

Once teams have a better understanding of the current system they aim to improve as well as an understanding of what is important to the resident, an overall improvement aim is identified. This aim will be used to evaluate the impact of the change ideas through implementation and sustainability.

At Perley Health, improvement teams develop aim statements that are Specific, Measurable, Attainable, Relevant, Time-Bound (SMART). A good aim statement includes the following parameters - "How much" (amount of improvement – e.g. 30%), "by when" (a month and year), "as measured by" (a big dot indicator or a general description of the indicator) and/or "target population" (e.g. all Perley Health residents, residents in specific area, etc.)

3. Develop and Test Change Ideas

With a better understanding of the current system, improvement teams identify various change ideas that will move Perley Health towards meeting its aim statement. During this phase, teams will prioritize alignment with best/prevaling practices when designing preliminary change ideas for testing. Additionally, teams leverage the Hierarchy for Effectiveness when selecting change ideas, with teams favouring system redesign, process standardization, and force function over education and policy change.

Plan-Do-Study-Act (PDSA) cycles are used to test change ideas through small tests of change. PDSAs provide an opportunity for teams to iteratively refine their change ideas and build confidence in the solution prior to implementation. Change ideas typically undergo several PDSA cycles before implementation.

4. Implement, Spread and Sustain

Improvement teams consider the following factors when developing a strong implementation/change management plan:

- Outstanding work to be completed prior to implementation (e.g. final revisions to change ideas based on PDSAs, embedding changes into existing workflow, updating relevant P&P, etc.)
- Education required to support implementation, including key staff resources (e.g. Change Champions)
- Communication required to various stakeholders, both before during and after implementation
- Approach for spread across the facility, if completed in a phased approach

At this stage, teams will also identify key project measures to determine if the changes implemented resulted in improvement. This family of measures includes the following types of measures:

Outcome:

- Measures what the team is trying to achieve (the aim)

Process:

- Measures key activities, tasks, processes implemented to achieve aim

Balancing:

- Measures other parts of the system that could be unintentionally impacted by changes

Prior to implementation, improvement teams develop a sustainability plan. The plan identifies the different strategies the team will use to evaluate and address both short term and long-term sustainability of the changes implemented.

PROCESS TO MONITOR AND MEASURE PROGRESS, IDENTIFY AND IMPLEMENT ADJUSTMENTS AND COMMUNICATE OUTCOMES

A key component of the sustainability plan is the collection and monitoring of the key project measures over time. Run charts and Statistical Control Charts, with established rules for interpretation, are essential to understanding if there has been an improvement or deterioration in performance. Analysis of the Outcome measure(s) will be used to identify if the Home is achieving the desired outcomes or not. If not achieving desired outcomes, the team can review the Process measure(s) over time to either confirm compliance with key change ideas (suggesting the change idea may not be as effective at improvement outcomes) or identify gaps in compliance that need to be addressed. Based on the results of this analysis, the team may consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand gaps in compliance, etc.

At an organizational level, Perley Health has adopted a “Big Dot” report to monitor and measure progress on strategic aims, aligned with the Quadruple Aim. A “Small Dot” report is used for Operational indicators.

Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:

- Publishing stories and results on Quality TVs located throughout the Home, the website, on social media or via the newsletter
- Direct email to staff and families and other stakeholders
- Handouts and one:one communication with residents
- Presentations at staff meetings, Operations meetings, Quality of Life and Safety Committee, Town Halls, Quality Council, Resident Councils, Family and Friends Council
- Huddles at change of shift
- Use of Champions to communicate directly with peers

RESIDENT AND FAMILY/CAREGIVER EXPERIENCE SURVEY

Through its membership in the Seniors Quality Leap Initiative (SQLI), Perley Health has been administering interRAI’s “Self-Reported Quality of Life Survey for Long-Term Care Facilities” (Resident Experience Survey) since 2015 to measure resident experience annually. Additionally, in 2021, Perley Health adopted interRAI’s “Family Survey on Nursing Home Quality of Life” (Family Experience Survey) to measure family/caregiver experience annually.

2022 Surveys

The Resident Experience Survey was administered May through mid-December 2022. All residents with a Cognitive Performance Scale score between 0-2 were eligible to participate in the survey. At the end of the survey period, 78 surveys were completed.

The Family Experience Survey was administered mid-November through mid-December 2022. All individuals with a connection to a current resident, or a resident who lived at Perley Health within the previous year were eligible to participate in the survey. At the end of the survey period, 102 surveys were completed.

Raw results of the resident and family experience surveys are available as appendices to this report (see Appendix A). Following an analysis of both surveys, the areas of social life and food and dining experience were identified by both groups as the most important areas for improvement.

Extensive communication of results and discussion of next steps has been completed with various stakeholder groups. Please refer to the table below for a complete listing of the stakeholder groups that have received a presentation of the high-level results and participated in discussion about next steps. All communication provided by the Director of Quality & Interprofessional Care, unless otherwise noted.

Date	Meeting	Content
September 20, 2022	Quality Council	Presentation on preliminary Resident Experience Survey results, as part of development of 2023/24 QIP.
October 11, 2022	Community Resident Council	Verbal report of preliminary Resident Experience Survey results, including areas of strength and opportunities for improvement.
January 10, 2023	Resident Information Session	Verbal report of the Resident Experience Survey results, including areas of strength and opportunities for improvement. Opportunity for residents in attendance to ask questions, and further inform next steps. Endorsement from residents in attendance to continue focusing on social life and food and dining experience.
January 17, 2023	Quality Council	Presentation on Family Experience Survey Results and discussion of results, including Next Steps.
April 12, 2023	Operations Management Committee	Presentation on the Resident and Family Experience Survey and discussion of results, including Next Steps.
April 14, 2023	Family and Friends Council Executive	Presentation on the Family Experience Survey and discussion of results, including Next Steps.
April 17, 2023	Quality of Life and Safety Committee of the Board	Presentation on the Resident and Family Experience Surveys and discussion of results.
April 20, 2023	Family and Friends Council	Presentation on the Family Experience Survey and discussion of results.
May 4, 2023	Board of Directors	Presentation by Chief Operating Officer, on the Resident and Family Experience Surveys and discussion of results.

IMPROVEMENTS TO CARE, SERVICES, PROGRAMS AND GOODS AT PERLEY HEALTH (2022-2023)

Care/Services

- Addition of a 5th PSW on days and evenings (early in 2022)
- Introduction of a full-time in-house foot care nurse (Jan 2023)
- Expanded behavioural support through introduction of a 3rd full-time Special Approach PSW to the psychogeriatric team (Sept 2022)
- Introduction of a full-time Nurse Practitioner (Mar 2023)
- Increased ABC huddles (supported by psychogeriatric team) throughout the Home to support person-centred care
- Implemented Automated Dispensing Cabinets in all 3 residential buildings to support enhanced medication safety (winter 2023)
- Ongoing implementation of 2022/23 QIP (see Appendix B for summary report, as presented to Quality Council April 18, 2023)

Programming

- Reintroduced external outings e.g. shopping, museums, scenic drives (summer 2022)
- Reintroduced picnics on site (summer 2022)
- Increased number of concerts and external entertainers coming onsite (fall 2022)
- Reintroduced facility-wide bingo (fall 2022)
- Return of ecumenical service twice a month (fall 2022)
- Return of cards program (fall 2022)
- Return of special meals onsite
- Families able to join residents for programs as capacity limits decreased (winter 2023)
- Therapeutic Recreation & Creative Arts team back up to full complement of staff for first time since beginning of pandemic (spring 2023)
- Introduced 2 new creative arts instructors to provide additional studio classes (spring 2023)

Facility Enhancements

- Renovation of the Games Room (December 2022)
- Updated parking gate/parking system (Jan 2023)
- Refurbished outdoor patio for Ottawa Residence including new larger gazebo (Apr 2023)
- Refurbished Gatineau Resident mini-putt gazebo (April 2023)
- Construction of new secure unit R1N (May 2023)
- Installation of outdoor patio/gazebo for tenants living in Commissionaires Ottawa Place (May 2023)
- Enclosed smoking shelter at Main Entrance
- Fire Panel Upgrade
- Installation of new laundry equipment – in progress
- Repaving the road by the parking gate including installation of 2 new lights in this area – in progress

Resident and Family Engagement and Partnering (Role of Resident and Family Councils, Quality Council, Resident and Family Advisors)

Perley Health has three active councils focused on resident and family experience; the Veteran Residents' Council, the Community Residents' Council, and the Family and Friends Council (FFC). These councils are a valuable forum for ongoing collaboration and engagement. The leadership team and councils enjoy a positive and productive relationship. The Management team routinely seeks feedback and involvement from the councils regarding various aspects of Perley Health's operations such as the annual budget, operating plan and quality improvement plan (QIP). Results of the annual Resident Experience Survey and Family Experience Survey are brought to the FFC and Residents' Councils, providing a platform for the councils to further inform the final QIP.

In 2022, Perley Health established its first Quality Council (aligned with requirements from the FLTCA to establish a Continuous Quality Committee). The Quality Council serves in an advisory capacity, providing recommendations to leadership related to the ongoing implementation of continuous quality improvement at Perley Health, including identification of priority areas for the annual QIP. This council also plays a role in reviewing and evaluating progress of initiatives identified in the annual QIP, and supports preparation of the annual report on continuous quality improvement.

In an effort to more directly involve residents and families in quality improvement activities, the Resident and Family Advisor Program was established in 2017. The goal of this program is to promote resident and/or family participation on all of Perley Health's QI projects, and other initiatives, as appropriate. Since its inception, this program has successfully matched resident/family advisors with a variety of QIP teams as well as other initiatives across the Home. Active QIP teams that currently have advisors, include Social Life, Food & Dining Experience, Delirium, Dementia & Depression (3Ds), and Palliative Care.

Approach to Communication

Communication about improvements to care, facilities and programming varies based on the nature of the change. Communication methods include, but are not limited to, the following:

- Verbal reports to Family and Friends Council Executive, as well as Family and Friends Council Meetings (meeting minutes available)
- Verbal reports to Veteran Residents' Council and Community Residents' Council Meetings (meeting minutes available)
- Verbal reports to Resident Information Sessions (meeting minutes available)
- Verbal reports at departmental meetings, e.g. RN/RPN, PSW, etc. (meeting minutes available)
- Written communication via email to resident and family distribution list
- Written communication via email to All Users staff distribution list
- Written communication via TVs installed and signage posted across the Home
- Written communication on website and through social media channels (as applicable)

APPENDIX A

2022 Resident Survey Results (Raw)

	Never (#)	Never (%)	Rarely (#)	Rarely (%)	Sometimes	Sometimes	Most of the	Most of the	Always (#)	Always (%)	Don't know	Don't know	Refused (#)	Refused (%)	No response	No response
I can be alone when I wish.	5.00	6.41%	3.00	3.85%	17.00	21.79%	24.00	30.77%	27.00	34.62%	1.00	1.28%	0.00%		1.00	1.28%
My privacy is respected when people care for me.	1.00	1.28%	4.00	5.13%	10.00	12.82%	22.00	28.21%	40.00	51.28%	1.00	1.28%	0.00%		0.00%	0.00%
I get my favorite foods here.	10.00	12.82%	11.00	14.10%	26.00	33.33%	19.00	24.36%	11.00	14.10%	0.00%		0.00%		1.00	1.28%
I can eat when I want.	16.00	20.51%	12.00	15.38%	11.00	14.10%	17.00	21.79%	17.00	21.79%	2.00	2.56%	0.00%		3.00	3.85%
I have enough variety in my meals.	5.00	6.41%	8.00	10.26%	20.00	25.64%	26.00	33.33%	17.00	21.79%	2.00	2.56%	0.00%		0.00%	0.00%
I enjoy mealtimes.	3.00	3.85%	10.00	12.82%	14.00	17.95%	30.00	38.46%	21.00	26.92%	0.00%		0.00%		0.00%	0.00%
Food is the right temperature when I get to eat it.	7.00	8.97%	7.00	8.97%	17.00	21.79%	29.00	37.18%	17.00	21.79%	1.00	1.28%	0.00%		0.00%	0.00%
If I need help right away, I can get it.	2.00	2.56%	8.00	10.26%	20.00	25.64%	22.00	28.21%	24.00	30.77%	2.00	2.56%	0.00%		0.00%	0.00%
I feel my possessions are secure.	3.00	3.85%	0.00%		7.00	8.97%	25.00	32.05%	42.00	53.85%	1.00	1.28%	0.00%		0.00%	0.00%
I feel safe when I am alone.	0.00%		0.00%		7.00	8.97%	19.00	24.36%	51.00	65.38%	1.00	1.28%	0.00%		0.00%	0.00%
I get the services I need.	2.00	2.56%	2.00	2.56%	16.00	20.51%	28.00	35.90%	29.00	37.18%	1.00	1.28%	0.00%		0.00%	0.00%
I would recommend this site or organization to others.	7.00	8.97%	3.00	3.85%	8.00	10.26%	16.00	20.51%	42.00	53.85%	1.00	1.28%	0.00%		1.00	1.28%
This place feels like home to me.	11.00	14.10%	6.00	7.69%	14.00	17.95%	27.00	34.62%	18.00	23.08%	1.00	1.28%	0.00%		1.00	1.28%
I can easily go outdoors if I want.	5.00	6.41%	7.00	8.97%	13.00	16.67%	22.00	28.21%	27.00	34.62%	2.00	2.56%	0.00%		2.00	2.56%
I am bothered by the noise here. (reverse calculation)	28.00	35.90%	14.00	17.95%	20.00	25.64%	6.00	7.69%	9.00	11.54%	1.00	1.28%	0.00%		0.00%	0.00%
I can have a bath or shower as often as I want.	18.00	23.08%	11.00	14.10%	8.00	10.26%	11.00	14.10%	24.00	30.77%	4.00	5.13%	0.00%		2.00	2.56%
I decide when to get up.	12.00	15.38%	4.00	5.13%	7.00	8.97%	23.00	29.49%	32.00	41.03%	0.00%		0.00%		0.00%	0.00%
I decide when to go to bed.	3.00	3.85%	1.00	1.28%	8.00	10.26%	20.00	25.64%	44.00	56.41%	1.00	1.28%	0.00%		1.00	1.28%
I can go where I want on the "spur of the moment."	7.00	8.97%	7.00	8.97%	16.00	20.51%	23.00	29.49%	21.00	26.92%	3.00	3.85%	0.00%		1.00	1.28%
I control who comes into my room.	4.00	5.13%	5.00	6.41%	14.00	17.95%	33.00	42.31%	20.00	25.64%	0.00%		0.00%		2.00	2.56%
I decide which clothes to wear.	1.00	1.28%	2.00	2.56%	9.00	11.54%	21.00	26.92%	45.00	57.69%	0.00%		0.00%		0.00%	0.00%
I decide how to spend my time.	1.00	1.28%	1.00	1.28%	10.00	12.82%	21.00	26.92%	43.00	55.13%	0.00%		0.00%		2.00	2.56%
I am treated with respect by staff.	0.00%		1.00	1.28%	8.00	10.26%	21.00	26.92%	48.00	61.54%	0.00%		0.00%		0.00%	0.00%
Staff pay attention to me.	1.00	1.28%	2.00	2.56%	13.00	16.67%	30.00	38.46%	32.00	41.03%	0.00%		0.00%		0.00%	0.00%
I can express my opinion without fear of consequences.	1.00	1.28%	3.00	3.85%	9.00	11.54%	23.00	29.49%	35.00	44.87%	7.00	8.97%	0.00%		0.00%	0.00%
Staff respect what I like and dislike.	1.00	1.28%	1.00	1.28%	13.00	16.67%	26.00	33.33%	35.00	44.87%	2.00	2.56%	0.00%		0.00%	0.00%
The care and support I get help me live my life the way I want.	4.00	5.13%	2.00	2.56%	10.00	12.82%	29.00	37.18%	31.00	39.74%	1.00	1.28%	0.00%		1.00	1.28%
Staff respond quickly when I ask for assistance.	0.00%		3.00	3.85%	22.00	28.21%	24.00	30.77%	28.00	35.90%	0.00%		0.00%		1.00	1.28%
[This site] staff respond to my suggestions.	2.00	2.56%	4.00	5.13%	20.00	25.64%	32.00	41.03%	15.00	19.23%	3.00	3.85%	0.00%		2.00	2.56%
I get the health services I need.	2.00	2.56%	2.00	2.56%	7.00	8.97%	27.00	34.62%	38.00	48.72%	1.00	1.28%	1.00	1.28%	0.00%	0.00%
Staff have enough time for me.	7.00	8.97%	6.00	7.69%	11.00	14.10%	33.00	42.31%	21.00	26.92%	0.00%		0.00%		0.00%	0.00%
Staff know what they are doing.	0.00%		2.00	2.56%	10.00	12.82%	39.00	50.00%	25.00	32.05%	1.00	1.28%	0.00%		1.00	1.28%
My services are delivered when I want them.	2.00	2.56%	3.00	3.85%	10.00	12.82%	33.00	42.31%	26.00	33.33%	3.00	3.85%	0.00%		1.00	1.28%
Some of the staff know the story of my life.	10.00	12.82%	21.00	26.92%	23.00	29.49%	14.00	17.95%	7.00	8.97%	1.00	1.28%	0.00%		2.00	2.56%
I consider a staff member my friend.	5.00	6.41%	5.00	6.41%	19.00	24.36%	22.00	28.21%	25.00	32.05%	1.00	1.28%	0.00%		1.00	1.28%
I have a special relationship with a staff member.	13.00	16.67%	15.00	19.23%	15.00	19.23%	17.00	21.79%	14.00	17.95%	3.00	3.85%	0.00%		1.00	1.28%
Staff take the time to have a friendly conversation with me.	8.00	10.26%	11.00	14.10%	19.00	24.36%	24.00	30.77%	16.00	20.51%	0.00%		0.00%		0.00%	0.00%
Staff ask how my needs can be met.	7.00	8.97%	10.00	12.82%	23.00	29.49%	17.00	21.79%	19.00	24.36%	1.00	1.28%	0.00%		1.00	1.28%
I have the same nurse assistant on most weekdays.	5.00	6.41%	6.00	7.69%	19.00	24.36%	25.00	32.05%	16.00	20.51%	5.00	6.41%	0.00%		2.00	2.56%
I have enjoyable things to do here on weekends.	11.00	14.10%	19.00	24.36%	22.00	28.21%	19.00	24.36%	6.00	7.69%	0.00%		0.00%		1.00	1.28%
I have enjoyable things to do here in the evenings.	10.00	12.82%	16.00	20.51%	20.00	25.64%	18.00	23.08%	12.00	15.38%	1.00	1.28%	0.00%		1.00	1.28%
I participate in meaningful activities.	10.00	12.82%	5.00	6.41%	24.00	30.77%	23.00	29.49%	14.00	17.95%	0.00%		0.00%		2.00	2.56%
If I want, I can participate in religious activities that have meaning to me.	10.00	12.82%	9.00	11.54%	13.00	16.67%	18.00	23.08%	20.00	25.64%	1.00	1.28%	1.00	1.28%	6.00	7.69%
I have opportunities to spend time with other like-minded residents.	12.00	15.38%	9.00	11.54%	20.00	25.64%	18.00	23.08%	18.00	23.08%	1.00	1.28%	0.00%		0.00%	0.00%
I have the opportunity to explore new skills and interests.	7.00	8.97%	7.00	8.97%	22.00	28.21%	22.00	28.21%	17.00	21.79%	3.00	3.85%	0.00%		0.00%	0.00%
Another resident here is my close friend.	20.00	25.64%	9.00	11.54%	21.00	26.92%	10.00	12.82%	16.00	20.51%	0.00%		0.00%		2.00	2.56%
People ask for my help or advice.	21.00	26.92%	13.00	16.67%	27.00	34.62%	11.00	14.10%	4.00	5.13%	2.00	2.56%	0.00%		0.00%	0.00%
I have opportunities for affection or romance.	41.00	52.56%	12.00	15.38%	10.00	12.82%	2.00	2.56%	7.00	8.97%	3.00	3.85%	1.00	1.28%	2.00	2.56%
It is easy to make friends here.	8.00	10.26%	7.00	8.97%	21.00	26.92%	21.00	26.92%	21.00	26.92%	0.00%		0.00%		0.00%	0.00%
I have people who want to do things together with me.	10.00	12.82%	17.00	21.79%	25.00	32.05%	12.00	15.38%	9.00	11.54%	4.00	5.13%	0.00%		1.00	1.28%
	360.00		341.00		768.00		1102.00		1215.00							

APPENDIX A

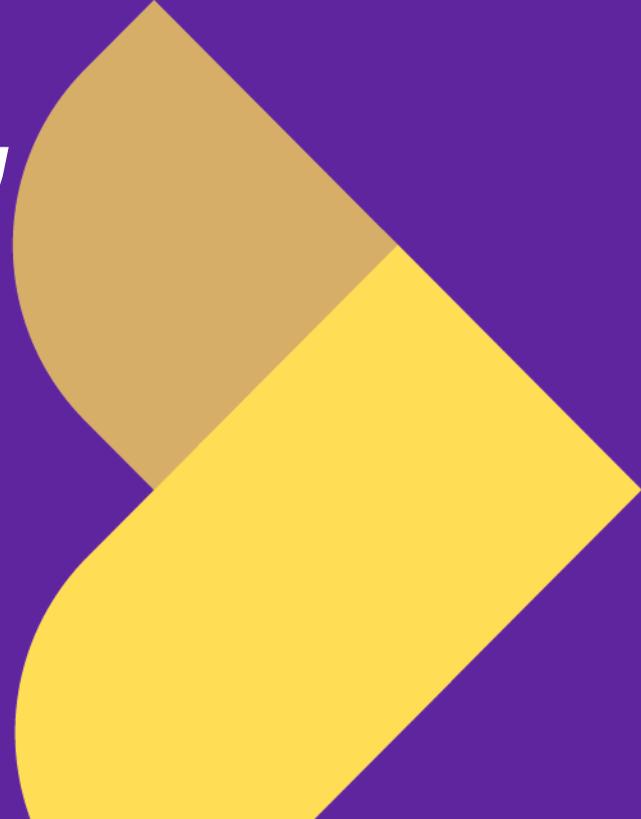
2022 Family Survey Results (Raw)

	Never (#)	Never (%)	Rarely (#)	Rarely (%)	Sometimes (#)	Sometimes (%)	Most of the time (#)	Most of the time (%)	Always (#)	Always (%)	Don't know (#)	Don't know (%)	Prefer not to say (#)	Prefer not to say (%)
A1. My family member enjoys mealtimes.		0.00%	6	6.06%	26	26.26%	40	40.40%	19	19.19%	8	8.08%		0.00%
A2. My family member has enough variety in their meals.	1	0.99%	3	2.97%	19	18.81%	41	40.59%	20	19.80%	16	15.84%	1	0.99%
B1. My family member's possessions are secure.	2	1.96%	2	1.96%	7	6.86%	40	39.22%	41	40.20%	9	8.82%	1	0.98%
B2. If he/she needs help right away, my family member can get it.	2	2.00%	6	6.00%	22	22.00%	33	33.00%	27	27.00%	9	9.00%	1	1.00%
B3. My family member is safe living at this home.		0.00%		0.00%	7	6.86%	30	29.41%	60	58.82%	5	4.90%		0.00%
B4. My family member can be alone when they wish.	4	4.04%	4	4.04%	6	6.06%	32	32.32%	43	43.43%	10	10.10%		0.00%
C1. My family member gets the services he/she needs.		0.00%		0.00%	13	12.75%	51	50.00%	32	31.37%	6	5.88%		0.00%
C2. I would recommend this site or organization to others.	1	0.98%	1	0.98%	4	3.92%	9	8.82%	80	78.43%	6	5.88%	1	0.98%
C3. This home has a clean and pleasant environment		0.00%		0.00%	4	3.92%	34	33.33%	61	59.80%	3	2.94%		0.00%
C4. This home is the best place to meet my family member's needs.		0.00%	1	0.99%	5	4.95%	24	23.76%	64	63.37%	6	5.94%	1	0.99%
D1. Staff pay attention to my family member.		0.00%	1	0.98%	12	11.76%	44	43.14%	42	41.18%	3	2.94%		0.00%
D2. This home is well managed.		0.00%	1	0.99%	7	6.93%	34	33.66%	49	48.51%	9	8.91%	1	0.99%
D3. I trust the staff to take good care of my family member.		0.00%		0.00%	8	7.84%	33	32.35%	57	55.88%	4	3.92%		0.00%
D4. I trust the information I receive from staff here.		0.00%	2	1.98%	7	6.93%	31	30.69%	56	55.45%	5	4.95%		0.00%
E1. My family member is treated with respect by staff.		0.00%	1	0.99%	4	3.96%	24	23.76%	67	66.34%	4	3.96%	1	0.99%
E2. Staff treat me with respect.	1	0.98%		0.00%	2	1.96%	17	16.67%	78	76.47%	3	2.94%	1	0.98%
F1. Staff respond quickly when my family member asks for assistance.	1	1.00%		0.00%	14	14.00%	43	43.00%	29	29.00%	13	13.00%		0.00%
G1. I have the information I need about my family member's health status.		0.00%	5	4.90%	2	1.96%	37	36.27%	53	51.96%	5	4.90%		0.00%
G2. I know who to contact if I have concerns about my family member's care.		0.00%	2	1.98%	9	8.91%	25	24.75%	59	58.42%	4	3.96%	2	1.98%
H1. I can visit my family member when I choose.		0.00%	1	0.98%	2	1.96%	16	15.69%	80	78.43%	3	2.94%		0.00%
H2. There are comfortable places to visit with my family member here.	1	1.01%	4	4.04%	18	18.18%	22	22.22%	46	46.46%	7	7.07%	1	1.01%
I1. I participate in care decisions about my family member.		0.00%	4	3.92%	4	3.92%	11	10.78%	78	76.47%	5	4.90%		0.00%
I2. I am consulted about changes in my family member's care plan.	2	2.00%	5	5.00%	6	6.00%	15	15.00%	67	67.00%	5	5.00%		0.00%
J1. My family member participated in meaningful activities in the past week.	6	6.00%	17	17.00%	14	14.00%	24	24.00%	18	18.00%	17	17.00%	4	4.00%
J2. Another resident is my family member's close friend.	42	42.00%	15	15.00%	11	11.00%	8	8.00%	4	4.00%	19	19.00%	1	1.00%

Welcome to Perley Health's *Quality Council!*

APPENDIX B

Meeting 3: April 18, 2023

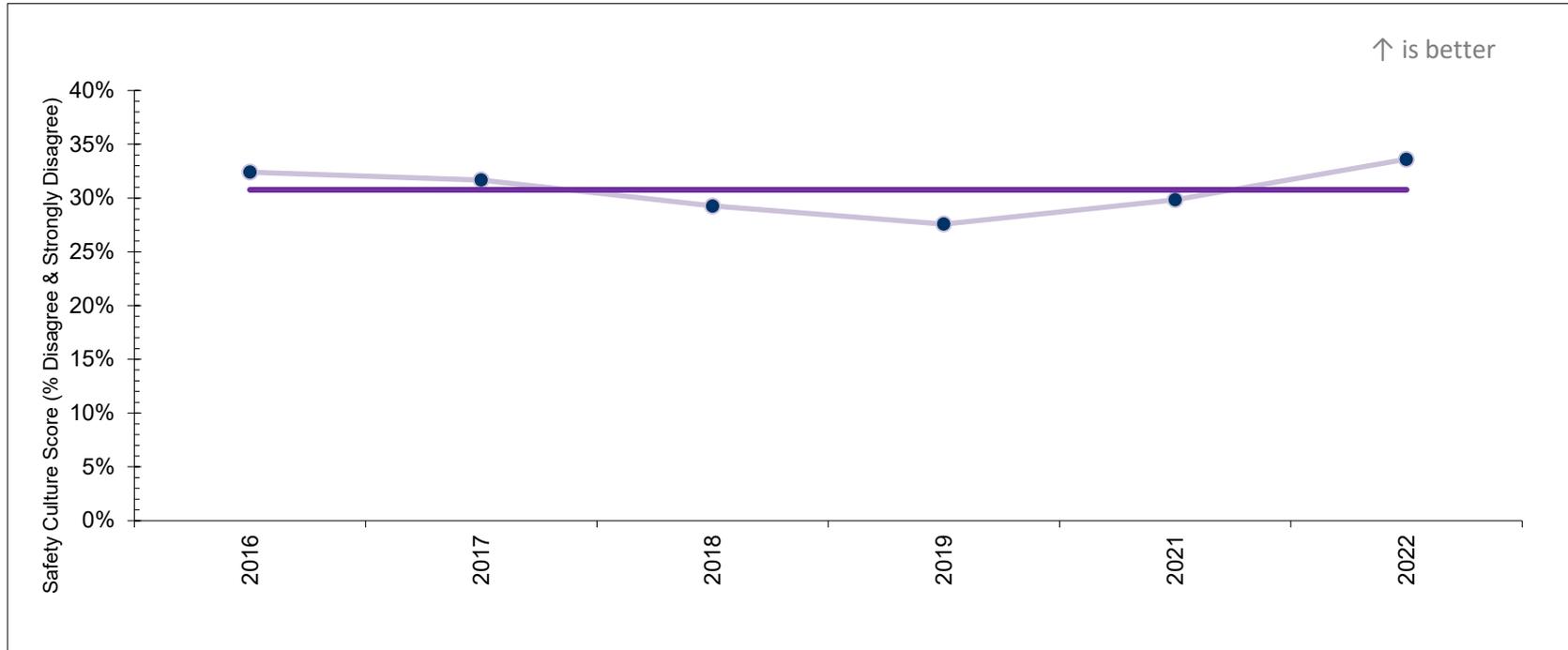


Update on 2022/23 QIP

- ❖ Indicator performance
- ❖ Activities

Culture of Safety Score

Definition: Percentage of staff responding with desired responses to select culture of safety survey questions



Psychological Health and Safety (PHS)

Status of Planned Activities

Objectives	Activities	Status
Define “Psychological Health and Safety” at Perley Health	Develop and adopt definition and guiding principles	Complete
	Embed definition and guidelines into policy, process, practice, education	In progress
	Develop information pamphlet for staff re: investigation of incidents of suspected resident abuse/neglect	In progress
Education	Leader education to support PHS <ul style="list-style-type: none"> - Leading for psychological safety in challenging times - Workplace mental health: how managers should respond 	Complete
Increase awareness of mental health and wellness supports	<ul style="list-style-type: none"> -Resources developed and available for staff -Wellness information added to Health and Safety Board 	Complete & ongoing

Psychological Health and Safety (PHS)

Status of Planned Activities

Objectives	Activities	Status
Enhance leadership visibility	Elevate existing leader rounding practice through participation in project with Healthcare Excellence Canada	In progress
Enhance reward and recognition	Quarterly recognition events across all shifts (also linked to increased leadership visibility)	Complete and ongoing
	Review Employee Recognition Program	Delayed
Administer Mental Fitness Index (survey)	Participate in Year 3 of Howatt HR research	In progress

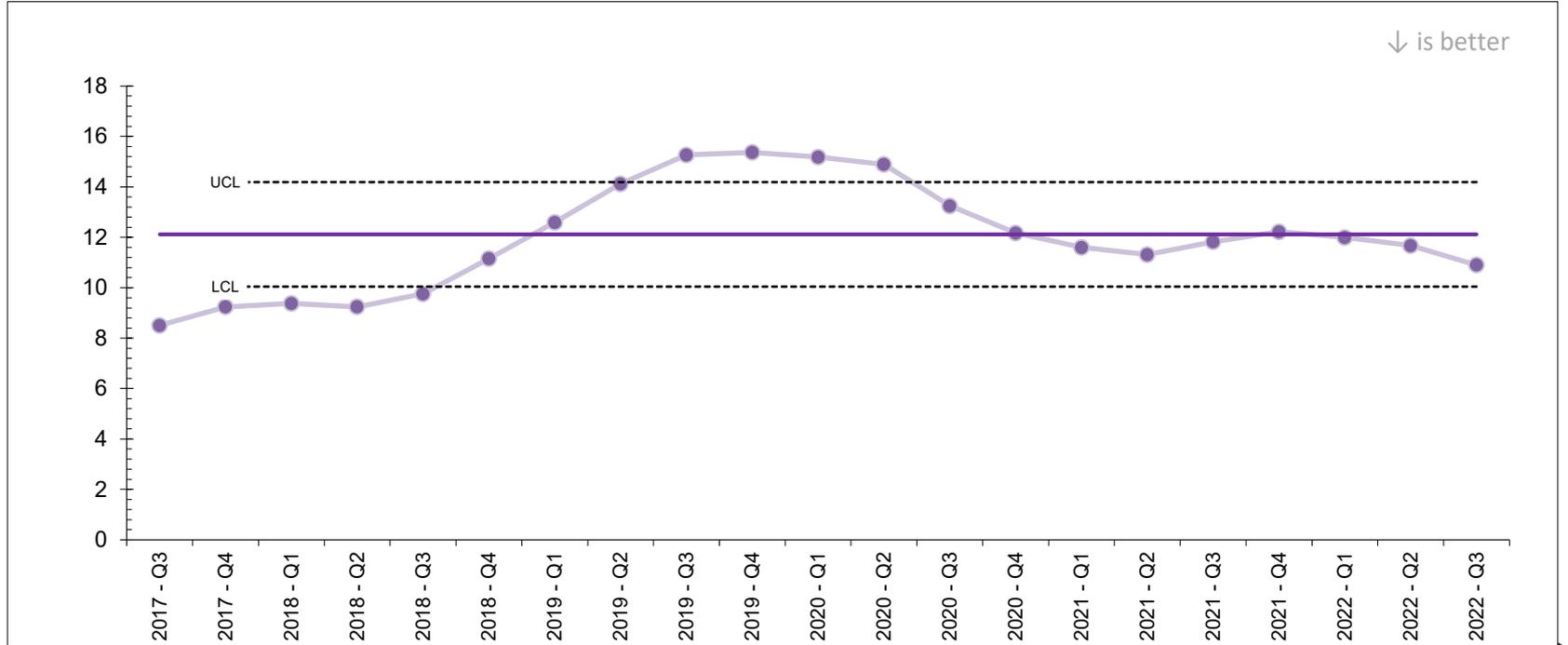
Psychological Health and Safety (PHS)

Status of Planned Activities

Objectives	Activities	Status
Implement recommendations from Cultural Awareness & Inclusivity (CAI) Committee	Become a <i>Canadian Centre for Diversity and Inclusion</i> (CCDI) Partner organization	Complete
	<ul style="list-style-type: none">- Introducing a Policy Framework for Accommodation of Cultural and Religious Practices- Education on Cultural Awareness & Inclusion fundamentals to management and staff (e.g. Indigenous education provided in Feb 2023)- Conduct Staff Diversity Meter Census and Inclusion Survey (September 2023)- Action Plan to be developed based on results of Diversity Meter Census and Survey (Winter 2024)	In progress

Pain Experienced

Definition: Percentage of residents who experiencing pain



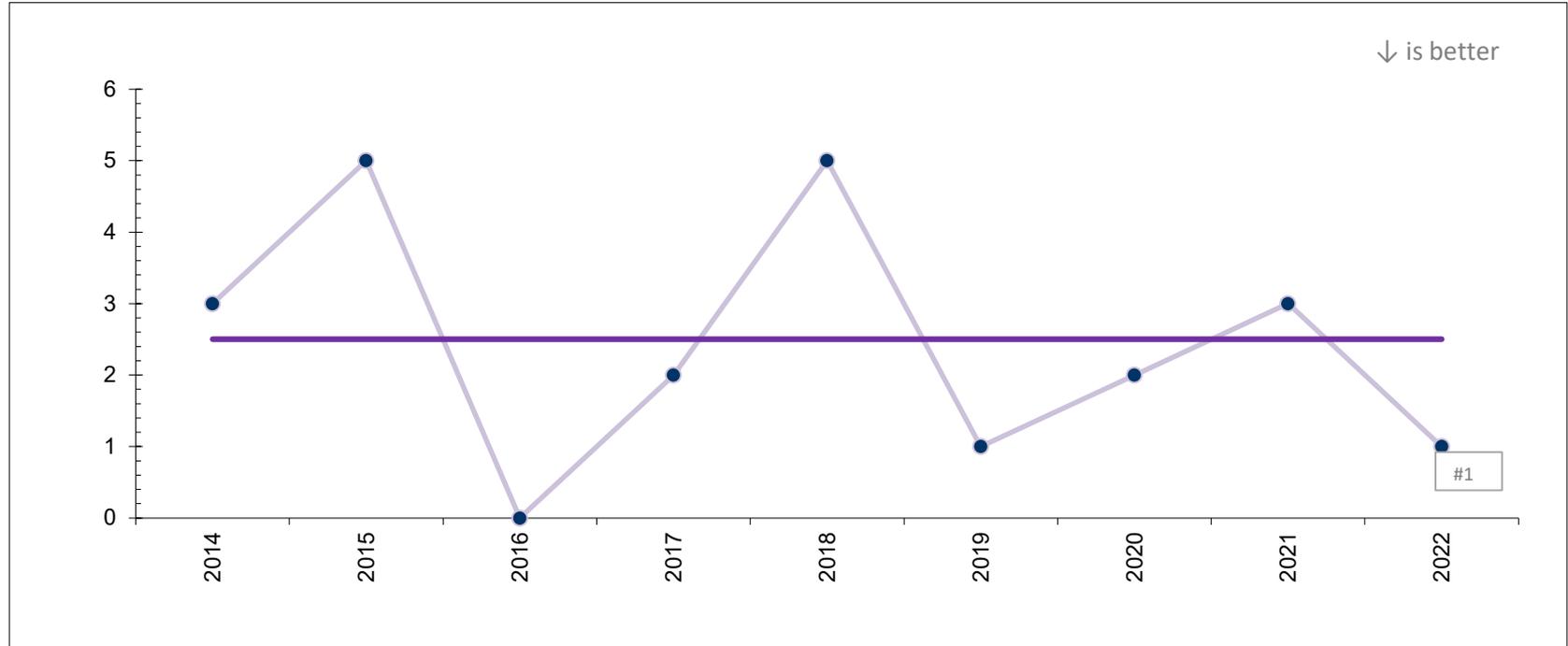
Pain Experienced

Work completed in 2022/23

- Identified peer organization (Baycrest) that is a high performer in this area
- Evaluation of Perley Health practices compared to Baycrest completed to identify potential opportunities for improvement
 - Approach to auditing and validation
 - Approach to documentation for pain by interprofessional team (standardization, force function, etc.,)
 - Approach to care planning pain management goals
 - Role of Pharmacy Committee
- Pain Committee will be tasked with leading this work in 2023/24

Abuse/Neglect

Definition: Number of SUBSTANTIATED staff to resident abuse/neglect incidents reported to the Ministry of LTC



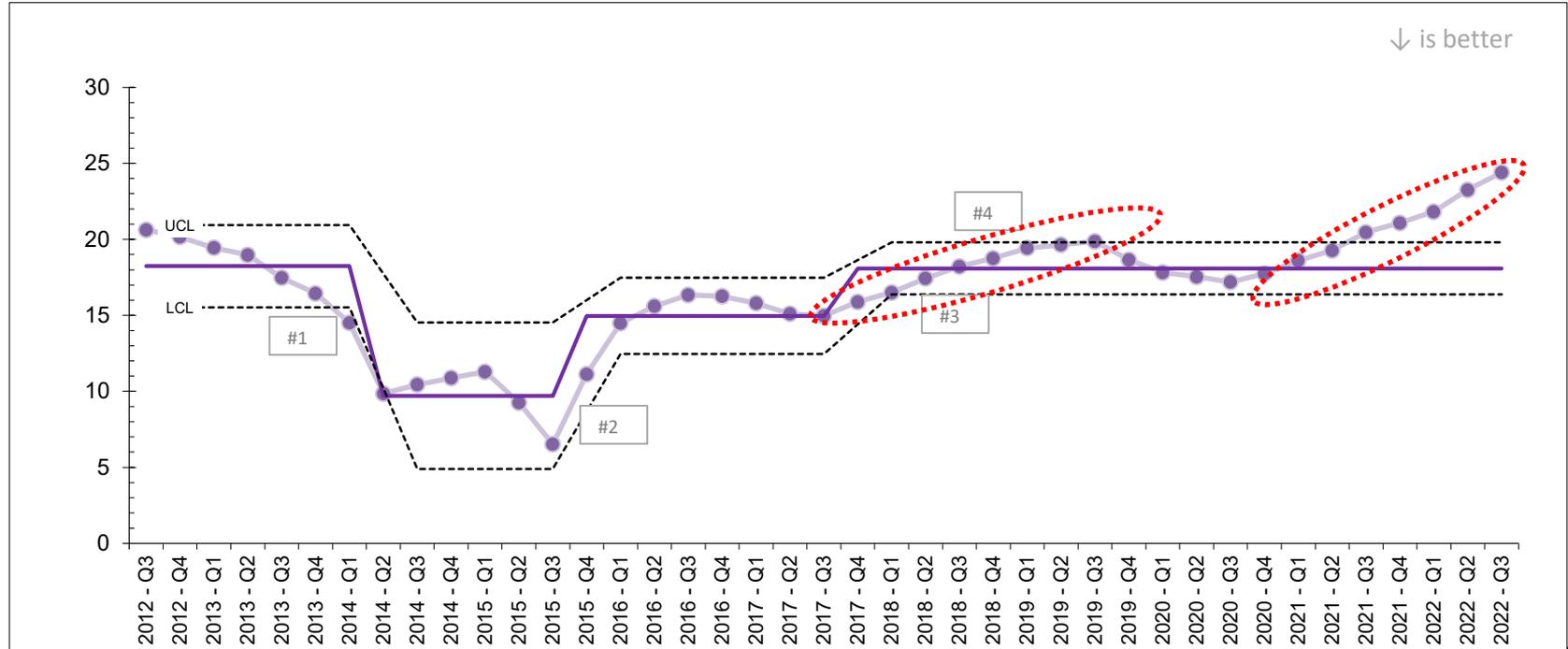
Abuse/neglect

Work completed in 2022/23

- During summer 2022, Masters in Health administration student completed an evaluation of current process for investigating suspected incidents of staff to resident abuse/neglect
- Goal of this work to identify opportunities to enhance the process based on staff experience (aligned with psychological health and safety principles)
- Work was completed with recommendations provided. Work is underway to address one of the key recommendations from the report – notably, the development of resources to better support staff before and during an investigation. An FAQ has been developed and is currently under review by staff.

Antipsychotics

Definition: Percentage of residents on antipsychotics without diagnosis of psychosis



Antipsychotics

Work completed in 2022/23

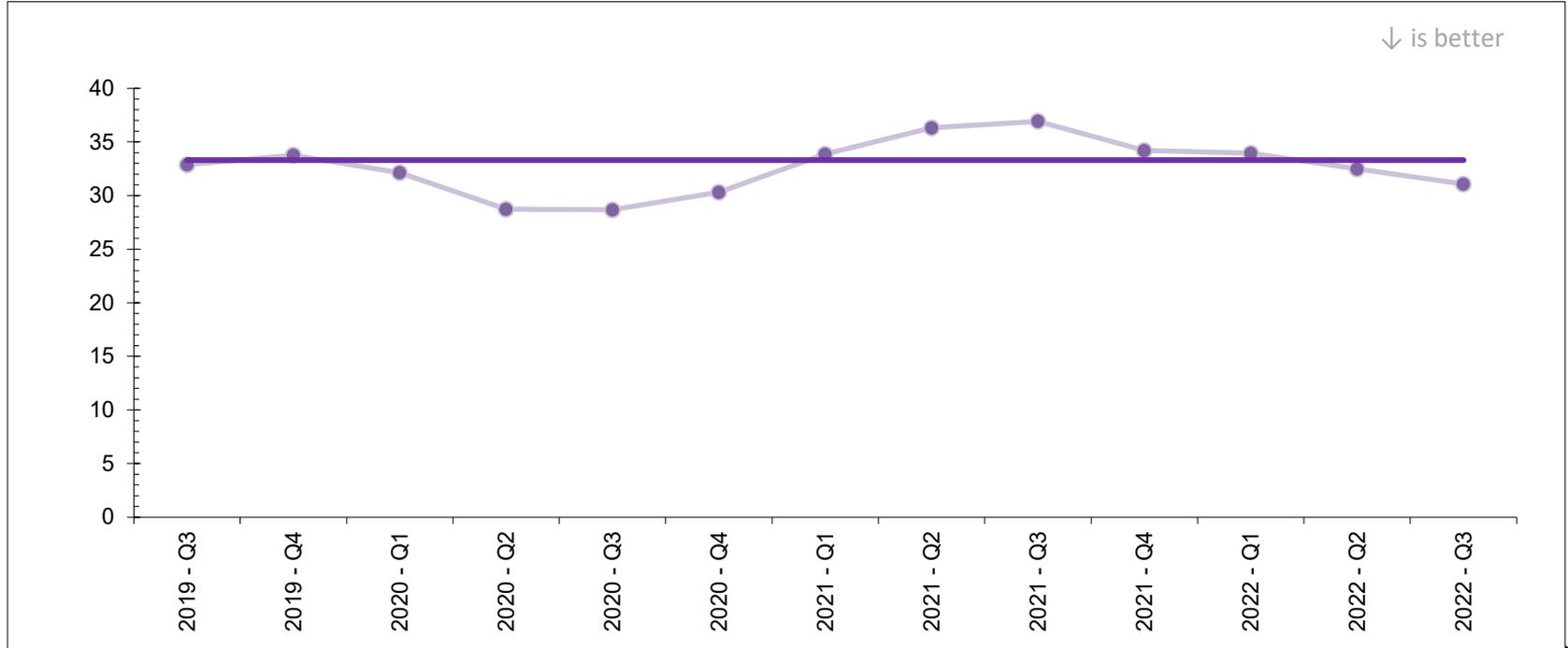
A chart review was completed to better understand opportunities for improvement. Findings suggest the following:

- At least 50% of residents triggering indicator have diagnoses of hallucinations and/or delusions. Although these are indicated diagnoses, if symptoms not present during lookback period, the resident triggers the quality indicator. **Not appropriate for deprescribing.**
- About 20% of residents triggering the indicator were admitted with antipsychotics, and had no clear indication for use (or possibly an inappropriate indication). Evidence in chart that some of these residents currently going through a safe deprescribing process. **Opportunity for deprescribing.**
- Almost 50% of residents followed by one or more of the following specialized services to manage high risk behaviours: internal psychogeriatric resource team, Royal Ottawa Hospital, geropsychiatry team. **Potential for deprescribing, but not a priority initially.**
- Evidence in many clinical records of deliberate efforts by physicians/specialists and Perley Health team to decrease antipsychotic dosage to reach maximum therapeutic benefit while minimizing negative impacts. **This is ideal practice and what we hope to replicate with deprescribing process.**

Goal for 2023/24 is to implement a deprescribing process across the Home, starting in the Gatineau building.

Symptoms of Depression

Definition: Percentage of residents whose mood from symptoms of depression worsened



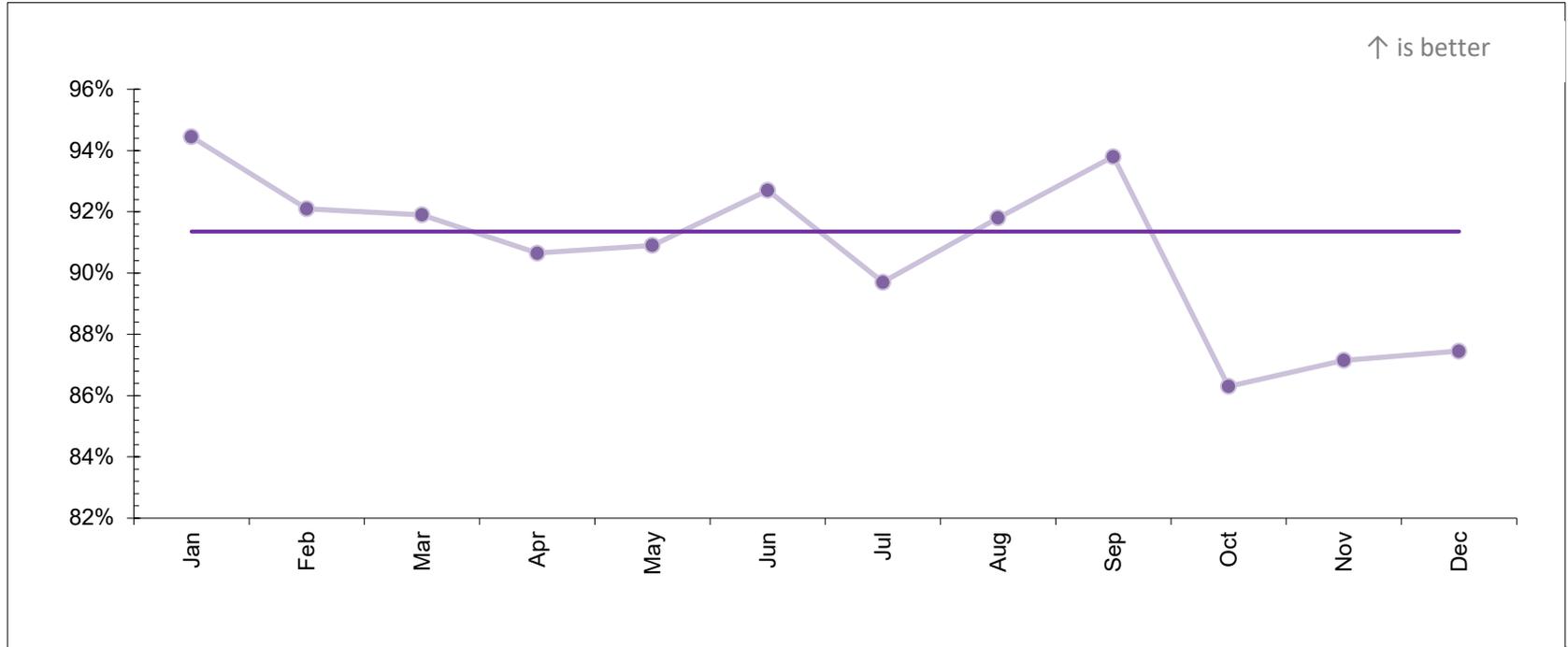
Symptoms of Depression

Work completed in 2022/23

- Delirium, Dementia and Depression (3Ds) QI team completed gap analysis against Depression best practice guidelines
 - Most significant gap – the consistent identification and assessment of changes in resident mood
 - 3Ds currently developing updated process for assessing and managing depression
 - Validated depression assessment (PHQ-9) identified as an appropriate tool to support new process
 - Feedback and testing of the PHQ-9 is currently underway
- 3Ds team completed significant revision of Suicide Assessment and Intervention policy and process
 - Planning underway to participate in a research study to test a validated suicide risk assessment tool for the LTC population (GSIS – short)

Hand Hygiene Compliance

Definition: Average percentage of audits where hand hygiene compliance was noted for moment one and four



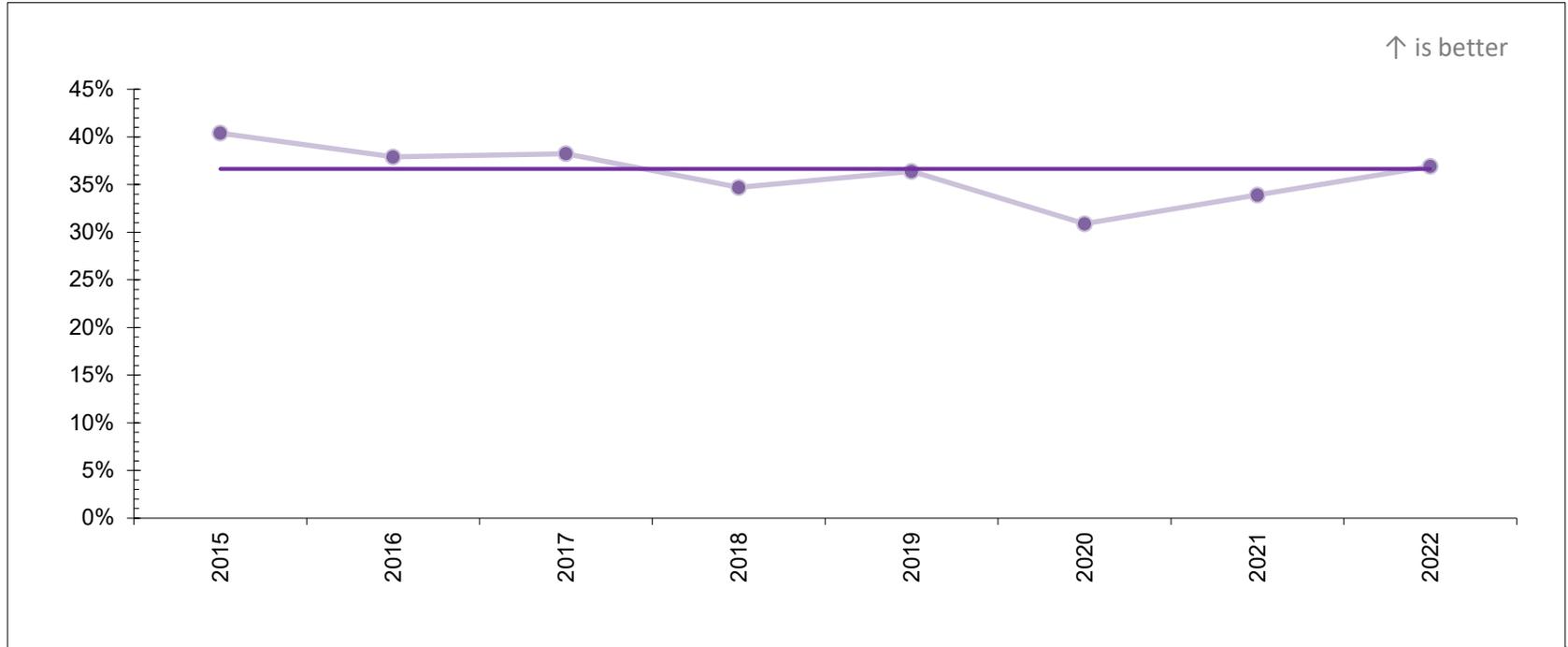
Hand Hygiene Compliance

Work completed in 2022/23

- No significant work completed in this area in 2022/23
- Efforts continue to meet goal of 450 observations monthly, with increased auditing during outbreaks

Resident QOL – Social Life

Definition: Percentage of residents who responded positively to all questions related to Social Life (Source: Resident Experience Survey)



Resident QOL – Social Life

Work completed in 2022/23

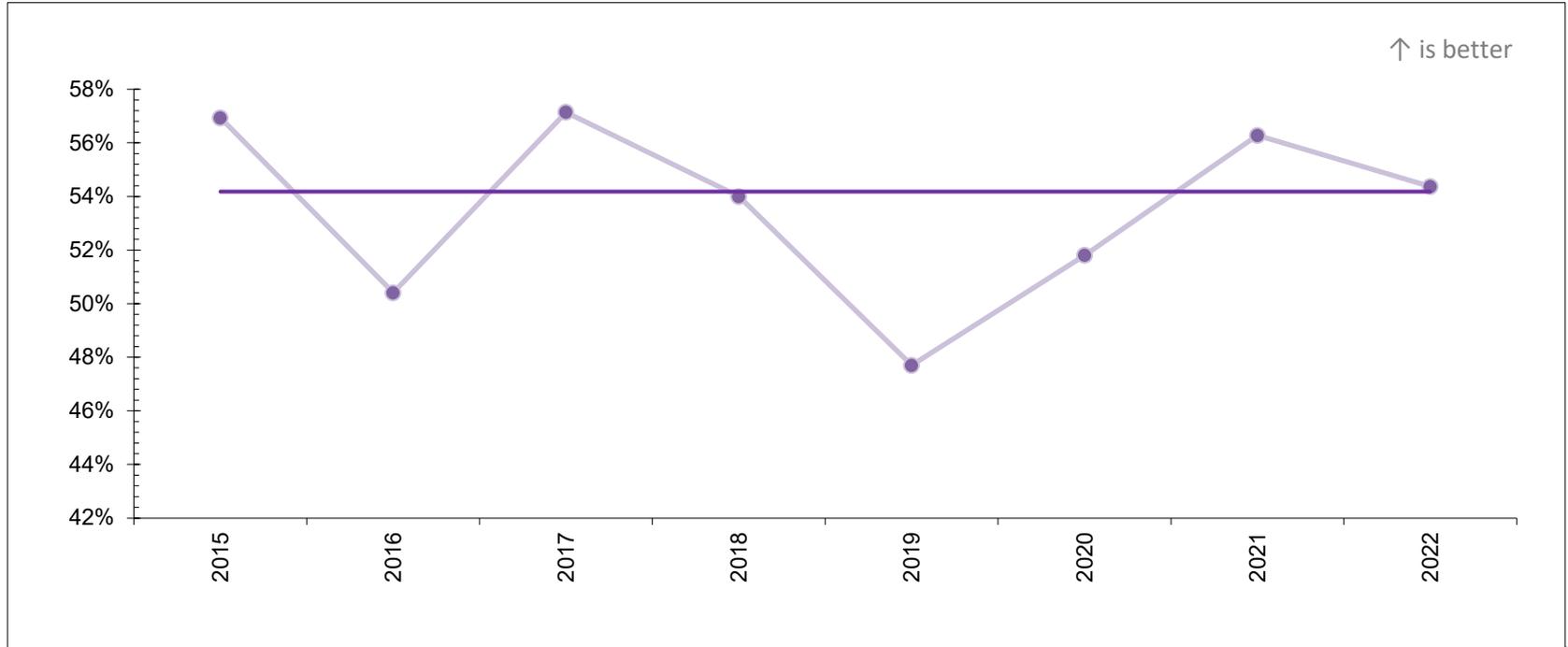
- 2 improvement teams formed in late 2022
 - Staff and resident improvement team
 - Staff and family improvement team
- Resident-staff team started meeting Fall 2022, and has identified “meaningful activities” as it’s indicator of focus
 - Goal for 2023 is to identify specific changes to implement throughout the year (and beyond)

Progress - Social Life

- Family-staff team started meeting in January 2023, and has identified “meaningful activities” as it’s indicator of focus
 - Goal for 2023 is to identify specific changes to implement throughout the year (and beyond)
- Funding has been received to trial an innovative solution for enhancing resident social engagement (cognitive decline). Following an evaluation of options, Perley Health will be piloting the “magic table” on R1N later this spring

Resident QOL – Food & Dining

Definition: Percentage of residents who responded positively to all questions related to Food and Dining Experience (Source: Resident Experience Survey)

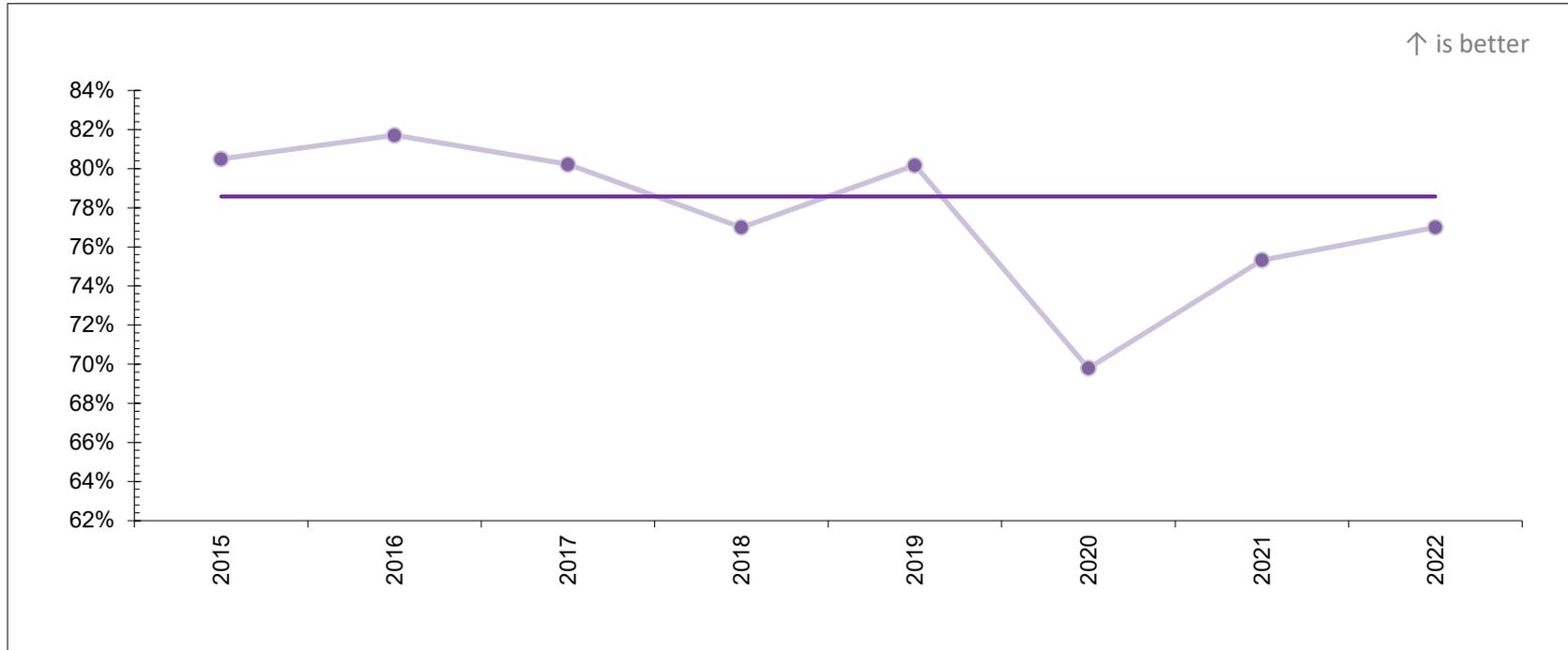


Progress - Food & Dining Experience

- Improvement team consisting of staff, residents and family representatives started meeting in early 2023, and has identified “enjoyable mealtimes” as its indicator of focus.
 - Goal for 2023 to identify changes to implement
- Resident Food Committee has been re-established and will meet multiple times a year
 - First meeting held 2nd week of January

Resident QOL – Care/Support

Definition: Percentage of residents that responded positively to “The care & support I receive help me live my life the way I want” (Source: Resident Experience Survey)



Resident QOL – Care/Support

Work completed in 2022/23

- Work was completed in the fall of 2022 to better understand resident interpretation of this survey question. This included a literature review and individual interviews with a small sampling of residents. Results suggested that there is significant variability in not only how residents interpret this question, but also, how relevant this question is to their daily life. Notable findings included:
 - how individual residents define the terms “care and support” and whether some of these supports are even within the scope of Perley Health to provide (e.g. financial aids/supports).
 - some residents view this question as a measure of “quality of life” and the perceived enablers/barriers at Perley Health. Residents linked this question with the availability of meaningful activities (and feeling they had a “purpose”), as well as ongoing restrictions that continue to limit resident autonomy.
 - some residents noted that once you are in LTC, you aren’t “living the life you want”, but “the life you are capable of”; and that a negative score is not necessarily a poor reflection on the care and support available within the home.
- A more fulsome review of the project report and recommendations is required to determine appropriate next steps. Some corrective actions are already planned aligned with the Social Life work, as well as ongoing lifting of COVID restrictions.

Palliative Care

Work completed in 2022/23.

- Palliative Care QI Team reconvened in 2022
- Developed and adopted Palliative Care Program policy
- Completed gap analysis against Palliative Care best practice guidelines to inform ongoing work plan and objectives for the team
- Significant revision of the “Death of a Loved One” pamphlet completed