

Update on 2023/24 QIP

Family and Friends' Council

October 19, 2023



2023/24 QIP Priorities

- **Focused Action**

- Enhance the staff experience – “People First” philosophy
- Enhance Resident QOL – participation in meaningful activities
- Enhance Resident QOL – enjoyable meal times

- **Moderate Action**

- Reduce Pain
- Enhance End-of-life care planning
- Reduce antipsychotics without diagnosis of psychosis
- Enhance emotional well-being

“People First” Initiatives

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	In progress

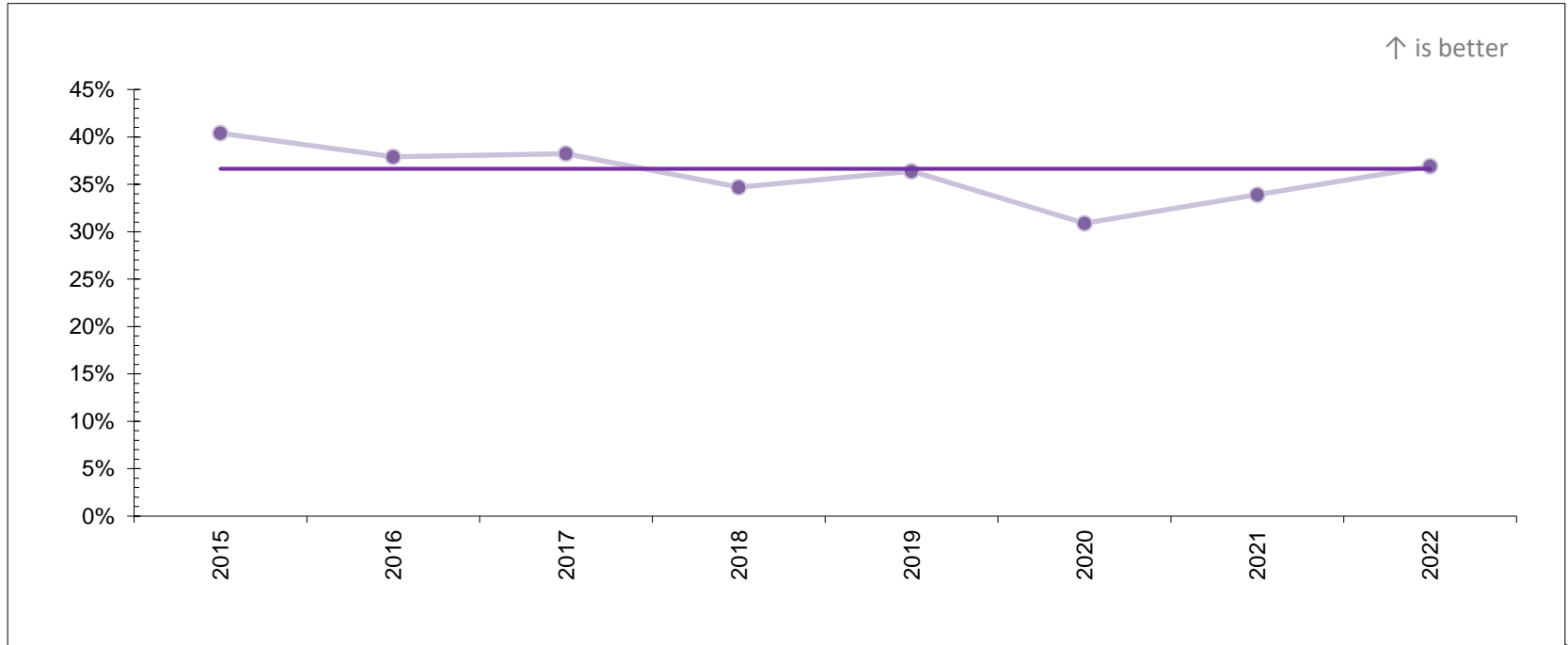
“People First” Initiatives

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) – survey has been launched- Action Plan to be developed based on results of Diversity Meter Census and Survey (Winter 2024)	In progress

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 2023

- Two teams have been struck to address this area – each focused on either the resident or family perspective
- In parallel to QI work, currently piloting the “magic table” on R1N (as of June 2023) - an innovative solution for enhancing social engagement, particularly for residents with cognitive decline
 - Goal to implement across the home if pilot is successful

Resident QOL – Social Life

Work completed in 2023

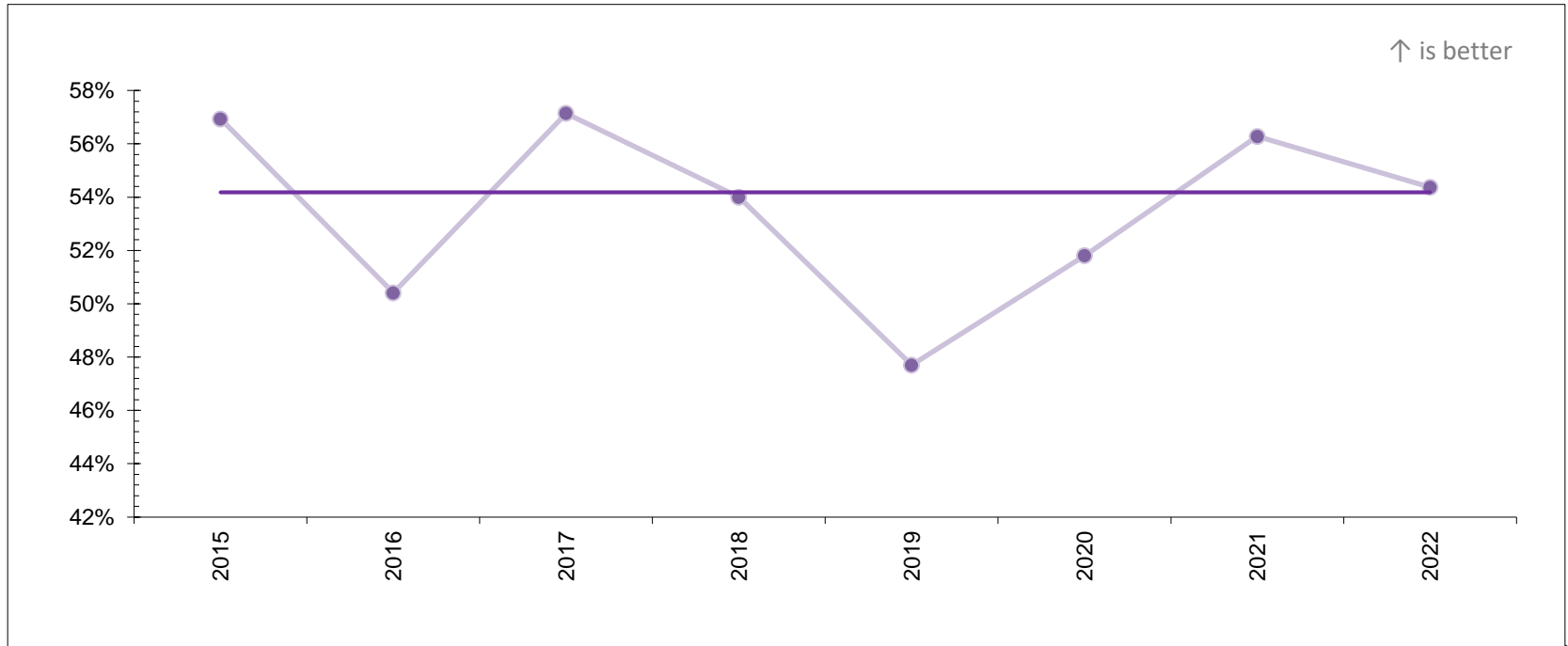
- Family-staff QI team has identified the following initial change ideas:
 - Adapt the current “Getting to Know Me” tool to incorporate a social engagement lens.
 - Integrate daily activity calendar into the Nursing/PSW shift report and establish a Nursing role expectation for supporting resident engagement in planned daily activities.
 - Revise the information, documents and methods of communication of the routine activity calendar to residents and family caregivers.

Progress - Social Life

- Resident-staff team has identified the following initial change ideas:
 - Enhancing availability of intellectual programming (in progress)
 - Enhancing current methods of communicating Activity Calendar to enhance awareness
 - Evaluating current scheduling practices to achieve better spread of activities throughout the day/week

Resident QOL – Food & Dining

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



Resident QOL – Food & Dining Experience

Work completed in 2023

- Two teams have been struck to address this area
 - Resident Food Committee meets multiple times a year and is focused on providing feedback on the menu
 - QI team is focused on the dining experience

Progress - Food & Dining Experience

Work completed in 2023

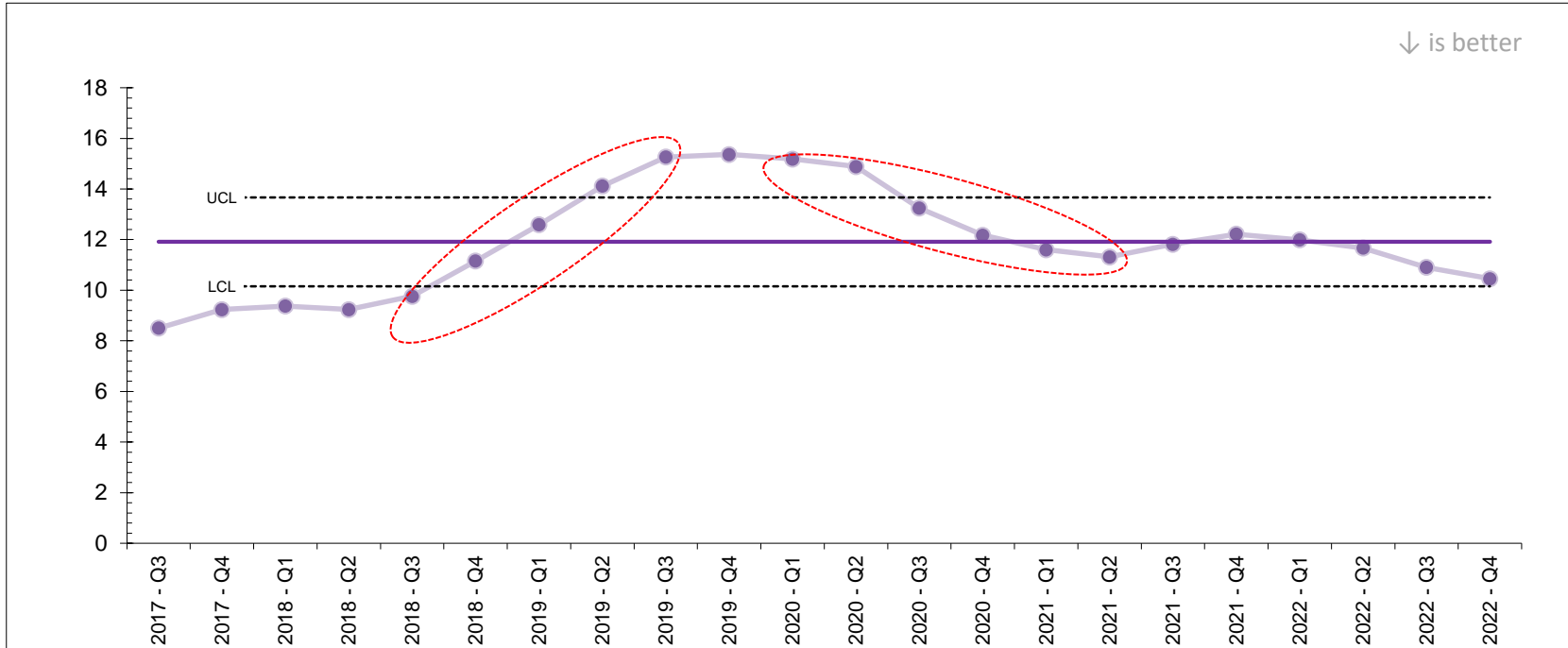
- QI team has identified the following initial change ideas:
 - Meal Service Etiquette
 - Appearance of Dining Room

Resident QOL – 2023 Survey

- Survey administration is currently underway
- Minimum threshold for reporting not yet reached (50)
- Themes from existing results:
 - Social life and food/dining experience continue to be areas of greatest need
 - No significant gains/losses in results since last year

Pain Experienced

Definition: Percentage of residents who experiencing pain



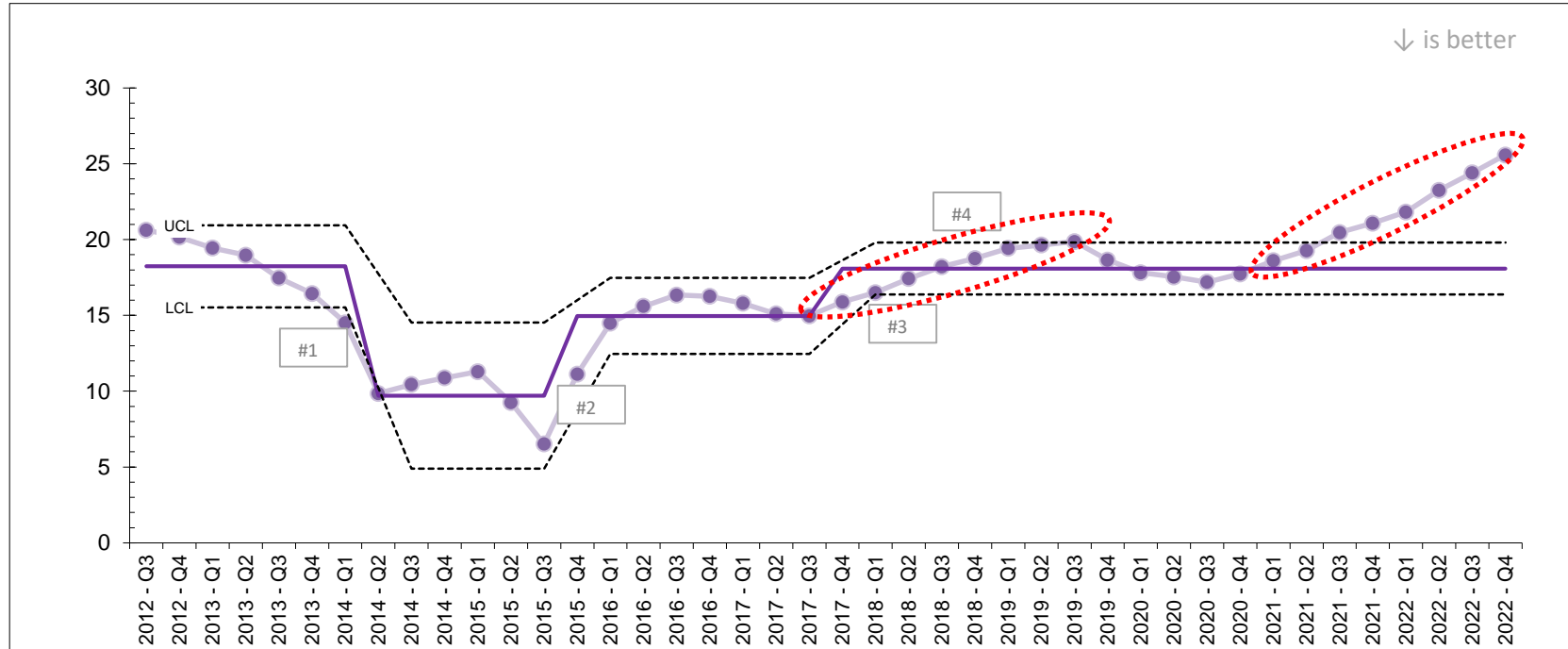
Pain Experienced

Work completed in 2023

- Pain QI Team reconvened and has identified two primary aims for improvement work:
 - Reducing the number of residents that have unmanaged pain
 - Reducing the number of residents that are experiencing pain
- Team is currently in the diagnostic phase, which includes development of a current state process map, monthly audits of pain data etc. to identify opportunities for improvement
- Some preliminary change ideas that have been identified by the team include:
 - Approach to documentation of pain by interprofessional team
 - Approach to care planning pain management goals
 - Care “pathway” when pain may be unmanaged
 - Role of Pharmacy Committee

Antipsychotics

Definition: Percentage of residents on antipsychotics without diagnosis of psychosis



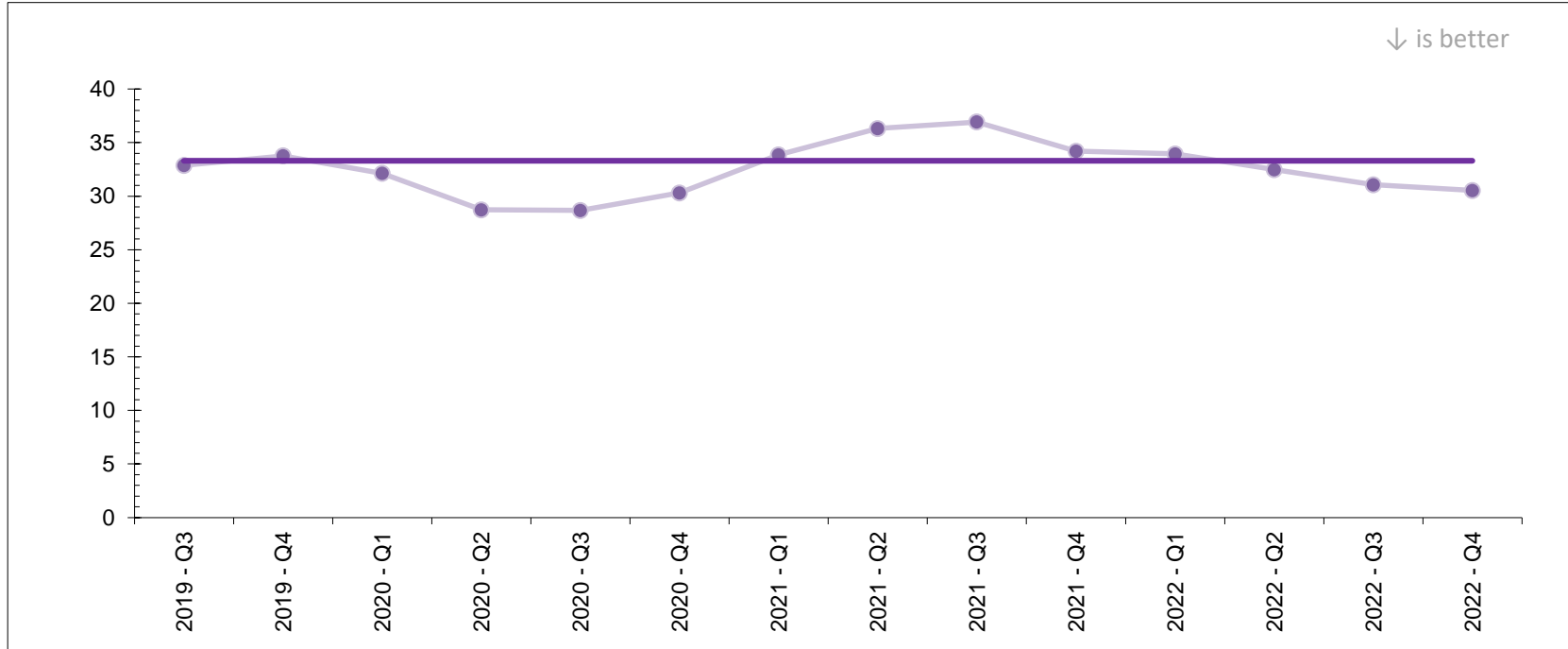
Antipsychotics

Work completed in 2023

- Current performance shared with physicians at June Medical Advisory Committee
- Plan to embed antipsychotic deprescribing principles into the SeeMe and care conference structures (initial and annual)

Symptoms of Depression

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



Symptoms of Depression

Work completed in 2023

- 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
 - Future state process map for assessing and managing depression has been developed.
 - Validated depression assessment (PHQ-9) identified as an appropriate tool to support new process. Feedback and testing of the PHQ-9 is currently underway
 - Streamlined PSW documentation to focus on key indicators of depression (aligned with Depression Rating Scale)
 - Enhancement of care plan library 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) – **waiting on Research Ethics approval before proceeding**

Palliative Care

Work completed in 2023

- 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
- Key improvement goals moving forward:
 - Deployment of enhanced comfort care carts
 - Enhanced Palliative and End-of-life education for the interprofessional team
 - Implement process to better support palliative/EOL care discussions with resident/family (from admission through EOL)
 - Rituals following a resident’s death

Best Practice Implementation

- RNAO Clinical Pathways implementation
 - Admissions
 - Person- and Family-Centred Care
 - Delirium
- Additional pathways to be implemented as they become available

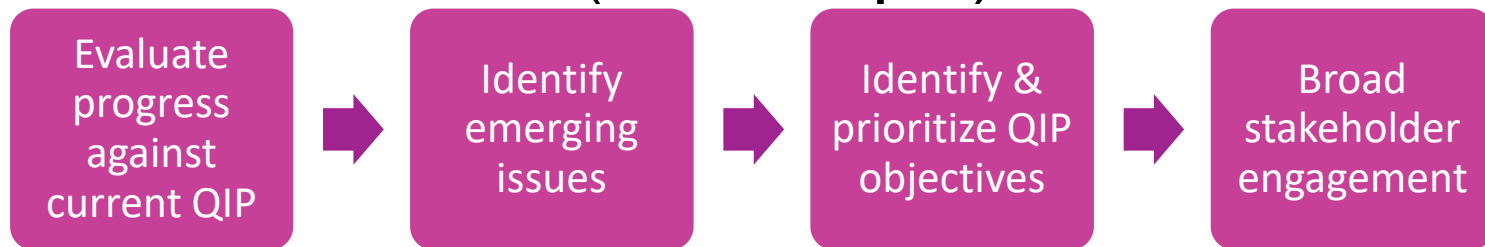
Quality Improvement Planning

Developing the 2024/25 Quality Improvement
Plan



Quality Improvement Plans

- QIPs are mandatory for health care organizations in Ontario
- Perley Health develops and submits a QIP to Ontario Health (due in April)



1. Quality Council
2. FFC Exec
3. Management
4. **FFC**
- etc.

Proposed QIP Priorities

Focused	Moderate	Monitoring
<ul style="list-style-type: none">• People First Philosophy<ul style="list-style-type: none">• Wellbeing, quality & safety• Resident experience<ul style="list-style-type: none">• Meaningful activities• <i>Integrating resident/tenant social life</i>• Enjoyable meals• <i>Family experience</i><ul style="list-style-type: none">• <i>Interpersonal communication (openness, kindness)*</i> <p>*not medically focused</p>	<ul style="list-style-type: none">• Pain• End-of-life care• Emotional wellbeing/support (Moods & depression)• Antipsychotics without diagnosis of psychosis	<ul style="list-style-type: none">• Falls• Restraints• Pressure Injuries• Responsive behaviours• IPAC• Abuse & neglect