



# Continuous Quality Improvement Report Tilbury Manor

Jennifer Middleton, Administrator  
**DESIGNATED LEAD - Quality Improvement**

# Introduction to Tilbury Manor

- Tilbury Manor is a fully accredited long term care home that is located on the border of Chatham Kent and Windsor Essex within Erie St. Clair. Tilbury Manor's Quality Improvement Plan (QIP) has been created to align with the home's mission and vision statements as well as the health priorities of Health Quality Ontario and the Ontario Health. As acknowledged within these statements there is an emphasis on a Continuous Quality Improvement (CQI) philosophy which aims to achieve positive outcome based care and the premise to "contribute to the quality of life throughout the provision of care that is based on the principles of CQI". These principles are guided by pillars of success through Universalcare's management of the home. Tilbury Manor and its board of directors are committed to quality improvements as evidenced by an industry recognized CQI program.
- Tilbury Manor is also recognized by the Registered Nurses Association of Ontario as a leader within the industry and has been designated a Best Practice Spotlight Organization. Tilbury Manor's QIP also aligns with CARF accreditation standards, its strategic plan, Ontario Health priorities and has the objective to improve resident focused quality care, where improvements are warranted. Tilbury Manor successfully completed the CARF supplementary survey for accreditation in the winter of 2020 and was awarded accreditation until fall of 2024. Specific goals and objectives regarding the home's plan are found in the attached Quality Improvement Workplan.



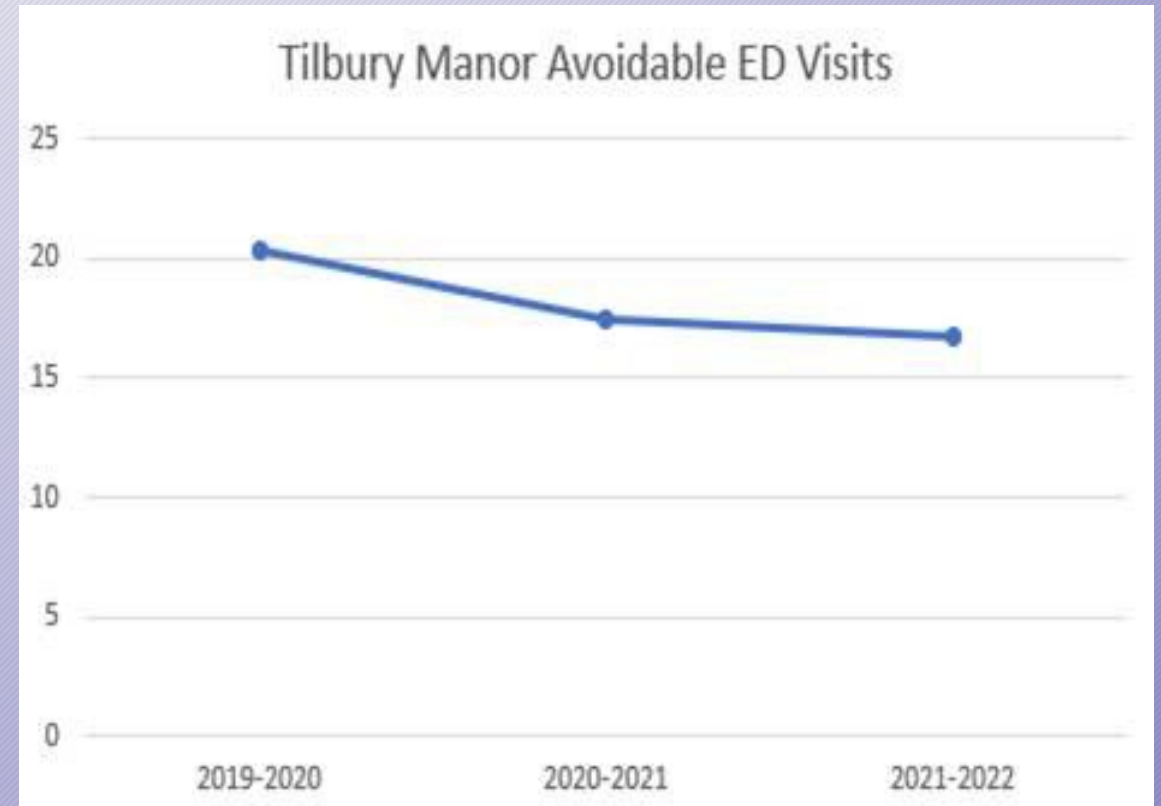
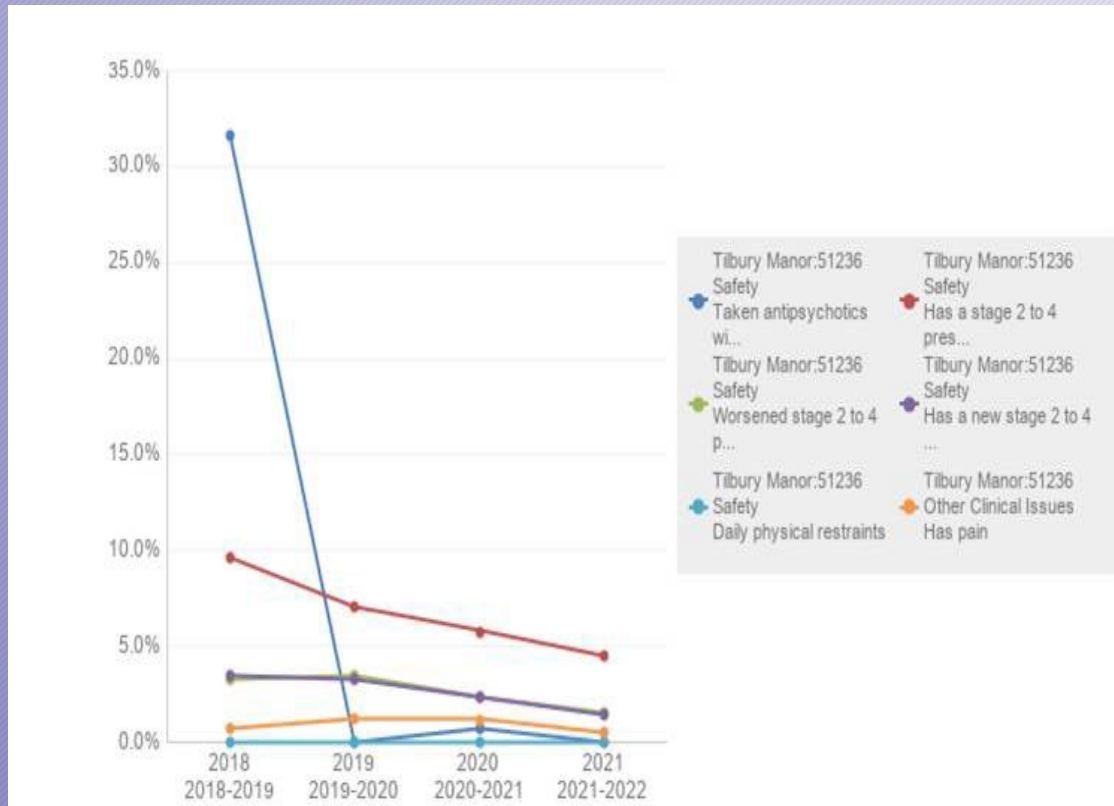
# Quality Improvement Outcomes from 2022-23

Quality Indicator	Performance Identified in 2022	Current Performance Indicator
Has pain	1.2 %	0.5%
ED visits	17.48%	16.7%
Antipsychotic without diagnosis	0.7%	0.0%
Has Pressure Injuries	5.8%	4.5%

High-Level overview of successes and objectives achieved in 2022:

- Reimplementation to alternative restraint best practice guideline with a focus on appropriate antipsychotic usage.
- Reimplementation of pain management guideline with a overall reduction of signs and symptoms of pain.
- Implementation of skin and wound app to enhance assessment and management of skin related issues. Successfully reducing pressure injuries over the course of the year.

# Quality Improvement Outcomes from 2022-23





# QUALITY PRIORITIES FOR 2023/24

Tilbury Manor is pleased to share its 2023/24 Continuous Quality Improvement Plan Report. Tilbury Manor is committed to quality improvement and is reflected in our mission and strategic plan. We are continuing the implementation of the Person and Family Centred Care Best Practice Guideline ensuring residents and their families are supported to achieve their personal goals for their health and quality of life. We are implementing the Palliative Approach to Care and End-of-Life Care Best Practice Guidelines concentrating on improving or sustaining comfort and quality of life for the residents and their families facing a life-limiting illness. Our Palliative care approach encompasses holistic services that meets the physical, emotional, social, cultural, spiritual and psychological needs of the resident and their family members.

Meeting the requirements of the Fixing Long Term Care Act 2021 and Ontario Regulations 246/22, respecting Residents' Bill of Rights, maintaining an environment that supports evidence based practices and innovation remain high priorities for Tilbury Manor. Our Continuous Quality Improvement Plan is a roadmap to integrating excellent care, collaboration and enhanced quality of life for residents in our Home.

The high-level priorities for Tilbury Manor 2023 Continuous Quality Improvement are enhancing care outcomes and empowering frontline staff with knowledge and skill by implementing best practice guidelines as a Pre-designate Best Practice Spotlight Organization, supporting innovation in data integration, and maintaining Resident and Family Satisfaction :

- Achieving Excellence in Quality of Life for residents in our Home
- Achieving Resident's Comfort
- Supporting Resident's Transition in our Home
- Meeting Resident's needs, wishes
- Supporting Point of Care Decision Making
- Enhancing screening, assessment and prevention of risk
- Data Integration
- Maintaining Residents' and Staff Satisfaction



## QUALITY OBJECTIVES FOR 2023/24

1. Achieving Excellence in Quality of Life for residents in our Home through the implementation of Person and Family Centered Care (PFCC) and Alternative to Restraints Best Practice Guideline and the Palliative Approach to Care Guideline
2. Achieving Resident's Comfort through the implementation of Pain Assessment and management Best Practice Guideline and the End-of-Life Care Guideline
3. Supporting Resident's Transition in our Home prior to admission through the process of pre-admission conference and on the day of admission through the implementation of the Admission and 24 Hours Assessment and Plan of Care Clinical Pathway
4. Meeting Resident's needs, wishes through the implementation of Clinical Pathways (Person and Family Centred Care and Pain Assessment and Management) and integration of goals of care discussions during resident care conferences
5. Data Integration through the implementation of AMPLIFI for the continuous updating of resident's information in both hospital and LTC Home record with transition exchanges
6. Supporting screening, assessment, prevention of risk and point of care decision making through the implementation of Assessment Tools and Clinical Pathways that integrate with Plan of Care through Nursing Advantage Canada electronic platform for residents' assessment
7. Maintaining Resident and Staff Satisfaction through Response and Action



# QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS

Tilbury Manor has developed an annual planning cycle for their Continuous Quality Improvement Report and Quality Improvement Plan (QIP).

Quality Improvement planning includes an evaluation of the following factors to identify preliminary priorities:

- Progress achieved in past year based on previous QIP;
- 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
- MDS Indicators Raw Data Reports available in Point Click Care
- Resident, family and staff experience survey results;
- Identified priorities through program evaluations and recommendations from the homes continuous quality improvement committee
- Results of care and service audits
- Emergent issues identified internally (trends in critical incidents) and/or externally;
- Input from residents, families, staff, leaders and external partners.
- Mandated provincial improvement priorities (e.g., HQO)
- Acts and Regulations for Long Term Care Homes, other applicable legislations and best practice guidelines



- Priorities are discussed within different committees and councils by interprofessional and interdisciplinary team members.
- These committees and councils include the Leadership Team, Resident Councils, Family Council, CQI Council and the Board of Directors Committee, such as Quality Care Committee. The process is interactive and engages different stakeholder groups.
- QIP targets and practice change ideas are identified and confirmed by the Board of Directors.



# TILBURY MANOR APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

- Tilbury Manor's Policies and Procedures, electronic documentation platform setup and practice standards, provide a baseline for staff in providing quality care and services, while maintaining safety. Tilbury Manor has adopted the Model for Improvement to guide quality improvement activities. Interprofessional quality improvement teams, including resident and family advisors, work through the phases of the model to:

## 1. Complete Trends Analysis

- 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, 5 whys, fishbone, Plan-Do-Study-Act (PDSA) cycles, 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 there is a better understanding of the current system or practice challenges, the aim is expressed and documented. The aim includes information regarding the actual indicator target for improvement, the resident and family experience and satisfaction of outcomes, staff adherence to practice change and work satisfaction and, use of resources. This aim will be used to evaluate the impact of the change ideas through implementation and sustainability. Aim Statements are Specific Measurable, Attainable, Relevant, Timeline-Bound.
- The aim statement includes the following parameters - "How much" (amount of improvement – e.g., 30%), "by when" (a month and year), "as measured by" (indicator or a general description of the indicator) and/or "target population" (e.g., residents, residents in specific area, etc.)



## APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS CON'D)

### 3. Developing and Testing Practice Change(s)

- As a principal Tilbury Manor will identify practice changes to implement current evidence based recommendations established by the published best practice guideline(s)
- With the completion of the gap analysis, and program evaluation as required, areas for improvement are identified by various teams that will move Tilbury Manor towards meeting its aim statement (s).
- Tilbury Manor will monitor and track outcomes of practice changes through observation, auditing and data collection

### 4. Implementation, Dissemination, Sustainability

- Improvement teams consider the following factors when developing implementation of practice change plan:
  - Outstanding work to be completed prior to implementation (e.g., final revisions to change ideas, embedding changes into existing workflow, updating relevant Policies and Procedures, work flow charts, documentation systems etc.)
  - Education required to support implementation, including key staff resources (e.g., Best Practice Champions, Best Practice Liaisons and Co-liaisons).
  - Communication required to various stakeholders, before during and after implementation
  - Approach for spread across Tilbury Manor, (to residents, families, staff)
  - Dissemination at monthly Best Practice Change meetings, conferences, webinars, Best Practice Symposium, etc.)

## Measures includes the following types:

### **Outcome Measures:**

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

### **Process Measures:**

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

### **Structure Measures:**

- Measures systems, and processes to provide high-quality care.



## 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 decline 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 adherence to compliance.

## At An Organizational Level

- Tilbury Manor is using different reports to monitor and measure progress on strategic aims such as reports and Quality Improvement modules, best practice indicators based on guideline and clinical pathway implementation, and different analysis tools available within different programs.
- Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:
  - Posting on unit Continuous Quality Improvement and Best Practice Boards, in common areas and in staff lounges
  - Publishing stories and results via the newsletter, presenting at practice change webinars, social media
  - Direct email to staff and families and other stakeholders
  - Handouts and one: one communication with residents, families and staff
  - Presentations at staff meetings, Resident Councils, Family Council Change of shift reports
  - Use of Best Practice Champions to communicate directly with peers



# Resident and Family Satisfaction Survey

- Resident and Family Satisfaction Surveys are provided to Residents and their family members each year in June
- The results of the satisfaction surveys are communicated to the residents and their families, the Residents Council and Family Council and members of the staff of the home
- Tilbury Manor completes a review of all the responses and establishes goals on the CQI action plan for any areas identified as needing improvement in collaboration with residents and their families, Residents Council, Family Council, CQI committee members and staff members of the home

# Tilbury Manor 2022 Resident & Family Satisfaction Survey

2022 Resident and Family Satisfaction Surveys was completed on September 2022

Summary of Areas home is performing well:

- 99% satisfaction with empowerment of decision-making
- 100% satisfaction with inclusion of care planning
- 98% satisfaction with care delivery based on individual preferences
- 100% satisfaction with the programs provided within the home
- 100% satisfaction with the dining services

Summary of Areas for Improvement identified on 2022 Survey listed below:

- 92% satisfaction with staff listening to residents when they express their values, wishes, goals and expectations
- 92% satisfaction with the variety and taste of meals
- 85% satisfaction with responds quickly when I ask for assistance



# Tilbury Manor Quality Improvement Priority Indicators

## 1. Person and Family Centered Care

Indicator	Current Performance	Target Performance
Number of residents satisfaction with staff listening to residents when they express their values, wishes, goals and expectations	92%	98%
Satisfaction with care response time to resident requests for assistance	85%	95%

## 2. Nutrition and Hydration Program

Indicator	Current Performance	Target Performance
Residents satisfaction with the variety and taste of meals	92%	98%

### 3. Palliative and End-of-Life Care

Indicator	Current Performance	Target Performance
% of palliative care residents that have had an interdisciplinary assessment of their holistic palliative care needs	New indicator	100%
Number of residents identified under palliative care with resident specific care plans based on goals of care discussions regarding palliative care measures	New indicator	100%
% of palliative champions within the home	2%	8%

### 4. Falls Prevention and Management

Indicator	Current Performance	Target Performance
Percentage of residents that have fallen( RAI MDS)	21.1%	15%



## Practice Changes/ Action Items to Support Quality Improvement

### 1. Clinical Pathway Implementation:

- 24 Hours Assessment and Plan of Care
- PFCC
- Risk for Delirium
- Pain Assessment and Management
- Feedback provided to RNAO and Point Click Care

### 2. Data Integration (AMPLIFI Project)

- Match of resident electronic health records between Tilbury Manor and hospital software systems

### 3. Safety and Technology:

- Skin and Wound App.
- Practitioner Engagement and Secure Conversation App.
- Automated Dispensing Cabinets (ADC) use
- Infection Control Program Implementation

### 4. Improved Staff Experience:

- Supporting Point of Care Decision Making: Clinical Pathways, electronic Infection Control Program, ADC, electronic Skin and Wound Program
- Satisfaction Survey and Outcome

### 5. Residents Satisfaction Survey:

- Satisfaction Survey and Outcome
- Residents' Council Feedback
- Actions for improvement

Tilbury Manor Continuous Quality Improvement Action Plan

Year: 2023

**Instructions:** Complete Continuous Quality Improvement Action Plan as a part of the CQI Report annually. Create action plan for targeted quality improvement initiatives identified during review of Resident & Family Satisfaction surveys, CQI Audits and Program Evaluations.

The following items need to be addressed each year in this action plan: QI Indicators (I.E. Skin, ED Transfers, Fall Prevention); Innovation (I.E. MST, PE/SC, Epic PCC integration); Resident/Family Survey action items; BPSO Indicators (i.e. Pain assessment and management, restraints, PFCC); CQI Audits action items and Program Evaluation action items

Item Number	Quality Improvement Indicator	Current Performance	Target Performance	SMART Goal & Quadruple Aim (1. Resident Experience, 2. Outcomes, 3. Care Team Experience, 4. Effective Resource Utilization)	Practice Change Idea	Action Items	Target Completion Date	Responsible Person	Date Action was Taken	Outcomes of Actions Completed	Role of Resident/ Family Council in Actions Taken	Role of CQI Committee in Actions Taken	Description of how and when that actions taken were communication to: 1) Residents 2) Families 3) Resident's Council 4) Family Council (if any) 5) Staff of the Home
1	Percentage of residents and families that are satisfied with the level of staff listening to their expressions of their values, wishes, goals or expectation for care and/or services	92%	98%	Goal - To increase resident and family satisfaction with the level of staff listening to the residents and family members when they express their values, wishes, goals or expectations for care and/or services from 92% to 98% by September 2023. Aim statement - To improve resident and family experience collaborating in partnership with staff of the home to create a plan of care that is specific to the residents needs incorporating the residents values, wishes, beliefs and preferences. Providing residents and family the opportunity to participate in the development of their plan of care will improve both the resident/family experience and the staff experience. Therapeutic relationships are enhanced when residents and families have the ability to work in partnership with their care team and residents will have better outcomes overall.	1) Implement Person and Family Centred Care Best Practice Guideline	1) Complete gap analysis review. Compare current practice to best practice recommendations	2023-04-30	Director of Care	2023-04-20	Completed in first 1/4 of year	Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees
						2) Create and initiate implementation action plan for improvement	2023-04-30	Director of Care	2023-04-20	Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees	
						3) Educate Frontline Registered staff regarding the process of admissions using the N Adv Can Admission Assessment which includes built in screening, assessment and care planning items that are designed to enhance resident and family involvement in the care planning process including questions regarding the residents values, wishes, beliefs and preferences for care and services. This Assessment was created in collaboration with Registered Nurses Association of Ontario (RNAO) as a part of the RNAO Clinical Pathways Initiative.	2023-05-31	Director of Care	2023-03-31	Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees	
						4) Educate interprofessional team members regarding the workflow and completion of the N Adv Can Resident and Family Centred Care Assessment. This assessment was created in collaboration with RNAO as a part of the RNAO Clinical Pathways Initiative.	2023-05-31	Director of Care	2023-05-31	Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees	
						5) Implement UCCI Care Conference UDA (User Defined Assessment) for all care conferences, including special care conferences for change in resident condition. This UDA will capture the resident and families satisfaction with their participation in the development of the residents plan of care	2023-04-30	Director of Care	2023-03-31	Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees	



						6) Educating the interprofessional team members on resident specific care plans including residents and families ability to change their plan of care, when and how do staff report these changes.	2023-05-31	Director of Care	2023-03-31		Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees
						7) Develop a process for auditing N Adv Can Admission Assessment, N Adv Can Resident and Family Centred Care Assessment, and UCCI Care Conference UDAs	2023-06-30	Director of Care	2023-03-31		Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees
						8) Initiate Interprofessional team huddles to discuss resident specific care plans	2023-06-30	Director of Care	2023-04-24		Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees
2	Satisfaction with care response time to resident requests for assistance	92%	98%	Goal - To increase resident and family satisfaction with care response time when resident request for assistance from 92% to 98% by September 2023.  Aim Statement - To improve resident and family experience through appropriate response times to residents requests for assistance. Providing timely assistance can prevent occurrence of incidents and injury to residents both physical and/or emotional . Providing better outcomes and preventing injury will enhance the overall experience of both the residents, their families and the staff.	1) Conduct audits of call bell response time	1) Establish an auditing process for review of call bell response times	2023-04-30	Administrator Director of Care	2023-05-24	Auditing process reviewed and set up with nursing team	Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings+N21 Relevant committees
						2) Initiate audit, collect data to report back to interprofessional team	2023-05-31	Administrator Director of Care	2023-05-31	In progress	Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees
						3) Communication audit results to residents, families and staff. Initiate follow up and improvement plan if required	2023-05-31	Administrator Director of Care	2023-05-03	In progress	Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees
3	Residents satisfaction with the variety and taste of meals	92%	98%	Goal - To increase resident and family satisfaction with variety and taste of meals from 92% to 98% by September 2023 Aim Statement - To improve resident, family and staff experience by establishing a collaborative partnership between the residents, their family members and the Nutrition and Hydration services team that	1) Collaborate with residents and families to create menus that include their preferences for meal choices	1) Establish a meeting schedule to review with residents and families the menu. Include suggestions for changes.	2023-05-31	Food Service Manager	2023-05-02	Completed on a monthly basis	Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th

				focuses on the residents preferences for meal quality and variety. Enhancing the residents satisfaction with meal quality and variety will promote healthy nutrition, quality of life, will have a positive impact to the resident's overall health and well-being while decreasing unintentional food waste.		2) Modify menu options in collaboration with Dietitian to meet the residents and families expectation for variety and taste of food while ensuring the appropriate nutritional values have been included.	2023-06-30	Food Service Manager	2023-05-02	Completed on a monthly basis	Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees
					2) Establish Auditing process to audit quality of food, taste and resident satisfaction with meals.	1) Audit residents each month to identify their level of satisfaction with meal variety and taste. Complete follow up as required	2023-05-30	Food Service Manager	2023-05-02	Completed on a monthly basis	Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees
						2) Complete weekly audits on quality and taste of food. Complete follow up as required	2023-05-30	Food Service Manager	2023-05-02	Completed on a monthly basis	Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees
4	% of palliative care residents that have had an interdisciplinary assessment of their holistic palliative care needs	New Indicator	100%	Goal - To increase the percentage of residents that have had an interdisciplinary assessment of their palliative care needs (when appropriate) Aim Statement - To improve the residents, family and staff experience by establishing therapeutic and collaborative partnerships that identify the physical, psychological, social, spiritual (existential) and practical requirements of the resident and their family members facing a life limiting illness. Completing a holistic assessment in partnership with the resident and their loved ones can support the development of a plan of care that has been co-designed to encompass the residents values, wishes, beliefs, preferences and expectations. Establishing care and services that are tailored to the resident and the family members needs will enhance residents quality of life and comfort.	1) Education for staff regarding how to conduct a holistic assessment of the residents palliative care needs using the "Palliative Care Assessment" UDA in PCC	1) Develop education session and training materials to educate staff on the use of the Palliative Care Assessment UDA and how to collect this information, how to initiate referrals for palliative care needs when required and how to build a resident specific and holistic plan of care tailored to the residents palliative care needs	2023-05-31	Director of Care		In progress	Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees
						2) Schedule and implement training sessions for staff on palliative care, assessment, interventions, referrals and care planning.	2023-06-30	Director of Care		In progress	Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees
					2) Establish an audit process to audit the completion and quality of palliative care assessments	1) Create an audit schedule indicating the responsible person (s) for completion of audits and number of audits to be completed each month	2023-07-31	Director of Care		In progress	Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees
						2) Conduct monthly audits of Palliative Care UDAs. Follow up to be completed as required	2023-07-31	Director of Care		In progress	Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council minutes dissemination General staff meetings Relevant committees
5	Number of residents identified under palliative care with resident specific care plans based on goals of care discussions regarding palliative care measures	New Indicator	100%	Goal - To increase the percentage of residents identified under palliative care with resident specific care plans based on goals of care discussions regarding palliative care measures Aim Statement -To improve the residents, family and staff experience by establishing therapeutic and collaborative partnerships that identify the physical, psychological, social, spiritual (existential) and practical requirements of the resident and their family members facing a life limiting illness. Completing a holistic assessment in partnership with the resident and their loved ones can support the development of a plan of care that has been co-designed to encompass the residents values, wishes, beliefs, preferences and expectations. Establishing care	1) Educate Registered Staff on goals of care discussions related to palliative care and/or end-of-life in collaboration and partnership with the resident, SDM(s) and interprofessional team	1) Develop education session and training materials to educate registered staff on goals of care discussions related to palliative care and/or end-of-life needs in collaboration and partnership with the resident, SDM(S) and interprofessional team, how to initiate referrals for palliative care or end-of-life needs when required and how to build a resident specific and holistic plan of care tailored to the residents palliative care needs	2023-05-31	Director of Care			Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council minutes dissemination General staff meetings Relevant committees



				and services that are tailored to the resident and the family members needs will enhance residents quality of life and comfort.		2) Schedule and implement training sessions for registered staff on goals of care discussions, referrals and resident specific care planning based on goals of care discussions.					Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions at care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council minutes dissemination General staff meetings Relevant committees					
						2) Establish an audit process to audit the completion and quality of palliative care plans based on goals of care discussions	1) Create an audit schedule indicating the responsible person (s) for completion of audits and number of audits to be completed each month				2023-06-30	Director of Care				Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions at care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees
							2) Conduct monthly audits of Palliative Care Plans. Follow up to be completed as required									Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions at care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council minutes dissemination General staff meetings Relevant committees
																Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions at care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees
6	% of palliative champions within the home	2%	8%	Goal - To increase the number of palliative care champions within our home from 2% to 8% by September 2023. Aim Statement - To improve resident, family and staff experience through enhancing the knowledge and skill of our frontline staff with regards to palliative care and end-of-life care. Palliative Care Champions will promote a Model to Guide Hospice Palliative Care and support the physical, emotional, social, cultural, spiritual and holistic care needs of the residents, their family members and caregivers. Palliative Care champions will promote effective communication, and effective group functioning amongst the entire healthcare team with regards to assessment, information sharing, decision making, care planning, care delivery and confirmation. Ensuring the resident receives the right care, by the right provider in the manner the resident prefers will support the best possible quality of life and outcomes for the resident.	1) Canvas the employees on all three shifts to identify staff members that would like to become a Palliative Care Champion and participate in the Palliative Care Committee	Post internally the opportunity for staff to become Palliative Care Champions and be provided the opportunity to have additional training and education regarding palliative care and end-of-life care					2023-04-30	Director of Care	2023-04-30			Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions at care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees
						2) Choose staff members to be palliative care champions. Ensure all 3 shifts have 2 or more champions to support the implementation of the palliative care and end-of-life care best practice guidelines. Register the selected champions for the fundamentals of palliative care, for registered staff register them for the enhanced fundamentals course through the OHT West Pain and Symptom Management Consultant										Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions at care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees
7	Percentage of residents that have fallen( RAI MDS)	21.10%	15%	Goal - To decrease the percentage of resident that have fallen from 21.1% to 15% by December 2023. Aim Statement - To improve the resident, family and staff satisfaction by preventing falls and injuries from falls. Effectively preventing falls will support the maintenance of health, independence and well-being of residents, decrease workload of staff, decrease avoidable transfers to the emergency department and improve the overall satisfaction of residents and families with care and services.	1) Implement N Adv Can Admission Assessment with built in falls screening to identify residents that would benefit from a falls prevention plan	1)Educate all registered staff on the N Adv Can Admission Assessment with built in falls screening, education on the importance of falls prevention strategies for individuals at risk of falls and at risk of injuries from falls					2023-06-30	Director of Care				Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions at care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees
											2023-04-30	Director of Care				Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions at care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th General staff meetings Relevant committees

					2) Implement the N Adv Can admission assessment for all residents admitted into the home, complete this assessment within the first 24 hours.	2023-04-30	Director of Care				Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council minutes dissemination General staff meetings Relevant committees
					3) Establish and initiate an auditing process regarding admissions. The focus of this audit should include proper identification of residents at risk for falls and creation of plan of care to prevent falls and injuries from falls specific to the residents needs.	2023-05-31	Director of Care				Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th Relevant committees
				2) Re-Implement hourly rounding	1) Re-educate staff on hourly rounding including the importance of prevention of falls and injuries related to falls; how to complete hourly round; and when to document after rounding is completed	2023-04-30	Falls Prevention & Management Committee Lead				Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th Relevant committees
					2) Establish and implement weekly auditing process to verify the quality of intentional rounds. Audit should include identifying when rounding was completed, if all areas of resident needs were addressed (position, placement of possessions, personal needs and pain) and if staff explained to resident when they will return	2023-05-31	Falls Prevention & Management Committee Lead				Review Plan and Action Plan Review Improvements Feedback reviewed in Resident & Family Council Communication to include discussions ast care conferences, newsletters	Update at the Quarterly CQI Committee meetings Summary of items are identified for re-evaluation and further action to be taken Audits summary presented and discussed for further evaluation or corrective action as needed Collaboration with Resident/Family	Communication of improvements, practice change, education dates, and updates at relevant committees Care conference as applicable Resident/ Family Council updates Resident/ Family Council June 6th & 8th Relevant committees