

**Access and Flow | Efficient | Priority Indicator**

Indicator #4	Last Year		This Year	
	Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Valleyview Residence)	<b>22.94</b> Performance (2023/24)	<b>14.70</b> Target (2023/24)	<b>21.20</b> Performance (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Monthly tracking of all transfers to hospital to determine ED visit only vs. Admission and review each transfer for gaps and areas of improvement. -Report of all transfers and outcomes of review at Professional Advisory Committee meetings, Best Practice Committee Meetings and as required through nursing leadership and staff meetings.

**Process measure**

- Home's routine comparisons will be using unadjusted rates for ease of comparison and simplicity of calculations. Home will aim to maintain current rates at LHIN average to reduce rates to the Comparable provincial average of 14.1% by consistent review and education to provide opportunities to avoid transfers.

**Target for process measure**

- Maintain avoidable ED transfers at current levels and aim to reduce to meet or exceed below provincial averages.

**Lessons Learned**

The 2023/2024 change ideas were implemented, but there were other areas that were identified and supported in reduction of ED transfers. They include:

1. Timely communication to the Nurse Practitioner and Physicians allowed for early prevention and/or diagnosis.
2. Provision of testing and treatments in the Home (I/V maintenance).

Lesson learnt:

1. Importance of active participation and interdisciplinary meetings made a valuable impact on the reduction of hospital admissions.
2. Providing consistent education on recognition, evaluation, and management of the common causes of ED transfers and SBAR education will have a great impact. Collaborating with Nurses Led Outreach Team (NLOT) for Registered staff education in 2024
3. Significance of establishing partnership with other stakeholders (NLOT) will make a huge impact on ED transfers.

Experience | Patient-centred | **Priority Indicator**

Indicator #3 Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Valleyview Residence)	Last Year	90 Target (2023/24)	This Year Not part of the QIP workplan 2024/2025 Internal Target 2024/2025 90
80 Performance (2023/24)	90 Target (2023/24)	Not part of the QIP workplan 2024/2025 Internal Target 2024/2025 90	

Change Idea #1  Implemented  Not Implemented

Addressing Residents concerns and improving communication

**Process measure**

- Concerns will be addressed or brought forward to the appropriate department and to be discussed during monthly Residents Council.

**Target for process measure**

- Concerns will be responded within 10 days of receipt

**Lessons Learned**

All concerns expressed were followed up and outcomes were positive.

We learned that collaboration between multidisciplinary teams is crucial in resolving concerns. This will continue to be an internal focus, but not part of the QIP workplan for 2024/2025:

RNAO BPGS Resident and Family centered pathway will have a positive impact on collaboration with families.

Trends of concerns shared during Continuous Quality Improvement Committees and pertinent meetings with focus on mitigating risks and recurrence of concerns. Due to concerns - collaborative task force meetings to occur in 2024: Pleasurable Dining and Laundry Service process review.

**Change Idea #2**  **Implemented**  **Not Implemented**

Resident Council provides a forum for resident to raise concerns in a safe environment

**Process measure**

- Concerns and recommendations voiced by Residents Council will be documented and shared to Department Leads for follow-up.

**Target for process measure**

- Concerns are responded and Resident Council within a timeline of 10 days and satisfied with resolution.

**Lessons Learned**

We learned that collaboration between multidisciplinary teams is crucial in resolving concerns.

Inviting Guest speakers/ leadership team to give updates in Resident council is having a positive impact.

This is not an area in the QIP workplan in 2024/2025, but will be a continued focus in the Home.

Last Year

This Year

**Indicator #2**

Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Valley View Residence)

**84**

Performance  
(2023/24)

**85**

Target  
(2023/24)

Not part of the QIP  
workplan for 2024/2025

Internal Target  
(2024/25)

**88**

**Change Idea #1**  Implemented  Not Implemented

All staff to be involved in customer service training

**Process measure**

- Percentage of staff who complete and successfully participate in the training program

**Target for process measure**

- 100% of staff will complete by year end

**Lessons Learned**

Home made decision to focus on implementation of person-centered best practice approach through RNAO which coincides with customer service.

In 2024-2025 as a part of RNAO BPGs clinical initiative, the goal is 100% staff completion of education of person centered language and approach in care.

**Change Idea #2**  Implemented  Not Implemented

Implementation of Employee Code of Conduct within the organization and 100% staff acknowledged understanding of the standards within the code of conduct policy.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

100% of staff acknowledged understanding of the code standards. This increased staff awareness in the expectations in relation to the professional approach and interaction towards residents and families of care to residents and families during the provision of care. Since the implementation, it was evident improvement in the 2023 experience survey of residents and families regarding customer service. The greatest success is that it provided a foundation in building a culture of accountability and expectation in quality care and service.

**Safety | Safe | Priority Indicator**

	Last Year		Not part of QIP workplan 2024/2025	
<b>Indicator #1</b>	<b>28.50</b>	<b>23</b>	<b>26.11</b>	<b>23</b>
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Valley View Residence)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Review monthly reports with Physician to ensure ongoing efforts to reduce antipsychotic prescribing in the absence of an appropriate diagnosis. Monthly Audits, Quarterly review of Indicator (Antipsychotic medications without Diagnosis) to be reviewed by Best Practice And Professional Advisory Committees.

**Process measure**

- CIHI data is adjusted data and allows comparison between long term care homes. Rate is # of residents who are on an antipsychotic without a diagnosis of psychosis. Monthly unadjusted data to be reviewed on Point Click Care using the insights function to identify with specificity the residents who are triggering the indicator and review for accuracy of submission. To ensure appropriate and adequate documentation has been done to support the pharmacological interventions implemented.

**Target for process measure**

- Based on reported CIHI data, Home is targeting a quarterly reduction of at least 2% in those residents who are triggering the indicator of antipsychotic without psychosis/indication. (Current rate of 27.0% CIHI Q3).

**Lessons Learned**

**Early Intervention to Mitigate Incidents:**

Addressing behaviors at the first sign of escalation has proven to be a crucial factor in preventing the escalation of incidents. Early intervention strategies have been instrumental in mitigating potential challenges.

The progress made in the Responsive Behavior Program is commendable with positive outcomes seen in various aspects, including a reduction in

antipsychotic medication use. The lessons learned emphasize the importance of early intervention, while the strategic direction for 2024-2025 focuses on enhancing transition support and conducting pre-admission reviews.

The commitment to a non-pharmacologic approach reflects our dedication to providing person-centered care that addresses the unique needs of individuals with responsive behaviors. Continued collaboration with internal and external partners will be key to sustaining and building upon these positive developments in the coming year.

In 2024, this area is not part of the QIP workplan but will be maintained as an internal priority quality area in the Home.

The Home will focus on the following areas:

1. Transition Support for Admissions with Responsive Behaviours
2. Strengthening our transition support for new admissions exhibiting responsive behaviors is a priority. This includes collaboration with external services such as LOFT/Behavioral Support to ensure continuity of care.
3. Pre-Admission Review of Antipsychotics: This proactive approach aims to assess the appropriateness of current medication regimens and explore alternative interventions during the preliminary weeks of a newly admitted resident.