

Experience | Patient-centred | Custom Indicator

Indicator #1	Last Year		This Year	
	Percentage of residents who respond positively to the statement: "Do Yee Hong staff involve you in making decisions about your plan of care (including refusing services)?" (Yee Hong Centre - Scarborough Finch)	57 Performance (2023/24)	67 Target (2023/24)	82 Performance (2024/25)

Change Idea #1 Implemented Not Implemented

Increase resident participation's experience in annual care conferences.

Process measure

- Percentage of care conferences that will be attended with resident participation by either in-person or using technology such as Microsoft Teams Meeting (residents who are not interested or will not able to indicate that they are interested when asked, will be excluded from criteria).

Target for process measure

- A minimum of 80% of residents (who meet the criteria) will participate in annual care conference by December 31, 2023.

Lessons Learned

- Met 100% cognitively capable residents attended their annual care conferences.
- Increased from 57% to the current performance of 82%, residents responded positively to staff involving them in making decisions about their plan of care.
- Developed and implemented three interventions for improvement.
- Reviewed the resident list due for annual care conferences at least one (1) day prior and pre-meet with the cognitively capable residents to encourage them to attend their care conferences with their families the next day.
- Reminded residents in-person and accompanied them to walk to the meeting room for the care conferences the morning before the care conferences began.

Change Idea #2 Implemented Not Implemented

Ensure adequate time will be available for residents to understand and contribute to their plan of care during annual care conferences.

Process measure

- Percentage of care conferences that will be pre-scheduled for 25 minutes allotted for each resident.

Target for process measure

- A minimum of 80% of care conferences will meet or exceed the 25 minutes allotment by December 31, 2023.

Lessons Learned

- Met 100% of care conferences held from April to December 2023 for 25 minutes allotted for each resident. Some care conferences exceeded 25 minutes due to extra time spent on communicating with hearing impaired residents. We purchased some pocket talkers (amplifiers) to assist the residents during the care conferences starting January 2024. We expected the care conferences will finish within the pre-scheduled 25-30 minutes.
- Discussed the purpose of the intervention and target with the physicians and interdisciplinary team members before the change was implemented to ensure understanding and collaboration.

Change Idea #3 Implemented Not Implemented

Post care conference completion, ensure that residents understand their plan of care.

Process measure

- Percentage of residents who will be able to review/contribute to their plan of care and who were not able to participate in care conference (residents who are not interested or will not able to indicate that they are interested when asked are excluded).

Target for process measure

- A minimum of 80% of residents (who meet the criteria) will understand their plan of care by December 31, 2023.

Lessons Learned

- Met 100% of residents who were cognitively capable to review/contribute to their plan of care and who were not able to participate in care conferences between April to December 2023, understood their plan of care.
- Followed-up with these residents in-person to review the changes in their plan of care and allowed sufficient time for the residents to ask questions as needed to ensure they understood the information provided after the care conference. Management also met with the residents after to address any specific questions they may have had and referred to the interprofessional team to engage with the residents directly.
- Promoted the participation of all residents to discuss their plan of care with the care team and increased understanding for nurses on the importance of residents’ involvement in decision-making.

Safety | Effective | **Custom Indicator**

	Last Year		This Year	
Indicator #2	1.90	1.80	1.20	NA
Percentage of residents whose stage 2 to 4 pressure ulcer worsened. (Yee Hong Centre - Scarborough Finch)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Ensure that nursing staff have the resources to accurately monitor the progress of resident wounds.

Process measure

- Number of wound care training sessions delivered.

Target for process measure

- 3 training sessions will be delivered by December 31, 2023.

Lessons Learned

- Improved performance on the percentage of residents whose stage 2 to 4 pressure ulcer worsened which decreased from 1.9% to the current performance of 1.2%.
- Delivered three (3) wound care education sessions and met 100% of target.
- Experienced difficulty in offering three (3) wound care education sessions to all nursing staff due to conflicting work schedules (the service provider offered only one (1) live session virtually each time).
- Posted recorded sessions to online learning platform to enhance accessibility.
- Assigned online education sessions to all nurses and PSWs to maximize participation. Staff response was very positive.
- Continue to share online approach with other sister homes to enhance staff learning and availability.

Change Idea #2 Implemented Not Implemented

Promote collaboration between the nurses, most responsible physician (MRP), nurse practitioner (NPs) and external wound care nurse to ensure appropriate and effective wound care interventions are implemented for pressure injuries that are categorized as stage 2 or above.

Process measure

- Number of wound care rounds completed.

Target for process measure

- 9 wound care rounds will be completed by December 31, 2023.

Lessons Learned

- Completed twelve (12) monthly wound care rounds (133%) in collaboration with nurses, Nurse Practitioner (NP), Enterostomal Therapy (ET) nurse and Skin & Wound Care Lead.
- Provided education (by the ET nurse during the monthly rounds) on wound assessments and treatments at the bedside. Positive feedback was received from our nurses.
- Leveraged subject matter expert consultation to collaborate with interprofessional team that led to a decrease in worsened wounds.

