

Access and Flow | Efficient | Priority Indicator

	Last Year		This Year	
Indicator #3	X	10	17.57	14
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Bobier Villa)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Staff education on assessment and early interventions/treatment for chronic disease management and change in Resident health status.

Process measure

- Our goal is to reduce the number of avoidable ED visits through staff education on chronic disease management increasing our ability to manage chronic disease in the Home. The number of staff completing education will be tracked and compared to the number of ED visits at the end of 2023.

Target for process measure

- 10% reduction in avoidable ED visits by January 2024.

Lessons Learned

Falls were identified as a reason for ER visits. All nursing staff were provided with education on falls prevention and management which included restorative care.

Infection was also noted to be a reason for emergency department transfer. Education was provided to registered staff on the use of a bladder scanner which is utilized to identify urinary retention, which may contribute to a urinary tract infection (UTI). Recognizing contributing factors heightens staff awareness of other symptoms of a potential UTI. Early recognition of symptoms allows for preventative measures at the home level which in turn potentially reduces emergency room visits.

Education was also provided to all nursing staff on skin and wound care with the introduction of a new skin care line.

The team introduced a flagging system on the resident care boards in the charting rooms. At risk residents with new symptoms or worsening symptoms are flagged to increase staff awareness of potential worsening symptoms.

In 2024, through the diagnostic equipment funding we are purchasing intravenous therapy equipment and providing associated training to registered staff.

We will also train additional internal BSO staff who assist staff in the management of responsive behaviors.

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

Review the process for initiating and evaluating comfort rounds for residents at high risk of falling or repeat falls.

Process measure

- To reduce the number of falls and falls with injury through the utilization of comfort care rounds we will track the number of Resident who fell in the past 30 days and the # of Residents on comfort rounds. We will continue to track the # of ED visits related to falls.

Target for process measure

- Bobier Villa will increase the number of Residents receiving comfort care rounds to decrease the percentage of Residents who experience a fall/fall with injury by 10%.

Lessons Learned

One of the main reasons for transfer to an emergency department was a fall and a fall related injury. It is recognized that preventing all falls is not a realistic goal without limiting the residents freedom of movement. The team has been working to reduce falls and to prevent injury from falls through additional interventions such as hip protectors and fall mats and the use of comfort rounds.

At CQI meetings we review the reason behind the fall and track and discuss any consistent contributing factors. Many falls occur because Residents will self transfer, in between staff rounds, for a variety of reason: e.g. wishing to turn on their the tv, wanting to use the bathroom, etc. The team introduced comfort rounds as a means of increasing resident surveillance with the goal of meeting the Resident's needs between rounds to minimize the risk of injury through a self transfer. Comfort rounds consist of hourly check-ins with the Resident and is conducted by all departments not just nursing.

The Home currently has 14 residents on comfort rounds and continue to track the effectiveness of comfort rounds in reducing falls.

A significant challenge faced with comfort rounds was engaging non-nursing staff. Non-nursing department managers supported comfort rounds and education was provided to departmental staff with limited success. The team will continue to work on methods to better engage non-nursing staff.

Change Idea #3 Implemented Not Implemented

Track and analyze each occurrence when a Resident is sent to the Emergency Department.

Process measure

- Our goal is to reduce the number of avoidable ED visits by tracking and auditing ED visits and identifying the most common reasons for ED transfer.

Target for process measure

- 10% reduction in avoidable ED visits by January 2024

Lessons Learned

We introduced a new tracking system in September of 2023. We did this through a ministry led project titled Amplifi, which is a clinical data exchange program between long term care homes and the hospitals. When a resident is sent to the ED, the nurse completes a transfer assessment which populates in the electronic documentation software for hospital tracking. The introduction of amplifi has simplified and provided a more accurate method of tracking and analyzing emergency department visit data as well as supporting transitions in care between hospital and long-term care.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year	
Indicator #2	56	80	89	NA
Percentage of Residents who responded positively to "I participate in the development of my personalized plan of care." (Bobier Villa)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Care plan will be reviewed with Resident and Essential Caregivers, in full detail at each care conference and changes will be made to reflect the the Resident choice(s).

Process measure

- Chart audits will indicate the # of residents who attended and participated in their plan of care through the care conference process. Resident Satisfaction Surveys will be reviewed and analyzed annually.

Target for process measure

- By December 2023 all charts will reflect an active participation in care planning by Residents and SDM. Annual Satisfaction Surveys will show 75-100% of residents will respond positively when asked if they had the opportunity to participate in their plan of care.

Lessons Learned

In 2023, while working on our Person and Family Centered Care, Best Practise Guideline, the project management team recognized that the care conference assessment required a review to improve resident and family engagement. While the prior assessment captured the formal aspects of resident care and met the legislated requirements, they did not fully reflect that the care team was eliciting and implementing the Resident and/or the Substitute Decision Maker goals for care.

The project management team worked extensively to revamp the assessment/tools at CQI meetings and received input at Resident and Family Council meetings. Recognizing that the care conferences drive the care plans we rolled out communication to all staff who contribute to the care conferences. To each section there was a reminder added to review and update the care plan with the resident/SDM.

Change Idea #2 Implemented Not Implemented

The Home intends to create an environment where resident/SDM involvement in their plan of care becomes and integral part of the process. The individual plan of care will be developed in collaboration with the Resident/SDM, in full detail at each care conference and changes will be made to reflect the Resident Choices.

Process measure

- Multidisciplinary care conference Assessment attendance will be reflected in the annual Satisfaction Survey results.

Target for process measure

- Through the care conference process, all care plans will be developed in collaboration with the resident/SDM. All care plans will be reviewed and updated by December 2023.

Lessons Learned

The Resident satisfaction surveys indicate that satisfaction with the care planning went from 56% in Nov of 2022 to 89% in Nov 2023. Additionally our Resident/SDM attendance at conferences went from 50% to 100%.

The majority of the care planning is developed at the time of admission, at the 6 week admission care conference, at the annual care conferences and during the quarterly RAI/MDS assessment, however, care planning is not limited to those times. Registered staff collaborate with residents/SDMs and update the care plan for any resident who has a change in health status; these changes may include (but are not limited to) medication changes, disease progression, new diagnosis, etc.

Indicator #1	Last Year		This Year	
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Bobier Villa)	3.08 Performance (2023/24)	3 Target (2023/24)	X Performance (2024/25)

Change Idea #1 Implemented Not Implemented

Ongoing monthly auditing of all physician orders to ensure that all Residents who take an antipsychotic have a supporting diagnosis and indication for use.

Process measure

- Chart audits will ensure that the orders include a supporting diagnosis and indication for use. We will track the # of Residents on antipsychotic medication without a supporting diagnosis and/or clinical indication of use. We will track the # of care plans that include alternative and/or complementary therapies and potential side effects.

Target for process measure

- By December of 2023, 80-100% of Residents will have a supporting diagnosis and indication for use for all antipsychotic medication. Care plans for Residents on antipsychotic medication will specify the risk of side effects and potential alternative therapies.

Lessons Learned

Bobier Villa is well below the provincial benchmark for ensuring that all residents who receive an antipsychotic have a both a supporting diagnosis and an indication for use. Bobier Villa is below 3% while the provincial average is at 20%.

Audits are conducted monthly. Reports are pulled and reviewed at monthly CQI meetings. Any missing documentation is sent to the registered staff and the attending physician for updating.

In addition to monthly audits, orders are reviewed by the Pharmacy consultant and the physician on a quarterly basis. Once complete the registered staff ensures the information has been updated in the chart and that the care plan reflects any changes.

We will continue to monitor this quality indicator and will continue the work in our 2024-2025 QIP.

Change Idea #2 Implemented Not Implemented

Provide responsive behavior management education to all staff: education will identify responsive behaviors and offer alternative to the use of antipsychotic medications.

Process measure

- Increase the number of staff trained in GPA. Track the number of residents whose use of antipsychotic medications for the management of responsive behaviors was reduced.

Target for process measure

- By October 2023, 80% of staff will have received GPA training. By March 2024 audits will reflect a 10% decrease in usage of antipsychotic medication for the management of responsive behaviors.

Lessons Learned

In 2023 Bobier Villa provided extensive staff training in Gentle Persuasive Approach (GPA) techniques. We conducted the majority of this training in March, April and May of 2023 and were successful in training 90% of staff.

Training consisted of 2.5 hours of e-learning followed by 3 hours of classroom instruction.

We recognized early on that all staff play an important role in the care of our residents and so this training was provided to all staff, not just frontline nursing staff.

Going into 2024 we will continue to offer this training to new staff to assist them in providing optimal care for our residents.

Comment

In our 2024-2025 Quality Improvement Plan Bobier Villa will focus on the internal structure of our Behavioural Supports Ontario (BSO) team including improvements to documentation.