Access and Flow | Efficient | Priority Indicator

	Last Year		This Year	
Indicator #3 Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Elgin Manor)	**15.57** Performance (2023/24)	**13** Target (2023/24)	**32.03** Performance (2024/25)	**26** Target (2024/25)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Review 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 # of residents 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

- Elgin Manor will increase the # of residents receiving comfort care rounds to reduce the % of residents who experience a fall/fall with injury by 10% by January 2024

Lessons Learned

In 2023 the primary reason for transfer to an emergency department was a fall and a fall related injury. This has been consistent over the past several years. It is recognized that preventing all falls is not a realistic goal without limiting the residents freedom of movement so the team has been working to reduce falls and to prevent injury from falls through additional interventions (e.g. hip protectors and fall mats), alerting systems such as a bed /chair alarm and the use of comfort rounds.

At CQI meetings the team reviews the reasons behind the fall and track and discuss any consistent contributing factors.
Often 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 self transfer. Comfort rounds consists of hourly check-ins with the Resident and is conducted by all departments not just nursing.
We currently have 2 resident on comfort rounds and will continue to track the effectiveness 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 their staff however not all departments were fully engaged. In 2024 the team will continue to work on engaging non-nursing staff.

Change Idea #2 ☑ **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 the education will be tracked and compared to the number of ED visits.

Target for process measure

- 10% reduction in avoidable ED visits by January 2024

Lessons Learned

We provided all nursing staff with education on falls 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 used 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 early 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.

Change Idea #3 ☑ **Implemented** ☐ **Not Implemented**

Track and analyze each occurrence when a resident 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 an ED transfer.

Target for process measure

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

Lessons Learned

Nursing managers keep a spreadsheet with hospital transfers and are able to compare it to the quarterly Ministry reports for potentially avoidable ED visits. This data is presented to the CQI team for analyzing trends which allows the team to make recommendations for action planning.
In the autumn of 2023 we introduced a clinical data exchange program which allows staff to track hospital transfers (both ED visits and admissions.) This data will be used in 2024 by the CQI team to track changes.

Comment

In 2023 our rate of potentially avoidable Emergency room visits increased. One reason for the increase is the request from Residents and/or Substitute Decision Makers who want to be assessed by a physician rather than a nurse. Off site physicians may instruct nurses to send the resident to the ED as they may not be able to fully assess a Resident over the phone.
Moving into 2024 we will be able to offer more onsite diagnostic tests such as x-ray within 24hrs, IV therapy and doppler for ABI testing, supported through diagnostic equipment funding.

Experience | Patient-centred | Custom Indicator

Indicator #2

Percentage of Residents who responded positively to "I participate in the development of my personalized plan of care."
(Elgin Manor)

Last Year		This Year	
68	**80**	**70**	**NA**
Performance (2023/24)	**Target (2023/24)**	**Performance (2024/25)**	**Target (2024/25)**

Change Idea #1 ☑ Implemented ☐ Not Implemented

The Resident and/or Substitute Decision Maker (SDM) will be encouraged to attend and participate in care planning through the care conference process. Conversations will be Resident focused to support individualized care plans.

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 Dec 2023 all charts will reflect an active participation in care planning by Residents and SDM. Annual Satisfaction Surveys will show 75-100% of residents who responded positively to the survey question.

Lessons Learned

Elgin Manor showed a remarkable improvement in the number of Residents and SDMS who attended the care conferences. We started with a 17% attendance rate (in 2022) and by September 2023 the attendance rate was 75%.
The satisfaction surveys from autumn 2023 indicate an improvement in the satisfaction level as it relates to Resident/SDM participation in their personalized plan of care.
In 2023, 70% of residents expressed satisfaction, while in 2022 the rate was 68%.
This improvement is a result of changes to our conference structure, specifically, increased communication with resident/SDM regarding the dates/times of the conferences. We also revamped the structure of the conference so that it better reflected the resident/SDM goals for care.

While we improved in the number of residents who were satisfied with their plan of care, we discovered that using terms like 'care plan participation and involvement' without adding simple context resulted in some confusion/uncertainty as to what the participation expectation was.
To address this we created an action plan part of which includes an explanation of what the care plan is and how the residents/SDM drives the focus areas and intervention.
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 diseases/conditions etc.

Change Idea #2 ☑ **Implemented** ☐ **Not Implemented**

Care plan will be reviewed with Resident and SDM, in full detail at each care conference and changes will be made to reflect the the Resident choice.

Process measure

- Multidisciplinary care conference Assessment audits Satisfaction Survey results

Target for process measure

- All care plans will be reviewed and updated by December 2023

Lessons Learned

In 2023, while working on our Person and Family Centered Care, Best Practice Guideline, the project management team recognized that the care conference assessment tool required a review and update. While the prior assessment/tool captured aspects of resident care and met the legislation requirements, the tool 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 tool at CQI meetings and at Resident and Family Council meetings. The ultimate goal was to ensure that the new forms reflected the Residents goals for care. 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 a reminder was added to review and update the care plan with the resident/SDM.

Safety | Safe | Priority Indicator

	Last Year		This Year	
Indicator #1	**23.33**	**15**	**26.67**	**18**
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Elgin Manor)	**Performance (2023/24)**	**Target (2023/24)**	**Performance (2024/25)**	**Target (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 2023, 80-100% of residents will have a supporting diagnosis and indication for use for all antipsychotic medications and those care plans will specify the risk of side effects and potential alternative therapies.

Lessons Learned

Over the past year Elgin Manor has experienced fluctuations in the use of antipsychotic medications, without a supporting diagnosis or an indication for use. While the prescription rate did not change significantly from the prior year, what did change was how staff and physicians captured antipsychotic use. We entered the 2023-2024 QIP season with a rate of 23% with a goal of reducing that to 15%.
In the first quarter our rate fell below 20% but in Q2 the rates climbed upward again. In Q3 and Q4 we once again lowered our rates however we were not successful in obtaining our goal of 15%.

This change may be partially related to staffing challenges and competing priorities which included the training and orientation of new front line registered staff and management staff. When staffing levels are impacted by absenteeism, MDS coordinators were not able to devote the time required to consistently follow up with 1) physicians to ensure the required components of the order and 2) registered staff to ensure that they are capturing and updating any potentially missing documentation prior to the next RAI.

Audits are conducted monthly with reports reviewed at monthly CQI meetings. Any missing documentation is sent to the registered staff and the attending physician for updating. Missing documentation includes an indication for use and a supporting diagnosis.
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.

Going forth into 2024-2025 we will continue to build on our 2023-2024 action plan but will include additional measures to support success; we will follow up with individual nurses to ensure that they understand the significance of meeting this goal. In February 2024 we contracted with a new pharmacy. We will work together with our new pharmacy consultant to ensure all antipsychotic medications include a supporting diagnosis and an indication for use at the time that the prescription is written. This will ensure that the information is captured accurately in the RAI/MDS (resident assessment.)

Change Idea #2 ☑ Implemented ☐ Not Implemented

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

Process measure

- Number of staff trained in GPA compared to the # of residents whose use of antipsychotic medications for the management of responsive behaviors was reduced.

Target for process measure

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

Lessons Learned

In 2023 Elgin Manor provided extensive staff training in Gentle Persuasive Approach (GPA) techniques. We conducted the majority of this training in May and June of 2023 and were successful in training 85% 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

Our 2024-2025 QIP workplan will build upon the foundation that we began last year.