

Experience | Patient-centred | **Custom Indicator**

	Last Year		This Year		
Indicator #2	82.00	87	73.00	--	NA
Percentage of residents who respond positively to the statement: "Are staff involving you in planning your care?" (Yee Hong Centre - Scarborough Finch)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Strengthen staff and resident connection by coordinating informal gatherings for the direct care staff to socialize with the residents on their floor when the staff members are not on duty.

Process measure

- Number of informal social gatherings coordinated for direct care staff and residents on each floor.

Target for process measure

- Two (2) coordinated gatherings will be completed for each floor by December 31, 2024.

Lessons Learned

- Progressed toward meeting performance target.
- Coordinated two informal social gatherings for direct care staff and residents on most floors.
- Achieved 100% attendance of cognitively capable residents (Cognitive Performance Scale (CPS) score 0-2) at social gatherings.
- Provided opportunities for residents (CPS score above 2) to attend the gatherings.
- Observed active participation and engagement among staff who attended the gathering after working hours.
- Strengthened therapeutic relationship between staff and residents.
- Improved residents' engagement in activities, as evidenced by the increased number of residents participating in activities.
- Enhanced resident experience in connecting with staff, as shown by residents' willingness to share their feelings with staff.
- Designed various activities to accommodate residents' diverse interests.
- Experienced limited space for gatherings, which made it difficult to accommodate all staff participants.

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

Improve staff's care delivery and communication by providing customer-service training focusing on resident-centred care.

Process measure

- Number of trainings provided to direct care staff.

Target for process measure

- Two (2) training sessions will be provided by December 31, 2024.

Lessons Learned

- Delivered four (4) person-centred care and customer service training sessions to direct care staff.
- Achieved an attendance rate of 80% (about 150 staff) of full-time direct care staff, including PSWs and nurses, participating in the training.
- Partnered with an external provider to develop the training content tailored toward the needs of the home.
- Delivered highly interactive training sessions which incorporated case studies, group work, discussions, and role plays, which significantly promoted participation and engagement from the staff.
- Evaluated training and revealed a positive rating of 97% satisfaction, indicating high success.
- Requested each staff member to write a reflection on what they had learned and how they would implement these practices when staff returned to the floor. This fostered personal accountability and commitment to change.
- Provide ongoing support and reinforcement to the staff to continue demonstrating and consistently apply the education into daily practices.
- Continue reinforcing consistent person-centred practices for residents among direct care staff through daily nursing manager unit rounding, weekly floor meetings, and monthly nursing departmental meetings.

Comment

In 2024, the survey question “Are staff involving you in planning your care?” was refined into five distinct questions to improve clarity and understanding. As a result, the current performance scores may not be directly comparable to those from 2023 as further improvements were made. The redesigned survey questions aimed to help the residents better understand the concept of "Care Planning" and clarify their involvement in each component of the care plan, such as medications, bedtime schedule, clothing choices, activities, and time spent. The highest score across the five new questions related to “involvement in care planning” was 97%, while the lowest score was 79% with the awareness of medications and medication changes. The QIP indicator “Are you involved or aware of your medications/medication changes (e.g., taking meds, refusing, etc.)?” will continue into 2025. The change ideas and methods for this QIP will be refined to enhance the sustainability of the improvements.

Indicator #1	Last Year		This Year		
	Percentage of residents responding positively to the meal dining experience. (Yee Hong Centre - Scarborough Finch)	CB Performance (2024/25)	70 Target (2024/25)	93.00 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Obtain baseline data on the percentage of residents who are satisfied with their meals based on taste, portion, appeal, and temperature after dining experience.

Process measure

- a. Completed audit template for use. b. Percentage of residents responded positively.

Target for process measure

- a. An audit template will be developed by April 30, 2024. b. 70% of residents will have responded positively by June 30, 2024.

Lessons Learned

- Met performance target and exceeded by 23 units above the set target of 70.
- Created a user-friendly and easy-to-understand “Meal Round” audit with six (6) straightforward questions.
- Conducted 67 “Meal Round” audits and gathered feedback from cognitively capable residents. This helped in collecting constructive baseline data by October 2024.
- Collected feedback that favoured food taste, variety, portion, temperature, and personal feeling of dining experiences.
- Desired an internal goal to reach 100 residents; however, only 81 cognitively capable residents with a Cognitive Performance Scale (CPS) score of 0-2 were eligible for audit.
- Encountered a shortage of staff to conduct the “Meal Round” audit and sought assistance from volunteers to ensure its completion.

Change Idea #2 Implemented Not Implemented

Create an action plan for continuous quality improvement based on target result.

Process measure

- Finalized action plan based on target result.

Target for process measure

- An action plan will be finalized by December 31, 2024, based on target result.

Lessons Learned

- Implemented the continuous improvement action plan with a primary focus on enhancing food quality based on the residents' survey results. The plan was to address key areas such as taste, portion size, appeal, and temperature of the meals.
- Require additional change ideas to further enhance the overall meal experience and will be included in the 2025 Quality Improvement Plan (QIP). These changes will focus on improving the atmosphere, environment, and customer service aspects of dining, ensuring a more pleasant and satisfying experience for all residents.