

Experience | Patient-centred | Custom Indicator

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of residents who respond positively to the statement: "Are staff involving you in planning your care?" (Yee Hong Centre - Markham)	84.00	90	82.00	--	NA

Change Idea #1 Implemented Not Implemented

Enhance staff's awareness on the first three (3) rights for dignity and respect under the Resident's Bill of Rights.

Process measure

- Number of education sessions delivered to active nursing staff.

Target for process measure

- Five (5) education sessions to active nursing staff will be provided by December 31, 2024.

Lessons Learned

- Progressed toward meeting performance target.
- Delivered five (5) education sessions to the staff working different shifts including Day, Evening and Night. Four (4) sessions were conducted in person, and one was a virtual session. These sessions covered topics surrounding rights for dignity and respect, and resident rights for dignity and respect.
- Lacked engagement between the presenter and participants in the virtual session.
- Conducted all education session in English which may have led to variations in staff comprehension due to language barriers, as English is not the primary language for majority of staff.
- Conduct pre-and-post questionnaires to help establish a baseline education. The data will measure and compare the effectiveness of the sessions. There was no baseline to compare if there was increased awareness after the education was provided.

Change Idea #2 Implemented Not Implemented

Share point-in-time satisfaction survey results immediately with staff to gain awareness of the resident's experience.

Process measure

- a. The point-in-time satisfaction survey developed. b. The number of point-in-time satisfaction survey completed.

Target for process measure

- a. The point-in-time satisfaction survey will be completed and ready to use by May 31, 2024. b. One hundred (100) point-in-time satisfaction surveys will be completed by the December 31, 2024.

Lessons Learned

- Developed a point-in-time satisfaction survey and administered a total of 109 surveys to cognitively capable residents with a cognitive performance score (CPS) of 0-2.
- Obtained positive results with an 87% satisfaction rate. This survey provided a snapshot of the residents' satisfaction related to care/services, choices, and autonomy. Since this is the first time the survey has been conducted, this can serve as baseline data for future comparisons.
- Offered individual follow up to residents to address their individual feedback or concerns to make improvements but residents declined.
- Completed surveys were administered by the interprofessional team which included the social worker, activation, spiritual care worker, and nursing. Since the survey was conducted by different people, a standardized questionnaire would have been beneficial to mitigate inconsistent approaches.
- Experienced challenges with the survey questionnaire not specifying the intervention that was being evaluated resulting in difficulties with summarizing the results. Also, the questions were nursing focus, and the survey could have been developed with more of an interprofessional lens.

Comment

In the 2024 annual resident satisfaction survey, Yee Hong Markham received excellent results under the “care planning” question: 96% of residents reported being able to choose their daily routine, 96% felt they could decide how to spend their day, 96% were satisfied with their ability to choose what to wear, and 98% were happy with their ability to select their activities. However, the home scored 82% on the question regarding residents' awareness of their medications. While we met all process measure targets and scored above 95% to 4 out of 5 care planning questions, Yee Hong Markham was not able to achieve the performance target of 82%. Moving forward, Yee Hong Markham will focus on strategies to improve residents' understanding of their medications and their purposes. This will include scheduling medication awareness sessions and providing cognitively able residents with a list of their medications and their indications.

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 (Yee Hong Centre - Markham)	15.30 Performance (2024/25)	15.18 Target (2024/25)	16.17 Performance (2025/26)	-5.69% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Enhance monitoring of residents on antipsychotic medication without psychosis.

Process measure

- Number of bi-monthly reviews conducted.

Target for process measure

- At least four (4) bi-monthly reviews will be conducted by December 31, 2024.

Lessons Learned

- Progressed toward meeting performance target.
- Conducted total of four (4) bi-monthly reviews.
- Involved the interprofessional team from both the non-pharmacy and pharmacological perspectives (including pharmacist, psychogeriatric resource consultant, Ontario Shores, and Geriatric Psychiatrist).
- Arranged the Geriatric psychiatrist to meet/speak with the family members for complex resident cases to provide clarification and a forum to ask questions regarding antipsychotics.
- Encountered family reluctance to titrate or remove antipsychotic use. Further education may be required.
- Tried non-pharmaceutical and alternative therapy methods, which were ineffective as some resident’s behavior could not be managed without antipsychotics.

Change Idea #2 Implemented Not Implemented

Enhance staff knowledge on responsive behaviour management, implementation, de-escalation, communication and other alternative options.

Process measure

- a. The number of in-services provided. b. The number of POC education sessions provided.

Target for process measure

- a. Five (5) Psychogeriatric in-services will be provided to frontline staff by December 31, 2024. b. Six (6) POC education sessions will be delivered by December 31, 2024.

Lessons Learned

- Conducted monthly education sessions delivered by the psychogeriatric resource consultant. More than five (5) in-services were provided.
- Offered a variety of topics for staff to select, including “topic of the month.”
- Delivered six (6) Point of Care (POC) education sessions related to documenting Hallucination & Delusion tasks to track responsive behaviors in the electronic health record.
- Experienced challenges to understand residents who were non-verbal if their responsive behaviour was attributed to hallucination, delusion, or other triggers.
- Explore additional education, assessments, or areas to enhance staff’s understanding of non-verbal responsive behaviours.

Comment

While all Target Process Measures have been met, the Target Performance was not achieved. Reducing the inappropriate use of antipsychotics in long-term care homes involves several factors, including the reluctance of family members to consent to changes in medication. This has proven to be a challenging aspect throughout the quality improvement process. Moving forward, Yee Hong Markham will focus on providing additional education to families and, where possible, involving them more in medication review meetings to support the process. Although several staff education sessions were planned and completed, more focused discussions on identifying symptoms of hallucinations and delusions will help guide the appropriate use of antipsychotic medications. Additionally, Yee Hong Markham plans to deliver more targeted education to staff on symptom recognition and documentation.