

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 - Scarborough McNicoll)	76.00	79	91.00	--	NA

Change Idea #1 Implemented Not Implemented

Reinforce to nursing and other departmental staff to explain what they are about to do for residents and take time before, during and after care.

Process measure

- a. Number of training sessions provided to staff. b. Percentage of staff attended the training.

Target for process measure

- a. Two (2) training sessions will be provided to staff by December 31, 2024. b. 90% of staff will be trained by December 31, 2024.

Lessons Learned

- Met and exceeded performance target by 12 units.
- Conducted a series of staff training sessions, including a dedicated session for nursing staff on May 30, 2024, attended by 42 participants, while the remaining staff completed the training through self-study.
- Achieved 100% of staff completion of the Person-Centred Care refresher training as part of the annual training module.
- Held two 3-hour training sessions focused on customer service and person-centered care on November 1, 2024, with 66 nursing staff participating. In total, 100% of nursing staff successfully completed training related to person-centered care.
- Offered training sessions at multiple time slots to maximize attendance and participation.
- Encountered challenges included language barriers, varying levels of English proficiency among nurses and PSWs, and differences in educational backgrounds.
- Considered strategies to improve future training effectiveness, such as providing translated materials in Chinese, distributing handouts for better comprehension, and involving other departments.

Change Idea #2 Implemented Not Implemented

Engage cognitively well residents in developing and discussing the care, treatment as appropriate, and the plan of care every quarter.

Process measure

- Number of cognitively well residents involved in the quarterly review of the plan of care.

Target for process measure

- 90% of cognitively well residents will be invited to review the care plan each quarterly, by December 31, 2024.

Lessons Learned

- Invited 90% of cognitively well residents to participate in care plan discussions with the care team.
- Monitored resident participation in quarterly care plan reviews to ensure engagement.
- Redesigned care planning questions to help residents better understand the concept of "Care Planning" and clarify their involvement in each component.
- Assisted cognitively well residents reinforce their understanding and recall discussions regarding their care plans through increasing the care plan review frequency from yearly to quarterly. Based on these positive outcomes, this intervention will continue beyond the conclusion of the QIP.

Indicator #1	Last Year		This Year		
	Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Yee Hong Centre - Scarborough McNicoll)	5.67 Performance (2024/25)	7.80 Target (2024/25)	7.08 Performance (2025/26)	-24.87% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Early identification of High/Medium risk for falls at admission and timely communication of mitigation strategies.

Process measure

- Percentage of high/medium risk fallers on admission identified and have fall prevention strategies initiated and communicated to the team.

Target for process measure

- By December 31, 2024, 100% identified high/medium risk fallers on admission will have fall prevention strategies initiated and communicated to the team.

Lessons Learned

- Met and exceeded performance target (falls remained lower than target).
- Assessed residents at admission for fall risk, identifying those at high or medium risk and implementing appropriate fall prevention strategies. These strategies were communicated through shift reports and floor meetings to ensure consistent care.
- Increased awareness and introduced proactive initiatives at admission to reduce fall risks and minimize injury potential.
- Required additional training time and management oversight for newly hired clinical staff to reinforce their roles and responsibilities in fall prevention.
- Admitted more residents with complex care needs, contributing to an increased fall risk in 2024.
- Hired additional staff, including newly graduated nurses and personal support workers (PSWs) to meet the demand for increased direct care hours. This required enhanced training in fall prevention awareness and monitoring.
- Falls prevention has been a longstanding priority for McNicoll. Through the 2023 QIP, fall prevention strategies significantly reduced fall rates from 10.2% to 5.67% (unadjusted), surpassing our target of 8% which was the historical average range. This unusually low fall rate was partly due to high resident turnover, with 52 new admissions in 2023 toward the end of the pandemic, compared to 28 in 2024. At certain points in 2023, the lower resident population likely contributed to a reduced absolute number of falls.
- As the 5.67% (unadjusted) fall rate reflected past performance and with an increasing number of crisis admissions with multiple comorbidities and cognitive impairments, a higher fall risk in 2024 was anticipated. To address this, McNicoll adopted a conservative approach and set the target to remain below 7.8% (unadjusted) for the 2024 QIP. The goal was to maintain or outperform the Ontario average fall rate of 15.3%, ensuring the care team focused on implementing proactive strategies to mitigate fall risks for new residents.
- Additionally, McNicoll conducted comprehensive analyses to identify root causes for residents experiencing two or more falls per month. Findings were shared with the interdisciplinary team, leading to timely revisions in fall prevention interventions.
- The 2024 QIP concluded with a performance fall rate of 7.08% (unadjusted). While this was 1.41% higher than the 2023 rate of 5.67%, the target was successfully kept at 0.72% below the 7.8% threshold. This outcome highlights the effectiveness of McNicoll's fall prevention strategies in addressing the evolving needs of a more complex resident population and reflects the care team's proactive efforts in implementing timely and impactful safety measures under challenging conditions.

Change Idea #2 Implemented Not Implemented

Comprehensive analysis of fall will be completed on residents with 2 or more falls in a month.

Process measure

- Percentage of residents assessed to be falling frequently (2 or more falls in 1 month) had a fall intervention(s) implemented and documented in the care plan.

Target for process measure

- By December 31, 2024, 100% of residents assessed with 2 or more falls in a month will have implemented intervention(s) and documented in the care plan.

Lessons Learned

- Reassessed all residents who experienced two or more falls within the past 30 days, ensuring their fall prevention care plans were reviewed and updated as needed.
- Conducted thorough post-fall analyses for each incident, engaging staff in discussions to enhance awareness and reinforce fall prevention strategies.
- Posted fall incident data regularly on each unit to increase staff awareness and promote proactive fall prevention measures.
- Leveraged multiple communication channels, including emails, floor meetings, and department briefings to engage staff in safety rounds and maintain vigilance.
- Facilitated interprofessional team meetings to address the needs of residents with frequent falls or fall-related injuries, collaboratively developing revised interventions to prevent further incidents.
- Encountered challenges with a growing number of newly hired PSWs through Direct Care Hours funding, requiring additional resources for training. These inexperienced PSWs needed more time to familiarize themselves with high fall-risk residents, understand their needs and behaviors, and effectively implement fall prevention strategies to mitigate fall incidents.
- Supported learning with preceptors dedicating extra time to guide and mentor new hires, while experienced PSWs partnered with new staff to enhance their awareness of high-falls risk residents' needs. Unit nurses also provided supervision to reinforce fall prevention strategies and ensure effective implementation.