

Access and Flow | Timely

Indicator #1: Percentage of completed referral reviews within 36 hours during business days (Monday – Friday) normal work week.

Performance Stated in Previous QIP	Performance Target as Stated in Previous QIP	Current Performance
Collecting Baseline	92.00	99.00

Change Ideas from Last Year's QIP	Was This Change Idea Implemented as Intended	Process Measures from Last Year's QIP	Target for Process Measure	Lessons Learned: •What Were Your Successes and/or Challenges?
Ensure back-up support trained and available to track referrals and complete referral review process.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Number of back-up resources trained. b. A tracking excel spreadsheet created.	a. One (1) back up resource will be trained by December 31, 2024. b. A new tracking excel spreadsheet will be implemented by December 31, 2024.	<ul style="list-style-type: none"> • Met and exceeded performance target. • Trained one back-up resource who was available to assist with entering referrals into the electronic healthcare management system called InfoAnywhere. • Leveraged training with one-on-one shadowing for three (3) days with the Hospice Manager. • Implemented and maintained tracking Excel spreadsheet. • Educated backup resource to support workflow, efficient identification of appropriate residents and timely completion of intake assessments. • Delegated and communicated workload between staff partners to prioritize entering referrals, completing intake assessments, and coordinating admission. • Coordinated staff availability to ensure one (1) employee on-site to support hospice processes. • Experienced limited resources related to only two (2) staff members being able to assist with referral entry and conducting intake assessments

Quality Improvement Plans: **Progress Report** on the 2024/25 QIP

Hospice

				during working hours. Staff occasionally may be required to address other hospice-related issues, which can lead to delays in updating the excel spreadsheet. Despite this, referrals were entered into Infoanywhere and reviewed within 36 hours, ensuring Hospice achieved the goal of timely review.
Increase awareness of incoming referral faxes.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. A new process created to monitor and login to receive incoming faxes via Infoanywhere.	a. By December 31, 2024, a new incoming fax process will be implemented and monitored at least three (3) times daily.	<ul style="list-style-type: none"> • Implemented a new fax receipt process by the deadline. • Received on average of 2-3 referrals per day but can be as high as 6 new referrals received daily. • Monitored incoming referral faxes regularly, with 99% of referrals being processed by the end of the workday. • Received faxes after hours or delayed fax transmissions in the incoming fax folder as the hospice operates 24/7 and faxes can be received at any time. Manager and Intake Coordinator work from 9 AM - 5 PM. At times, 1-2 faxes may remain in the queue. However, this did not impact on the workflow and referrals were reviewed within 36 hours during business hours. Referral reviews and intake processes are processed in the morning when either the Manager or Intake Coordinator are present.
<i>[Insert NEW Change Idea that were tested but not included in last year's QIP]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<ul style="list-style-type: none"> • Not applicable

Experience | Patient-centered

Indicator #2: At least 95% satisfaction rate.

Performance Stated in Previous QIP	Performance Target as Stated in Previous QIP	Current Performance
97.00	98.00	98.00

Change Ideas from Last Year's QIP	Was This Change Idea Implemented as Intended	Process Measures from Last Year's QIP	Target for Process Measure	Lessons Learned: •What Were Your Successes and/or Challenges?
Emphasize person centered-care approach to manage pain and symptoms effectively.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Number of refresher education sessions hosted. b. Number of nurses and personal support workers attended and completed the CAPCE education courses.	a. Two (2) refresher education sessions (in-person/ virtual) will be provided by December 31, 2024. b. Three (3) staff will have completed the CAPCE course by December 31, 2024.	<ul style="list-style-type: none"> • Met performance target. • Delivered three (3) education sessions by December 31, 2024, focusing on midazolam, narcotic destruction, and healing circle. • Ensured success by offering paid sessions with both virtual and in-person options. • Led by a Nurse Practitioner who helped clarify gaps in care and monitoring of residents, 60% of nursing staff attended the midazolam in-service. • Led by a pharmacist, 60% of nursing staff attended the narcotic destruction and protocol in-service. • Led by a Spiritual Religious Care Practitioner, 30% of nursing staff attended the voluntary healing circle. Immediate positive feedback received from attendees, highlighting the relevance and importance of debrief. • 40% of nursing staff were unable to participate in the education sessions due to personal scheduling conflicts (some staff work for multiple employers).

Quality Improvement Plans: **Progress Report** on the 2024/25 QIP

Hospice

				<ul style="list-style-type: none"> • Provided resources and presentation files to staff following the midazolam and narcotic destruction education sessions. These materials were saved in a shared folder and were accessible to all staff members. • Supported a total of six (6) nursing staff who completed the Comprehensive Advanced Palliative Care Education (CAPCE) course by December 31, 2024. The specialized training equips the nursing staff with the necessary skills and knowledge to manage palliative cases.
<p><i>[Insert NEW Change Idea that were tested but not included in last year's QIP]</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			<ul style="list-style-type: none"> • Not applicable