

**2024/25 Quality Improvement Plan for Yee Hong Hospice**  
**"Improvement Targets and Initiatives"**

| Measure   |      |  |  |                 |                     |        |  |  |  | Change   |  |  |          |  |
|---|------|--|--|-----------------|---------------------|--------|--|--|--|--|--|--|----------|--|
| Measure/Indicator   | Type | Unit / Population  | Source / Period  | Organization Id | Current performance | Target | Target justification   | External Collaborators   | Planned improvement initiatives (Change Ideas)   | Methods  | Process measures   | Target for process measure   | Comments |  |
| M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) O= Optional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on) |      |  |  |                 |                     |        |  |  |  |  |  |  |          |  |
| Percentage of completed referral reviews within 36 hours during business days (Monday – Friday) in a normal work week.  | C    | Percentage of community palliative clients and hospital patients with a Palliative Performance Scale (PPS) of ≤30%.  | In-house data / April 1 - December 31, 2025            | Hospice         | 99.00               | 99.00  | Currently, there are no standards for provincial hospices. This target will be the internal baseline based on Yee Hong's 10 bed hospice average. | Hospitals and Community (Palliative Care Physicians, Family Physicians, Ontario Health at Home, Nurse Practitioners, etc.).                            | 1. Ensure access to real-time client/patient information to support the completion of referral data. This will help streamline the referral entry process and avoid delays in the intake assessment process. | a. Implement the use of electronic health record (EHR) system for Intake Team to access real time client/patient information. This will help ensure the referral application is thoroughly reviewed before initiating the intake assessment.   | a. Number of staff with access to and implementation of the EHR system (Connecting Ontario and EPIC from Scarborough Health Network) to gain access to real-time client/patient information.   | a. Ensure that two (2) members of Intake/Management Team will have access to and actively use the EHR systems (Connecting Ontario and EPIC) to review real-time client/patient information by December 31, 2025.   |          |  |
|   |      |  |  |                 |                     |        |  |  | 2. Enhance full dedication and timely response to the intake process.  | a. Encourage delegation of intake staff to focus on referral entry or intake assessment.   | a. The intake staff member will communicate and delegate tasks effectively, using verbal or written note to prioritize and assign tasks.   | a. Acknowledge 100% of delegate tasks by intake staff within 90 minutes when the full intake team is present, or within 48 hours when only one intake staff is available following the weekend.  |          |  |
| Percentage of residents admitted with pre-existing wounds or new wounds responding to their satisfaction level with the wound care management and level of pain control.  | C    | Percentage of community palliative clients and hospital patients with a Palliative Performance Scale (PPS) of ≤30% and have a pre-existing wound prior to Hospice admission. | In-house survey and data / April 1 - December 31, 2025 | Hospice         | CB                  | 75.00  | To obtain high satisfaction levels for resident and family member experience related to wound care management and level of pain control..        | Best practices for managing wound care and pain, external palliative care resources, Palliative Care Physicians, Ontario Health at Home, Nursing team. | 1. Ensure residents with a pre-existing wound will have their wound care and pain well-managed.  | a. Implement a tracking sheet to note residents with pre-existing wounds and wound care management from clinical staff and family members' experiences.<br><br>b. Introduce a new survey question to capture residents' and families' satisfaction with wound care and pain management.  | a. A new process/tracking sheet will be created to monitor residents with pre-existing wounds to track wound care and pain management.<br><br>b. A new survey question will be introduced in the satisfaction survey to capture residents' and families' satisfaction with wound care and pain management. | a. Implement a tracking spreadsheet for wound care and pain management by December 31, 2025.<br><br>b. Add an additional survey question in the satisfaction survey by April 1, 2025.  |          |  |
|   |      |  |  |                 |                     |        |  |  | 2. Emphasize and increase awareness of wound care management related to pain and symptom management for staff, residents, and their families.  | a. Provide opportunities for Palliative Care staff to attend a Wound Care Conference, education or training to enhance their knowledge in wound care management.<br><br>b. Implement an educational resource or reference guide for residents and their families to understand wound care basics, signs of pain, discomfort and interventions for comfort. | a. Number of nurses who attended a Wound Care Conference education or training.<br><br>b. Creation and distribution of an educational resource or reference guide to the resident and their families.  | a. Ensure that two (2) nursing staff attend a Wound Care Conference, education or training by December 31, 2025.<br><br>b. Create and include one (1) educational resource or reference guide in the admission handout folder for distribution to the residents and their families by December 31, 2025. |          |  |