



Aim	Measure				Change Ideas			
Quality Dimension & Objective	Measure/Indicator	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas
Effectiveness: To Reduce the Inappropriate Use of Anti psychotics in LTC	% residents on antipsychotics without a diagnosis of psychosis	17.6%	Less than 16.2%	Same as or better than provincial performance ON Avg. 21.2% YH Avg. 16.2% HQO NA	1. Review all residents on antipsychotics medication and determine if there are indications for psychotropic medication use	<ul style="list-style-type: none"> Review physician orders and pharmacy order entry staff education on requirement of indications for medication order communicate with pharmacy and physicians 	# of residents on antipsychotics with supporting diagnosis / symptoms # of residents on antipsychotics with no supporting diagnosis / symptoms # of residents admitted with antipsychotic medication at time of admission # of residents on antipsychotics with clear indication for its use on target symptoms	100% of psychotropic medication order has clear indications by Sep 30, 2018
		Last Year 19%			2. Review appropriate use of antipsychotic medication use	<ul style="list-style-type: none"> Monitor appropriate use of antipsychotic medication by using the 'monitoring form' for all new, changed or discontinued antipsychotic medication staff education of use of 'psychotic medication monitoring form' 	# of residents with new, changed or discontinued use of antipsychotic medications are being monitor	<ul style="list-style-type: none"> 100% of residents who are on antipsychotic medications are being monitored

					<p>3. Engage residents with responsive behaviors in non- pharmacological programs and/or interventions</p>	<ul style="list-style-type: none"> • Work with resident, family and the care team to develop individualized interventions and activity program for the management of responsive behavioral 	<p># of non-pharmacological programs scheduled to engage residents with responsive behaviors</p> <p># of residents who has individualize focus and non-pharmacological interventions to manage responsive behavior in the care plan</p>	<p># of residents engaged in scheduled activity programs will be increased by 10 % at end of Dec. 2018</p> <p>100% of residents with responsive behaviors have individualized non-pharmacological interventions in the care plan</p>
					<p>4. Enhance staff knowledge on behavior management, antipsychotic medication use and non-pharmacological intervention</p>	<ul style="list-style-type: none"> • Arrange case study sessions with Dr. Lachman for challenging cases 	<p># of education sessions</p>	
<p>Progress Report for the May 2017 CQC</p>	<p>Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:</p>							
<p>Progress Report for the Aug 2017 CQC</p>	<p>Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify:</p>							

	Enter summary here:							
Progress Report for the Nov 2017 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							
Progress Report for the Feb 2018 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							
Resident-Centred: Receiving and utilizing feedback regarding resident experience and quality of life. "Having a voice".	% residents responding positively to: "What number would you use to rate how well the staff listen to you?" (NHCAHPS)	43.4%	More than 45.5%	Same as or better than divisional performance	Enhance staff effective communication skill	<ul style="list-style-type: none"> Provide staff education on communication skill Encourage staff sit with resident, talk and take time to listen to resident during downtime Reminder and review of a list of 5 most wanted and unwanted behaviors in the staff's interactions with residents 	Continue collect feedback at bi-monthly nursing department meeting, weekly floor meeting Review and revise 'wanted' and 'unwanted' list every 6 months	Utilization of the 'wanted and unwanted' list as reminder for staff education
		Last Year 38.5%		ON Avg. NA YH Avg. 52.9%	Enhance staff customer service skill	<ul style="list-style-type: none"> continue reminder and education on customer service principle 	# of remind or education sessions on customer service	utilization of customer service skill in day to day care services
Progress Report for the May 2017 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							
Progress Report for the Aug 2017 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							
Progress Report for the Nov 2017 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify:							

	Enter summary here:							
Progress Report for the Feb 2018 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							
	% of residents responding positively to: "I can express my opinion without fear of consequences." (InterRAI QoL)	90.0% Last Year 47.22%	More than 95.0%	Same as or better than divisional performance ON Avg. NA YH Avg. 63.4%	Review with staff proper procedure of how to handle and response process to resident concern	<ul style="list-style-type: none"> • Staff education on handling resident concerns or voice out • Timely response to resident / family suggestions / concern • Communicate and educate residents with <ul style="list-style-type: none"> ○ privacy and confidentiality practices ○ home investigation processes in responding to concern being brought up • invite competent resident in care plan discussion to identify preference, needs 	# of education sessions for staff on handling resident concern or voice out # of responses to resident concerns within 6 to 10 day time line # of information session held with residents on privacy, confidentiality and concern response process # of progress note documentation indicated care plan review / discussion with resident	100% staff attending education session on handling resident concerns 100% of all concerns raised by resident are responded within 6 to 10 days Resident information session completed by June 30, 2018 100% of the competent residents are involved in care plan review and discussion
Progress Report for the May 2017 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							
Progress Report for the Aug 2017 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							

Progress Report for the Nov 2017 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							
Progress Report for the Feb 2018 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							
Resident Centred: Receiving and utilizing feedback regarding resident experience and quality of life. "Overall Satisfaction"	% residents responding positively to: "Would you recommend this nursing home to others?" (NHCAHPS)	97.0% Last Year 96.1%	More than 90.0%	Same as or better than divisional performance ON Avg. NA YH Avg. 93.3%	Enhance resident / family knowledge on Yee Hong services	<ul style="list-style-type: none"> • Coordinate with resident, family and Management team, to set up orientation meeting after admission team conference • Provide information on YH's services, resources and limitation, • Provide opportunities for new resident/ families to ask question and to provide answers 	# of new admission team conference per quarter # of resident/ family attending new admission orientation meeting	Resident/family understand and hold a realistic expectation about the care and service through the new admission orientation meeting with resident and family.
Progress Report for the May 2017 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							
Progress Report for the Aug 2017 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							
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Progress Report for the Feb 2018 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							
Integrated: To Reduce Potentially Avoidable Emergency Department Visits	# emergency department (ED) visits for modified list of ambulatory care sensitive conditions* (ACSC) per 100 long-term care residents	12.8 Last Year 20.4	Less than 18.4	Same as or better than corporate performance ON Avg. 23.6 YH Avg. 18.4 HQO NA	1) Increase utilization of NP/STAT consultation at resident condition changes to provide timely in-house treatment and management	<ul style="list-style-type: none"> Reinforce staff knowledge on avoidable ED transfer 'ambulatory care sensitive conditions' definition and preventive strategies Proactive NP consultation for resident condition change to reduce ED transfer for resident with ambulatory care sensitive conditions 	# of residents transferred out to hospital ED with ambulatory care sensitive conditions each month # of NP consultation for residents with condition changes each quarter	Increase awareness of preventable ED transfer with ambulatory care sensitive condition to reduce number of avoidable emergency department visit # of ED transfer will be decreased 10% by Dec 2017
		2) Discuss advance care planning with capable residents and goals of care with SDM	<ul style="list-style-type: none"> Inter-professional staff discuss with residents/SDM to establish his/her advance care planning/ goals of care on admission, review at annual care conference, with significant change of conditions and at palliative care team meeting Revised PCC assessment 'Interdisciplinary Care Conference' template to <ul style="list-style-type: none"> prompt staff to initiate advance care planning / goal of care at annual team conference include text box for the 	# of newly admitted residents with discussion of advance care planning and documented in PCC 'Advance Care Planning' progress note template # of care conferences or palliative care team meetings held to discuss goals of care with resident/ SDM at significant condition changes	100% of resident will have advance care planning / goal of care discussion and documented in PCC progress note Advance care planning template or Interdisciplinary Care Conference template			

						documentation of advance care planning / goal of care discussion		
					3) Improve staff skills and confidence in applying knowledge and technologies for residents to reduce ED transfer	<ul style="list-style-type: none"> Collaborate with NP to coach and improve staff skills and knowledge in hypodermoclysis therapy, change of G-tube Explore and work with vendor and NP for the possibility of IV antibiotic therapy in Home 	# of residents on hypodermoclysis therapy per each quarter # of residents with IV antibiotic therapy in house per quarter # of residents with G-tube change in-house per each quarter	Improved staff knowledge and skill for in house treatment and intervention to reduce number ED transfer Decrease occurrence of ED transfer due to dehydration or G-Tube changes
					4) Education to resident, family about avoidable ED visit	Co-ordinate with NP to provide information and education sessions to resident, family at Family Council, Resident Council about avoidable ED visit	# of information sessions completed by June 30, 2017	Resident and family will have knowledge and information regarding avoidable ED transfer
Progress Report for the May 2017 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							
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Enter summary here:								
Resident-Centred: Timely acknowledgement of complaints	% of complaints acknowledged to the resident who made a complaint within 6 to 10 business days	100% Most recent 12-month period	100%	YH Avg. 100%	1. Review existing reporting system	<ul style="list-style-type: none"> review Yee Hong policies review LTC Home Act requirement 	# policies reviewed according to LTC Act	policies review completed by March 31, 2018
					2. Communication and education to staff	<ul style="list-style-type: none"> review and communicate with staff about concern / complaint handling process according to Yee Hong policies and LTC Home Act 	# of review sessions for staff	completed by June 30, 2018
					3. Concern and complaint handling	<ul style="list-style-type: none"> Staff education on handling resident concerns or voice out Timely acknowledgement of concern / complaints received Timely response to resident / family suggestions / concerns / complaints 	# of education sessions for staff on handling resident concern or voice out # of concerns / complaints acknowledged within one business day # of responses to concerns / complaints within 10 day time line	100% of all concerns / complaints raised by resident are responded within 10 days
					4. tracking and documentation of concern / complaints	<ul style="list-style-type: none"> review existing tool for tracking and documentation 	# of concern / complaints received # of concern / complaints documented	100% documentation of concerns / complaints received
Progress Report for the May 2017 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							

Progress Report for the Aug 2017 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							
Progress Report for the Nov 2017 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							
Progress Report for the Feb 2018 CQC	Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no If Yes, specify: Enter summary here:							
Safety: To Reduce Falls	% residents who had a recent fall (in the last 30 days)	7.8% Last year 9.84%	Less than 9%	Same as or better than HQO Benchmark ON Avg. 14.8% YH Avg. 8.2% HQO 9%	Effective implementation of fall prevention strategies, number of fall reduces 17% compared Q3 2015 to Q3 2016. Continue to maintain current practices and closely monitor	NA	NA	NA
Safety: To Reduce Worsening of Pressure Ulcers	% residents who had a pressure ulcer that recently got worse	1.6% Last Year 1.8%	Less than 1%	Same as or better than HQO Benchmark ON Avg. 3.2% YH Avg. 2.2% HQO 1%	Performed better than Ontario average and near to the HQO Benchmark, continue to maintain current practices and closely monitor	NA	NA	NA
Safety: To Reduce the Use of Restraints	% residents who were physically restrained (daily)	3.8% Last Year 4.8%	Less than 3%	Same as or better than HQO Benchmark ON Avg. 5.7% YH Avg. 3.1% HQO 3%	Performed better than Ontario average and near to the HQO Benchmark, continue to maintain current practices and closely monitor	NA	NA	NA
Effectiveness: To Reduce Worsening Bladder Control	% residents with worsening bladder control during a 90-day period	5.5% Last Year 12.2%	Less than 12%	Same as or better than HQO Benchmark ON Avg. 17.3% YH Avg. 9.3%	Yee Hong McNicoll is performing well for this indicator. Continue to maintain current practices and closely monitor	NA	NA	NA

				HQO 12%				
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**Yee Hong Centre
For Geriatric Care**

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Yee Hong Centre for Geriatric Care – **McNicoll Division**: Quality Improvement Plan 2017/18 Progress Report

Quality Dimension & Objective	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas
Effectiveness: To Reduce the Inappropriate Use of Anti psychotics in LTC This Year: 17.6 Last Year: 19.0 Target: <16.2	5. Review all residents on antipsychotics medication and determine if there are indications for psychotropic medication use	<ul style="list-style-type: none"> Review resident files, CIHI data, pharmacy reports to collect data 	# of residents on antipsychotics with supporting diagnosis / symptoms # of residents on antipsychotics with no supporting diagnosis / symptoms # of residents admitted with antipsychotic medication at time of admission # of residents on antipsychotics with clear indication for its use on target symptoms	Complete review resident by June 30, 2017
	6. Review appropriate use of antipsychotic medication use	<ul style="list-style-type: none"> Monitor appropriate use of antipsychotic medication Explore audit / tracking tools for monitoring use of antipsychotic Establish 'process map' to guide nursing staff to monitor residents with antipsychotic medication prescribed 	# of residents being monitor with new, changed or discontinued use of antipsychotic medications # of residents with new / worsen behaviors being prescribed with antipsychotic medications	<ul style="list-style-type: none"> 100% of residents who are on antipsychotic medications are being monitored All resident on antipsychotic medication will have its effect / side effect monitor and document

	7. Engage residents with responsive behaviors in non-pharmacological programs and/or interventions	<ul style="list-style-type: none"> Work with resident, family and the care team to develop individualized interventions and activity program for the management of responsive behavioral 	<p># of non-pharmacological programs scheduled to engage residents with responsive behaviors</p> <p># of residents who has individualize focus and non-pharmacological interventions to manage responsive behavior in the care plan</p>	<p># of residents engaged in scheduled activity programs will be increased by 10 % at end of Dec. 2017</p> <p>100% of residents with responsive behaviors have individualized non-pharmacological interventions in the care plan</p>
	8. Enhance staff knowledge on antipsychotic medication use and non-pharmacological intervention	<ul style="list-style-type: none"> Implementation of Central East LHIN Behavioral Supports Ontario Intervention Tool Kit on the management of responsive behavior Utilization of information fact sheets from MediSystem Therapeutic Toolkit on Behavior Management Co-ordinate with pharmacist to deliver education in separate sessions to registered staff, PSW and activation workers on antipsychotic medication 	<p># of staff attended BSO Intervention Tool Kit information sessions</p> <p># of monitoring tools or fact sheets use to manage responsive behavior</p> <p># of education sessions provided by pharmacist on antipsychotic medications to RN, RPN PSW, activation workers</p>	<p>100% of staff attended the BSO Intervention Tool Kit information sessions</p> <p>100% of staff attended the education sessions on antipsychotic medications by pharmacist by Sept. 2017</p>
2017 May Progress Report	<p>1. Collect data</p> <ul style="list-style-type: none"> # of resident on antipsychotic medication = 31 # of resident on antipsychotics with supporting diagnosis / symptoms = 5/31 = 16% # of resident on antipsychotics with not supporting diagnosis / symptoms = 26/31 = 84% # of resident admitted with antipsychotic medication at time of admission = 12/31 = 38.7% # of resident on antipsychotics with clear indication for its use on target symptoms = 4/31 = 12.9% <p>2. Review appropriate use</p> <ul style="list-style-type: none"> BSO RPN to review monthly pharmacy report on antipsychotic use Adopt 'Psychotropic Drug Monitoring Tool' form from Finch starting May 1, 2017, to monitor new or changed antipsychotic use and effectiveness Next step to perform case review at BSO meeting and communicate with attending physician to <ul style="list-style-type: none"> review appropriate use of antipsychotic medication add clear indication / diagnosis / symptoms for antipsychotic medication use <p>3. Pending co-ordination with interdisciplinary for non-pharmacological interventions</p> <p>4. Enhance staff knowledge</p> <ul style="list-style-type: none"> 4 education sessions provided by pharmacist on 'The use of psychotropic medication in LTC' – 2 sessions for RN, RPN and 2 separate sessions for PSW total attendance for the 4 sessions = 60 Implementation of CELHIN BSO Intervention Toolkit on Behavior Management by Late Career Nurse January and February 2017, total 8 sessions (10:45am – 11:15am and 3:45pm – 4:15pm), total attendance 57 (RN 12%, RPN 39%, PSW 49%). 			
2017 August Progress Report	<p>1. Review all residents on antipsychotics medications</p> <ul style="list-style-type: none"> # of resident on antipsychotic medication (Apr to June) = 33 # of resident on antipsychotics with supporting diagnosis / symptoms = 14/33 = 42% # of resident on antipsychotics without supporting diagnosis / symptoms = 19/33 = 58% 			

	<ul style="list-style-type: none"> • # of resident admitted with antipsychotic medication at time of admission = 12/33 = 36% • # of resident on antipsychotics with clear indication for its use on target symptoms = 4/33 = 12% <p>2. Review appropriate use of antipsychotic medication use</p> <ul style="list-style-type: none"> • BSO RPN review monthly pharmacy report on antipsychotic use on an ongoing basis • # of cases have been used 'Psychotropic Drug Monitoring Tool' to monitor new or changed antipsychotic use and the effectiveness = 10 • # of cases have been reviewed at BSO meeting = 3 • # of cases have been communicated with attending physician to review appropriate use of antipsychotic medication = 2 <p>3. Engage residents with responsive behaviors in non-pharmacological programs and/or interventions</p> <ul style="list-style-type: none"> • # of residents who has individualized focus and non-pharmacological interventions to manage responsive behavior in the care plan = Apr 32, May 33, June 33
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2017 November Progress Report	<p>1. Review all residents on antipsychotics medications</p> <ul style="list-style-type: none"> • # of resident on antipsychotic medication July = 33, Aug =35, Sep = 36 (slightly increasing from July to Sep due to new admission resident come along with antipsychotic and residents exhibit new behavior issues) • # of resident on antipsychotics with supporting diagnosis / symptoms = 14/36 = 39% • # of resident on antipsychotics without supporting diagnosis / symptoms = 22/36 = 61% • # of resident admitted with antipsychotic medication at time of admission = 20/36 = 56% • # of resident on antipsychotics with clear indication for its use on target symptoms = 7/36 = 12% <p>2. Review appropriate use of antipsychotic medication use</p> <ul style="list-style-type: none"> • BSO RPN review monthly pharmacy report on antipsychotic use on an ongoing basis • # of cases have been used 'Psychotropic Drug Monitoring Tool' to monitor new or changed antipsychotic use and the effectiveness = 15 • # of cases have been reviewed at BSO meeting = 3 • # of cases have been communicated with attending physician to review appropriate use of antipsychotic medication = 2 <p>3. Engage residents with responsive behaviors in non-pharmacological programs and/or interventions</p> <ul style="list-style-type: none"> • # of residents who has individualized focus and non-pharmacological interventions to manage responsive behavior in the care plan = July 34, Aug 35, Sep 29 <p>4. Improvement result showed in CIHI clinical indicator: Take antipsychotics without a diagnosis of psychosis (the lower the better)</p> <table border="1" data-bbox="417 867 1663 961"> <thead> <tr> <th>Jul-Sep 2015</th> <th>Oct-Dec 2015</th> <th>Jan-Mar 2016</th> <th>Apr-Jun 2016</th> <th>Jul-Sep 2016</th> <th>Oct-Dec 2016</th> <th>Jan-Mar 2017</th> <th>Apr-Jun 2017</th> </tr> </thead> <tbody> <tr> <td>20.8%</td> <td>21.5%</td> <td>22.5%</td> <td>21.2%</td> <td>19.0%</td> <td>17.5%</td> <td>14.5%</td> <td>13.7%</td> </tr> </tbody> </table>	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	20.8%	21.5%	22.5%	21.2%	19.0%	17.5%	14.5%	13.7%
Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017										
20.8%	21.5%	22.5%	21.2%	19.0%	17.5%	14.5%	13.7%										

2018 February Progress Report	<p>1. Review resident on antipsychotic medication Q4 2017</p> <ul style="list-style-type: none"> • # of resident on antipsychotic medication = Oct 35, Nov 35, Dec 35 = 22.6% • # of resident on antipsychotics with supporting diagnosis / symptoms =11 /35 = 31.4% • # of resident on antipsychotics without supporting diagnosis / symptoms = 24/35 =68.5 % • # of resident admitted with antipsychotic medication at time of admission = 18/35 =51.4 % • # of resident on antipsychotics with clear indication for its use on target symptoms =6 / 35= 17% <p>2. Review appropriate use of antipsychotic medication use</p> <ul style="list-style-type: none"> • BSO RPN review monthly pharmacy report on antipsychotic use on an ongoing basis • # of cases use 'Psychotropic Drug Monitoring Tool' form to monitor new or changed antipsychotic use and the effectiveness: 12 • # of cases reviewed at BSO meeting: 2 • # of cases communicated with attending physician to review appropriate use of antipsychotic medication: 0 • add clear indication / diagnosis / symptoms for antipsychotic medication use: put a note on each doctor round binder to remind doctor writing indications for orders
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3. Take antipsychotics without a diagnosis of psychosis (the lower the better) – CIHI data

	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
McN	21.5%	22.5%	21.2%	19.0%	17.5%	14.5%	13.7%	15.3%
MKH	13.7%	14.7%	16.2%	16.6%	17.1%	17.4%	18.4%	19.2%
MSS	16.9%	16.9%	17.1%	17.7%	18.3%	18.0%	17.6%	15.8%
FCH	19.6%	19.2%	20.2%	20.5%	20.4%	20.4%	19.8%	19.1%
Corporate	18.1%	18.4%	18.8%	18.7%	18.5%	17.9%	17.7%	17.7%
Prov	24.2%	23.0%	22.2%	21.5%	21.0%	20.5%	20.3%	20.1%
Standard	19.4%	19.4%	19.4%	19.4%	19.4%	19.4%	19.4%	19.4%
HQO	NA	NA	NA	NA	NA	NA	NA	NA
Forefront	NA	NA	NA	NA	NA	NA	NA	NA

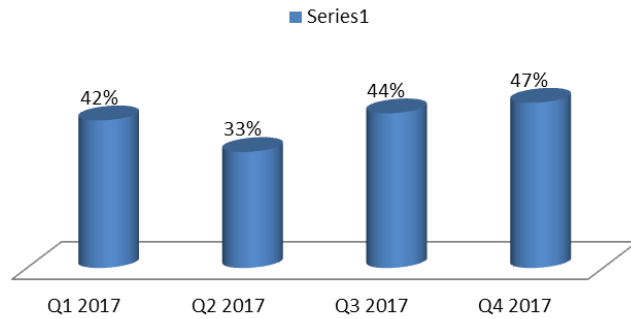
4. Meet the target goal < 16.2 and performed better than corporate average and standard. Will continue work on this indicator for 2018 for improvement in quality care service to resident

Quality Dimension & Objective	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas
Integrated: To Reduce Potentially Avoidable Emergency Department Visits This Year: 12.8 Last Year: 20.4 Target:<18.4	1) Increase utilization of NPSTAT consultation at resident condition changes to provide timely in-house treatment and management	<ul style="list-style-type: none"> Reinforce staff knowledge on avoidable ED transfer 'ambulatory care sensitive conditions' definition and preventive strategies Proactive NP consultation for resident condition change to reduce ED transfer for resident with ambulatory care sensitive conditions 	# of residents transferred out to hospital ED with ambulatory care sensitive conditions each month # of NP consultation for residents with condition changes each quarter	Increase awareness of preventable ED transfer with ambulatory care sensitive condition to reduce number of avoidable emergency department visit # of ED transfer will be decreased 10% by Dec 2017
	2) Discuss advance care planning with capable residents and goals of care with SDM	<ul style="list-style-type: none"> Inter-professional staff discuss with residents/SDM to establish his/her advance care planning/ goals of care on admission, review at annual care conference, with significant change of conditions and at palliative care team meeting 	# of newly admitted residents with discussion of advance care planning and documented in PCC 'Advance Care	100% of resident will have advance care planning / goal of care discussion and documented in PCC progress note

		<ul style="list-style-type: none"> Revised PCC assessment ' Interdisciplinary Care Conference' template to <ul style="list-style-type: none"> prompt staff to initiate advance care planning / goal of care at annual team conference include text box for the documentation of advance care planning / goal of care discussion 	Planning' progress note template # of care conferences or palliative care team meetings held to discuss goals of care with resident/ SDM at significant condition changes	Advance care planning template or Interdisciplinary Care Conference template
	3) Improve staff skills and confidence in applying knowledge and technologies for residents to reduce ED transfer	<ul style="list-style-type: none"> Collaborate with NP to coach and improve staff skills and knowledge in hypodermoclysis therapy, change of G-tube Explore and work with vendor and NP for the possibility of IV antibiotic therapy in Home 	# of residents on hypodermoclysis therapy per each quarter # of residents with IV antibiotic therapy in house per quarter # of residents with G-tube change in-house per each quarter	Improved staff knowledge and skill for in house treatment and intervention to reduce number ED transfer Decrease occurrence of ED transfer due to dehydration or G-Tube changes
	4) Education to resident, family about avoidable ED visit	Co-ordinate with NP to provide Information and education sessions to resident, family at Family Council, Resident Council about avoidable ED visit	# of information sessions completed by June 30, 2017	Resident and family will have knowledge and information regarding avoidable ED transfer
2017 May Progress Report	1. Reviewed with staff 'What is ambulatory care sensitive conditions' at February 22, 2017 Nursing Department meeting Q1 (Jan-Mar) 2017 <ul style="list-style-type: none"> # of resident transferred out to hospital ED with ambulatory case sensitive condition each month - Jan 2, Feb 4, Mar 2 (5 pneumonia, 1 dehydration, 1 asthma, 1 sepsis) <ul style="list-style-type: none"> total number of resident transfer out to hospital ED – 19 Out of these 8 resident with ambulatory care sensitive condition, only one seen by NP before transferred out # of NP consultation for resident with condition change each quarter – 21 2. Advance care planning discussion <ul style="list-style-type: none"> pending policy clarification on 'advance care planning' vs 'goal of care' suggest add text boxes and selection to PCC Team Conference for advance care planning / goal of care discussion 3. Enhance staff skill <ul style="list-style-type: none"> NP provided one education session to RN / RPN on Lupron injection # of resident on hypodermoclysis – 4 # of resident with G-tube change in-house – 3 (+ one resident to hospital during this quarter for change of PEG tube) no resident with IV antibiotic therapy 4. Pending co-ordination of NP for resident and family education			


2017 August Progress Report	<ol style="list-style-type: none"> 1. Reviewed with staff the quarter 2 ED transfer statistics at nursing department meeting on July 19, 2017 Q2 (Apr-June) 2017 <ul style="list-style-type: none"> • # of resident transferred out to hospital ED with ambulatory case sensitive condition each month – April 1, May 2, and June 2. Totally 5 are ambulatory care sensitive condition based on return diagnosis from hospital. There are 2 Pneumonia; 3 Dehydration (the same resident sent out due to dehydration for 3 times). <ul style="list-style-type: none"> - total number of resident transfer out to hospital ED – 15 - 3 residents of the 15 has been seen by NP prior to transferring out • # of NP consultation for resident with condition change each quarter – 12 2. Advance care planning discussion <ul style="list-style-type: none"> • pending policy clarification on ‘advance care planning’ vs ‘goal of care’ • PCC Team Conference template has been revised that includes text boxes of goals of care discussion. 3. Enhancing staff skill <ul style="list-style-type: none"> • # of resident on hypodermoclysis – 12 • # of resident with G-tube change in-house – 4 • no resident with IV antibiotic therapy 4. Will work with NP to provide education to residents and families on avoidable ED Transfer.
2017 November Progress Report	<ol style="list-style-type: none"> 1. Will review with staff the quarter 3 ED transfer statistics at nursing department meeting in November staff meeting Q3 (July - Sep) 2017 <ul style="list-style-type: none"> • # of resident transferred out to hospital ED with ambulatory case sensitive condition each month – July 2, Aug 6, and Sep 3. 11 are ambulatory care sensitive condition based on return diagnosis from hospital. They are: 5 Pneumonia; 5 injuries from fall (only one hospitalized, the other 4 returned on the same day after investigation) 1 Sepsis. <ul style="list-style-type: none"> - total number of resident transfer out to hospital ED – 25 - 4 residents of the 25 transfers have been seen by NP prior to transferring out • # of NP consultation for resident with condition change each quarter – 7 2. Advance care planning and goals of care discussion <ul style="list-style-type: none"> • For new admission conducted by social worker: 1 • Plan of care and goals of care discussion: 32 • Will talk this QI plan in upcoming family and resident council meeting. 3. Enhancing staff skill <ul style="list-style-type: none"> • # of resident on hypodermoclysis – 5 (one resident has this as regular order for hydration) • # of resident with G-tube change in-house – 1 • no resident with IV antibiotic therapy • one resident returned with PICC line, removed by NP as not use for treatment purpose.
2018 February Progress Report	<ol style="list-style-type: none"> 5. Reviewed with staff quarter 4 ED transfer statistics at January 2018 nursing department meeting Q4 2017 <ul style="list-style-type: none"> • Total 15 emergency transfers during this quarter • Among these 15 transfers, 7 of the 15 are ambulatory care sensitive condition based on return diagnosis from hospital. They are: 4 Pneumonia; 1 injuries from fall (head injury), 1 Sepsis. 5. Of this 15, no residents had been assessed by NP prior to transfer. 2. Total resident transfer 2017 – 74, resident with ambulatory care sensitive condition 31 = 42%

% of resident transfer with ambulatory care sensitive diagnosis



3. Avoidable ED transfer data insignificant, completed 'To Reduce Potentially Avoidable Emergency Department Visits' indicator, will continue strategies developed and monitoring of resident ED transfer

Other Quality Indicators	Analysis						
Efficiency Indicator	Internal Trending						
% Potentially avoidable ED visits per 100 ED visits (the lower the better)	<input checked="" type="checkbox"/> Green			<input type="checkbox"/> Red			
	<input type="checkbox"/> Yellow			<input checked="" type="checkbox"/> Yellow			
	<input type="checkbox"/> Red			<input type="checkbox"/> Green			
	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017
McN	3.2	5.2	-	-	-	5.0	-
MKH	6.4	5.4	7.2	5.9	5.7	6.8	
MSS	9.3	7.2	7.1	4.4	6.1	3.3	
FCH	2.7	3.9	5.7	4.9	3.5	2.4	
Corp Avg	5.4	5.4	5.0	3.8	3.83	4.38	
Ontario Avg	7.6	7.2	7.3	7.5	7.7	7.2	

Quality Dimension & Objective	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas						
<p>Resident-Centred: Receiving and utilizing feedback regarding resident experience and quality of life. "Having a voice".</p> <p>Staff listen to you This Year: 38.5% Last Year 45.5% Target: >45.5%</p> <p>Not afraid to speak up: This Year 47.2% Last Year: 56.8% Target: >56.8%</p>	<p>Enhance staff effective communication skill</p> <p>Review with staff proper procedure of how to handle and response process to resident concern</p>	<ul style="list-style-type: none"> • Provide staff education on communication skill • Encourage staff sit with resident, talk and take time to listen to resident during downtime • Develop a list of 5 most wanted and unwanted behaviors in the staff's interactions with residents for staff education <ul style="list-style-type: none"> • Staff education on handling resident concerns or voice out • Timely response to resident / family suggestions / concern • Communicate and educate residents with <ul style="list-style-type: none"> ○ privacy and confidentiality practices ○ home investigation processes in responding to concern being brought up • invite competent resident in care plan discussion to identify preference, needs 	<p># of education session on communication skills</p> <p>Collect feedback at bi-monthly nursing department meeting about talking to resident during downtime</p> <p>Review and revise 'wanted' and 'unwanted' list every 6 months</p> <p># of education sessions for staff on handling resident concern or voice out</p> <p># of responses to resident concerns within 10 day time line</p> <p># of information session held with residents on privacy, confidentiality and concern response process</p> <p># of progress note documentation indicated care plan review / discussion with resident</p>	<p>100% of staff attending communication skill education session</p> <p>Utilization of the 'wanted and unwanted' list as reminder for staff education</p> <p>100% staff attending education session on handling resident concerns</p> <p>100% of all concerns raised by resident are responded within 10 days</p> <p>Resident information session completed by June 30, 2017</p> <p>100% of the competent residents are involved in care plan review and discussion</p>						
<p>2017 May Progress Report</p>	<ul style="list-style-type: none"> • communication and collect feedback at February Nursing Department meeting and floor meeting on <ul style="list-style-type: none"> - customer service principles - 5 wanted and unwanted behavior  <p>Customer Services - 5 wanted and unwanted</p> <ul style="list-style-type: none"> • pending discussion to include customer service training, resident concern handling at annual staff training • co-ordinate information session to resident at coming June Resident Council Meeting 									
<p>2017 August Progress Report</p>	<ul style="list-style-type: none"> • 4 education sessions offered to staff on 5 wanted and unwanted behavior during annual training through video presentation and discussion 									
<p>2017 November Progress Report</p>	<ul style="list-style-type: none"> • 5 Wanted and Unwanted Behavior reviewed and discussed with staff at September 27, Nursing Department Meeting • Resident Satisfaction Survey result with improvement seen in question 19 - Can you express your opinion without fear of consequences? (answer No) <table border="1" data-bbox="527 1430 869 1521"> <tr> <td>2015</td> <td>56.76%</td> </tr> <tr> <td>2016</td> <td>47.22%</td> </tr> <tr> <td>2017</td> <td>90.00%</td> </tr> </table>				2015	56.76%	2016	47.22%	2017	90.00%
2015	56.76%									
2016	47.22%									
2017	90.00%									

2018 February Progress Report	<ul style="list-style-type: none"> Resident Satisfaction Survey result question ‘What number would you use to rate how well the staff listen to you?’ (Positive indicators are ratings of 9 & 10 on a 1 to 10 scale) - 43.4% with improvement compared to 2016 38.5%, still under target 45.5% <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>2015</td><td>45.5%</td></tr> <tr><td>2016</td><td>38.5%</td></tr> <tr><td>2017</td><td>43.4%</td></tr> <tr><td>Target</td><td>>45.5%</td></tr> </table> <ul style="list-style-type: none"> Improvement seen in Resident Satisfaction Survey result ‘Can you express your opinion without fear of consequences?’ <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>2015</td><td>56.76%</td></tr> <tr><td>2016</td><td>47.22%</td></tr> <tr><td>2017</td><td>90.00%</td></tr> <tr><td>Target</td><td>>56.8%</td></tr> </table> <ul style="list-style-type: none"> will continue work on customer service training and reminder for staff 	2015	45.5%	2016	38.5%	2017	43.4%	Target	>45.5%	2015	56.76%	2016	47.22%	2017	90.00%	Target	>56.8%
2015	45.5%																
2016	38.5%																
2017	43.4%																
Target	>45.5%																
2015	56.76%																
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2017	90.00%																
Target	>56.8%																

Quality Dimension & Objective	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas
Resident Centred: Receiving and utilizing feedback regarding resident experience and quality of life. "Overall Satisfaction" This Year: 88.9% Last Year 72.2% Target: >90.0%	Enhance resident / family knowledge on Yee Hong services	<ul style="list-style-type: none"> Coordinate with resident, family and Management team, to set up orientation meeting after admission team conference Provide information on YH’s services, resources and limitation, Provide opportunities for new resident/ families to ask question and to provide answers 	# of new admission team conference per quarter # of resident/ family attending new admission orientation meeting	Resident/family understand and hold a realistic expectation about the care and service through the new admission orientation meeting with resident and family.
2017 May Progress Report	<ul style="list-style-type: none"> Q1 2017 – 7 new admissions starting orientation meeting after admission team conference 			
2017 August Progress Report	<ul style="list-style-type: none"> Provide orientation to new admission residents on an going basis 			
2017 November Progress Report	<ul style="list-style-type: none"> Family Satisfaction Survey <ul style="list-style-type: none"> completed August 31, 2017 with total of 49 participants positive feedbacks from family, all questions response rate over 8 (1 – 10) 			

	<ul style="list-style-type: none"> • Resident Satisfaction Survey with following questions response rate below 70%, will develop follow up action plan for improvement <ul style="list-style-type: none"> 4) Are you able to participate in making decisions regarding food choices/preferences? 69% 10) Do you choose when and how to bathe? 56.6% 18) What number would you use to rate how well the staff listen to you? 43.4% 25) Are there activities in the evenings? 52.6% 39) Is (Are) the item(s) still missing? 33.3% 49) Do you feel there is enough staff available to make sure you get the care and assistance you need without having to wait a long time? 62.5% 51) Do you have any eating/chewing problems (could be due to no teeth, missing teeth, oral lesions, broken or loose teeth)? (answer No) 64.3%
2018 February Progress Report	<ul style="list-style-type: none"> • Resident Satisfaction Survey follow up action plan developed <ul style="list-style-type: none"> - communicated with staff survey result - reviewed and remind staff proper procedure of care services, communication, customer service principles • Continue work on orientation to new admission resident and family