



| Aim   | Measure  | Current performance         | Target          | Target justification   | Change Ideas  | Methods  | Process measures   | Goal for change ideas                                     |
|---|--|-----------------------------|-----------------|--|---|--|--|---|
| <b>Quality Dimension &amp; Objective</b>  | <b>Measure/Indicator</b>   | <b>Current performance</b>  | <b>Target</b>   | <b>Target justification</b>  | <b>Planned improvement initiatives (Change Ideas)</b>   | <b>Methods</b>   | <b>Process measures</b>  | <b>Goal for change ideas</b>                              |
| <b>Effectiveness: To Reduce the Inappropriate Use of Anti psychotics in LTC</b>   | % residents on antipsychotics without a diagnosis of psychosis   | 17.8%                       | Less than 17.5% | Same as or better than provincial performance                                    |   |  |  |   |
|   |  | Last Year 17.5%             |                 | ON Avg. 20.4%<br>YH Avg. 17.7%<br>HQO NA   |   |  |  |   |
|   |  |                             |                 |  |   |  |  |   |
|   |  |                             |                 |  |   |  |  |   |
| <b>Progress Report for the May 2018 CQC</b>   | Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here:    |                             |                 |  |   |  |  |   |
| <b>Progress Report for the Aug 2018 CQC</b>   | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                             |                 |  |   |  |  |   |
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| <b>Progress Report for the Feb 2019 CQC</b>   | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                             |                 |  |   |  |  |   |
| <b>Resident-Centred: Receiving and utilizing feedback regarding resident experience and quality of life. "Having a voice". "how well the staff listen to you"</b> | % residents responding positively to: "What number would you use to rate how well the staff listen to you?" (NHCAHPS)                                    | 100%<br><br>Last Year 56.4% | More than 99%   | Same as or better than divisional performance<br><br>ON Avg. NA<br>YH Avg. 99.2% | 1) Continue to promote customer service framework and training material that align with our Yee Hong Values | <ul style="list-style-type: none"> <li>Collect feedback from staff and residents monthly on Customer service. Include positive feedback in staff's performance review</li> <li>Collect feedback and add to the compliment template lead by SW</li> </ul> | Collect feedback from staffs and residents monthly via floor meeting and residents by activation staff | Receive 100% customer service satisfaction from Residents |

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|  |  |                             |               |  | 2)Enhance staff communication skills     | Provide education to staff on communication skills   | # of education session on communication skills provided to staff                      | 100% of staff attend communication skills education sessions by December 2018 |
|  |  |                             |               |  | 3) Involve residents in the plan of care | Invite residents who are competent in care plan discussion to identify their needs and preferences | # of progress note documentation indicate care plan review /discussion with residents | 100% of residents who are capable participate in their plan of care           |
| <b>Progress Report for the May 2018 CQC</b>  | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                             |               |  |  |  |   |   |
| <b>Progress Report for the Aug 2018 CQC</b>  | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                             |               |  |  |  |   |   |
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| <b>Progress Report for the Feb 2019 CQC</b>  | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                             |               |  |  |  |   |   |
| <b>Being able to speak up about the home “can express opinion without fear of consequences</b> | % of residents responding positively to: "I can express my opinion without fear of consequences." (InterRAI QoL)   | 100%<br><br>Last Year 62.5% | More than 95% | Same as or better than divisional performance<br><br>ON Avg. NA<br>YH Avg. 97.5% |  |  |   |   |
| <b>Progress Report for the May 2018 CQC</b>  | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                             |               |  |  |  |   |   |

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| <b>Progress Report for the Aug 2018 CQC</b>  | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                                |                    |  |  |  |  |  |
| <b>Progress Report for the Nov 2018 CQC</b>  | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                                |                    |  |  |  |  |  |
| <b>Progress Report for the Feb 2019 CQC</b>  | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                                |                    |  |  |  |  |  |
| <b>Resident Centred: Receiving and utilizing feedback regarding resident experience and quality of life. "Overall Satisfaction" "Would recommend YH to others"</b> | % residents responding positively to: "Would you recommend this nursing home to others?" (NHCAHPS)   | 100%<br><br>Last Year<br>92.5% | More than<br>99.0% | Same as or better than divisional performance<br><br>ON Avg. NA<br>YH Avg. 99.1% |  |  |  |  |
| <b>Progress Report for the May 2018 CQC</b>  | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                                |                    |  |  |  |  |  |
| <b>Progress Report for the Aug 2018 CQC</b>  | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                                |                    |  |  |  |  |  |
| <b>Progress Report for the Nov 2018 CQC</b>  | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                                |                    |  |  |  |  |  |

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| <b>Progress Report for the Feb 2019 CQC</b>                                    | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                               |                 |  |  |  |  |  |
| <b>Integrated: To Reduce Potentially Avoidable Emergency Department Visits</b> | # emergency department (ED) visits for modified list of ambulatory care sensitive conditions* (ACSC) per 100 long-term care residents                    | 13.5<br><br>Last Year<br>17.5 | Less than<br>15 | Same as or better than corporate performance<br><br>ON Avg. 23.7<br>YH Avg. 16.9<br>HQO NA |  |  |  |  |
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| <b>Progress Report for the May 2018 CQC</b>                                    | Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here:    |                               |                 |  |  |  |  |  |
| <b>Progress Report for the Aug 2018 CQC</b>                                    | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                               |                 |  |  |  |  |  |
| <b>Progress Report for the Nov 2018 CQC</b>                                    | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                               |                 |  |  |  |  |  |
| <b>Progress Report for the Feb 2019 CQC</b>                                    | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                               |                 |  |  |  |  |  |

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| <b>Resident-Centred: Timely acknowledgement of complaints</b> | % of complaints acknowledged to the resident who made a complaint within 10 business days  | 100%           | 100%           | YH Avg. 100%                            |  |  |  |  |
| <b>Progress Report for the May 2018 CQC</b>                   | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                |                |   |  |  |  |  |
| <b>Progress Report for the Aug 2018 CQC</b>                   | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                |                |   |  |  |  |  |
| <b>Progress Report for the Nov 2018 CQC</b>                   | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                |                |   |  |  |  |  |
| <b>Progress Report for the Feb 2019 CQC</b>                   | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                |                |   |  |  |  |  |
| <b>Safety: To Reduce Falls</b>                                | % residents who had a recent fall (in the last 30 days)  | 8.8%           | Less than 8.5% | Same as or better than HQO Benchmark    |  |  |  |  |
|   |  | Last year 9.7% |                | ON Avg. 15.0%<br>YH Avg. 8.6%<br>HQO 9% |  |  |  |  |
| <b>Progress Report for the May 2018 CQC</b>                   | Performing well? Yes or No: Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here:    |                |                |   |  |  |  |  |

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| <b>Progress Report for the Aug 2018 CQC</b>           | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                            |                |  |  |  |  |   |
| <b>Progress Report for the Nov 2018 CQC</b>           | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                            |                |  |  |  |  |   |
| <b>Progress Report for the Feb 2019 CQC</b>           | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                            |                |  |  |  |  |   |
| <b>Safety: To Reduce Worsening of Pressure Ulcers</b> | % residents who had a pressure ulcer that recently got worse   | 1.9%<br><br>Last Year 1.6% | Less than 1.6% | Same as or better than HQO Benchmark<br><br>ON Avg. 2.7%<br>YH Avg. 1.5%<br>HQO 1% | 1)Conduct root cause analysis when resident has a pressure ulcer that has gotten worse | Increase interprofessional team communication and awareness of residents who has a pressure ulcer or worsened pressure ulcer   | % of resident who has a worsened pressure ulcer will be reviewed by interprofessional team | 100% compliance by December 31 2018   |
|   |  |                            |                |  | 2)Manage skin integrity at the early stage   | <ul style="list-style-type: none"> <li>●Make early referral to wound care champions for prevention and intervention</li> <li>●ET service through Cardinal health or Medical Mart will assess resident who has new pressure ulcer or worsen pressure ulcer or as needed</li> <li>●Residents with skin and wounds are discussed at the floor meeting weekly</li> <li>●High risk for pressure ulcers are discussed at monthly interprofessional meeting</li> <li>●Referral to NP/LHIN wound care specialist for wound care management of complex cases</li> <li>● Make use of the best practice guidelines on pressure injuries to fragile skin such as turning and repositioning frequently</li> </ul> | Decrease# of home acquired pressure ulcer  | 20% reduction of home acquired pressure ulcer during the identified timeframe in six months |

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|   |  |  |  |  |  | ●Use of air mattress, pressure relief/reduction surfaces as appropriated  |   |  |
|   |  |  |  |  | 3)Provide the education to RN/RPN on wound care products   | Education session on wound care products will provided to RN/RPN via educator of Cardinal health or Medical Mart  | #of education session on wound care products provided to RN/RPN   | At least 4 education session will be provided to RN/RPN by September 2018                |
|   |  |  |  |  | 4) Continue interprofessional team meeting monthly to communication and awareness of residents who are at high risk for skin pressure injury/ulcer | Interprofessional team members (nurses, activation, pharmacist, dietitian, PT, and OT, wound care champions) monthly meeting to discuss on how to prevent the pressure ulcer and how to promote wound healing | # of interprofessional team discussions conducted and # of floor meeting held on sharing the intervention | Prevention and intervention has been shared with staff via floor meeting by ADRC monthly |
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| <b>Progress Report for the Aug 2018 CQC</b> | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |  |  |  |  |   |   |  |
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| <b>Progress Report for the Feb 2019 CQC</b>               | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                             |              |  |  |  |  |  |
| <b>Safety: To Reduce the Use of Restraints</b>            | % residents who were physically restrained (daily)   | 4.6%<br><br>Last Year 5.3%  | Less than 4% | Same as or better than HQO Benchmark<br><br>ON Avg. 5.3%<br>YH Avg. 2.4%<br>HQO 3%   |  |  |  |  |
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| <b>Progress Report for the Aug 2018 CQC</b>               | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                             |              |  |  |  |  |  |
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| <b>Progress Report for the Feb 2019 CQC</b>               | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |                             |              |  |  |  |  |  |
| <b>Effectiveness: To Reduce Worsening Bladder Control</b> | % residents with worsening bladder control during a 90-day period  | 7.2%<br><br>Last Year 16.3% | Less than 7% | Same as or better than HQO Benchmark<br><br>ON Avg. 17.3%<br>YH Avg. 5.7%<br>HQO 12% |  |  |  |  |



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| <b>Progress Report<br/>for the Feb 2019<br/>CQC</b> | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: |
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| 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            |
| <b>Safety: To Reduce Falls</b> | % residents who had a recent fall (in the last 30 days) | 10.2%               | Less than 9% | Same as or better than HQO Benchmark<br><br>ON Avg. 14.8%<br>YH Avg. 8.2%<br>HQO 9% | 1)Conduct root cause analysis in post fall huddles            | Staff on duty hold a huddle after each fall incident. The purpose is to investigate root causes in relation to infections, responsive behaviors, worsening bladder continence, etc. Data are analyzed and compared on a monthly and quarterly basis.  | % of post fall huddles completed every quarter                             | 100% compliance by June 30, 2017 |
|                                |   | Last Yr 11.3%       |              |   | 2)Reduce falls through "Falling Star" program                 | Remarks: <ul style="list-style-type: none"> <li>Frequent fallers are residents who fall two times or more in a month.</li> <li>The "falling star" logo will serve as a reminder for the team including families, volunteers and students to take caution and extra attention on the frequent fallers.</li> </ul> Nurse managers send emails to remind staff and inter-professional team of the frequent fallers on a monthly basis. Staff will update "falling star" signs for these residents accordingly.<br><br>Nursing staff will put "Stars" on mobility devices, resident charts, flow sheets and beside room number outside of the room.<br><br>Residents will be discharged from the "falling star" program when there is no fall incident in 3 months. | % of frequent fallers had the "star" status updated correctly every month. | 100% compliance by June 30, 2017 |
|                                |   |                     |              |   | 3)Prevent falls by providing education to staff and residents | Physiotherapy Assistants provide fall prevention exercise education to residents at each floor twice a week   | % of fall prevention exercise education done at each floor                 | 100% compliance by June 30, 2017 |

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|   |  |  |  |  |  | during the morning group exercise classes.<br><br>All staff attend fall prevention program education every year.  | at group exercise classes every month<br><br>% of staff attended fall prevention program education every year         | 100% compliance by December 31, 2017  |
|   |  |  |  |  | 4) Prevent falls by providing education to families  | OT/PT provides education to families through newsletter at least once a year.   | # of fall prevention education done for families every year   | Complete at least one education via newsletter by December 31, 2017                         |
|   |  |  |  |  | 5) Conduct fall prevention safety rounds at specific time frame for frequent fallers or residents at high risk of falls. | Led by the physiotherapist, care team collaborates to identify a list of frequent fallers and residents who are at high risk of falls every month.<br><br>During safety rounds, PSWs use the 4Ps (Pain, Positioning, Placement and Personal Needs) approach on these resident at a time frame when the residents fall most often. | # of fall incidents happened during the identified time frame every month.  | 20% reduction of fall incidents during the identified timeframe in six months.              |
|   |  |  |  |  | 6) Increase interprofessional team communication and awareness of residents who are at high risk for falls.              | Interprofessional team members (activation worker, social worker, PT, and OT) attend floor meetings to discuss fall prevention.<br><br>Nurses use the post-fall team meeting progress note template to document discussion outcomes after each meeting  | # of interprofessional team discussions conducted on fall prevention during floor meetings at each floor every month. | Each floor has at least 2 interprofessional team discussions on fall prevention every month |
| <b>Progress Report for the May 2017 CQC</b> | Performing well? Yes or No: Yes<br>Had additional change idea that was not included in the QIP? Yes or No: No<br>If Yes, specify: Continue interventions as above and introduced 4Ps for safety checks since last quarter of 2016. Will continue to monitor fall incidents.<br><br>Enter summary here: For Q4 2016 falls rate was at 9.1% (same as HQO benchmark and below Provincial average – 15.6%) |  |  |  |  |   |   |   |
| <b>Progress Report for the Aug 2017 CQC</b> | Performing well? Yes or No: Yes<br>Had additional change idea that was not included in the QIP? Yes or No: No<br>If Yes, specify: Continue current practice, floor meetings and monthly interprofessional reviews of those with high risk frequent fallers   |  |  |  |  |   |   |   |

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|   | Enter summary here: Q1 2017 falls rate drop to 8.4% compared to 9.1%. It is still slightly above corporate but lower than HQO (9%) and provincial average (15.7%).  |                            |  |  |  |   |  |                                      |
| <b>Progress Report for the Nov 2017 CQC</b>   | <p>Performing well? Yes or No: Yes</p> <p>Had additional change idea that was not included in the QIP? Yes or No: No</p> <p>If Yes, specify: Continue current practice, floor meetings and monthly interprofessional reviews of those with high risk frequent fallers.</p> <p>Enter summary here: Q2 2017 falls rate drop to 8.2% compared to 8.4%. It is lower than corporate ( 9.1%) , HQO (9%) and provincial average (15.9%).</p>   |                            |  |  |  |   |  |                                      |
| <b>Progress Report for the Feb 2018 CQC</b>   | <p>Performing well? Yes or No: Yes</p> <p>Had additional change idea that was not included in the QIP? Yes or No: No</p> <p>If Yes, specify:</p> <p>Enter summary here: Q3 2017 falls rate continue dropping to 7.8% compared to 8.2%, It is lower than corporate (8.9%) and Provincial (16.0%) and HQO average (9.0%). Continue with current practice, floor meetings and monthly interprofessional reviews of those with high risk frequently fallers.</p>  |                            |  |  |  |   |  |                                      |
| <b>Resident-Centred Care: Receiving and utilizing feedback regarding resident experience and quality of life. "Having a voice".</b> | % residents responding positively to: "What number would you use to rate how well the staff listen to you?" (NHCAHPS)   | 56.4%<br><br>Last Yr 55.3% | More than 56.4%<br><br>Last Yr More than 55.3% | Same as or better than divisional performance<br><br>ON Avg. NA<br>YH Avg. 52.9% | 1) Increase staff awareness on resident-centred care | <p>Annual training for staff on customer service using videos and scenarios to discuss how unwanted behaviours may impact the resident's psychosocial well-being</p> <p>Promote customer service by recognizing staff's positive attitudes and behaviours in staff performance and catching people doing something good.</p> <p>Customer service compliment/concern as part of standing agenda for meetings</p> | % of staff attended annual staff training every year | 100% compliance by December 31, 2017 |
| <b>Progress Report for the May 2017 CQC</b>   | <p>Performing well? Yes or No: Yes</p> <p>Had additional change idea that was not included in the QIP? Yes or No: Yes</p> <p>If Yes, specify: Promote Customer Service for the month of March and April looking at YH value: Respect and to have others give feedback on how staff showed respect to others. Customer Service is part of the standing agendas for all our meetings.</p> <p>Enter summary here: For quarter Jan to Mar 2017, we received 14 written compliments and 1 written concern.</p> |                            |  |  |  |   |  |                                      |
| <b>Progress Report for the Aug 2017 CQC</b>   | <p>Performing well? Yes or No:</p> <p>Had additional change idea that was not included in the QIP? Yes or No: No</p>  |                            |  |  |  |   |  |                                      |

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|   | <p>If Yes, specify: Conducted annual corporate training for all staff which include “wanted and unwanted behaviours” customer service video and other mandatory training (Abuse and whistle blowing protection).</p> <p>Enter summary here: Received 10 written compliments and 1 written concern Q2 2017</p>                     |                            |  |  |   |  |  |   |  |
| <b>Progress Report for the Nov 2017 CQC</b> | <p>Performing well? Yes or No: Yes</p> <p>Had additional change idea that was not included in the QIP? Yes or No: No</p> <p>If Yes, specify: Promote Customer Service for the month of July and Aug looking at YH value: Compassion</p> <p>Enter summary here: Received 2 written compliments and no written concern Q3 2017.</p> |                            |  |  |   |  |  |   |  |
| <b>Progress Report for the Feb 2018 CQC</b> | <p>Performing well? Yes or No: Yes</p> <p>Had additional change idea that was not included in the QIP? Yes or No: No</p> <p>If Yes, specify: Promote Customer Service for the month of Jan 2018 looking at YH value: Team Worker</p> <p>Enter summary here: Received 14 written compliments and 1 writing complaint Q4 2017</p>   |                            |  |  |   |  |  |   |  |
|   | % of residents responding positively to: "I can express my opinion without fear of consequences." (InterRAI QoL)  | 62.5%<br><br>Last Yr 50.0% | More than 62.5%<br><br>Last Yr More than 50.0% | Same as or better than divisional performance<br><br>ON Avg. NA<br>YH Avg. 63.4% | 2) Listen and address to the residents/families concerns and complaints | Reinforce the Resident’s Bill or Rights and whistle blowing policy.<br><br>Inform staff of the investigation process and involve them in the management of resident/family’s concerns<br><br>Apply just culture in the management of concerns/complaints<br><br>Provide regular opportunities for the residents to express their opinions to us – make them feel that their opinions are valuable to us and make it a habit for them to express their opinions to us | # of written compliments and concerns/complaints tracked and shared at the DQC and department meetings every quarter | 100% resident/family written concerns are addressed |  |
| <b>Progress Report for the May 2017 CQC</b> | <p>Performing well? Yes or No: Yes</p> <p>Had additional change idea that was not included in the QIP? Yes or No: no</p> <p>If Yes, specify: Same as above. Corporate training and orientation provided to staff included Resident’s Bill of Rights and Whistle Blowing policy.</p> <p>Enter summary here: Same as above</p>      |                            |  |  |   |  |  |   |  |
| <b>Progress Report for the Aug 2017 CQC</b> | <p>Performing well? Yes or No: Yes</p> <p>Had additional change idea that was not included in the QIP? Yes or No: No</p>  |                            |  |  |   |  |  |   |  |

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|  | If Yes, specify: same as above<br>Enter summary here: Same as above  |                            |  |  |  |   |  |   |
| <b>Progress Report for the Nov 2017 CQC</b>  | Performing well? Yes or No: Yes<br>Had additional change idea that was not included in the QIP? Yes or No: No<br>If Yes, specify:<br><br>Enter summary here: Positive indicators 100% compared 69.4% (2016) on resident Survey on question of "Can you express your opinion without fear of consequences." |                            |  |  |  |   |  |   |
| <b>Progress Report for the Feb 2018 CQC</b>  | Performing well? Yes or No: Yes<br>Had additional change idea that was not included in the QIP? Yes or No: No<br>If Yes, specify:<br><br>Enter summary here: Same as above   |                            |  |  |  |   |  |   |
| <b>Resident Centred Care: Receiving and utilizing feedback regarding resident experience and quality of life. "Overall Satisfaction"</b> | % residents responding positively to: "Would you recommend this nursing home to others?" (NHCAHPS)   | 92.5%<br><br>Last Yr 55.3% | More than 90%<br><br>Last Yr More than 55.3% | Same as or better than Yee Hong performance<br><br>ON Avg. NA<br>YH Avg. 93.3% | 3) Enhance residents' experience by incorporating feedback from resident council meetings                                  | Provide information on care program, encourage resident/family to provide feedback and let them know what we have done with their feedback  | # of programs reviewed at Resident Council meeting per year                          | 100% compliance by December 31, 2017  |
|  |  |                            |  |  | 4) Promote family and resident engagement by providing education on the topic  | Prepare care program information in layperson language, present to members of resident and family councils and seek their feedback<br><br>Translate educational materials and printed in large-size fonts | # of care program information presented to each family and resident council meeting. | Members of Resident and Family Councils satisfied with the information provided and eager to provide suggestions for improvement. |
|  |  |                            |  |  | 6) Simplify the care plan language so residents and families can be better engaged   | Care plan working group to review the current care plans then collaborate with the inter-professional team, residents and families to revise the care plans.  | # of care plans revised every quarter  | 100% of care plans revised by December 31, 2017   |
|  |  |                            |  |  | 7) Draw feedbacks from residents/families of those transferring to another facility and from families of deceased resident | Conduct a resident survey 6 weeks after admission and review at the admission care conference   | # of resident survey and exit interviews conducted                                   | 100% compliance by December 31, 2017  |

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|  |  |                             |   |  |  | Consider conducting follow-up phone calls after resident discharge  |   |  |
| <b>Progress Report for the May 2017 CQC</b>                                    | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: No<br>If Yes, specify:<br><br>Enter summary here: This year we have presented Responsive Behavior Management, Medical Safety Practices, and Continence Care and Bowel Movement at the Resident and Family councils  |                             |   |  |  |   |   |  |
| <b>Progress Report for the Aug 2017 CQC</b>                                    | Performing well? Yes or No:<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br><br>Enter summary here: <u>Sexuality and Intimacy</u> – presented policy to Resident and Family Councils this quarter. Other presentation to Resident and Family Councils include Restorative Nursing Program and Elder Abuse.  |                             |   |  |  |   |   |  |
| <b>Progress Report for the Nov 2017 CQC</b>                                    | Performing well? Yes or No: Yes<br>Had additional change idea that was not included in the QIP? Yes or No: no<br>If Yes, specify:<br>Enter summary here: 100% compare 92.5% (2016) from resident survey which would recommend Yee Hong to her family and friends needs long term care .<br>The Care plan library has been revised and implemented by March 2017. |                             |   |  |  |   |   |  |
| <b>Progress Report for the Feb 2018 CQC</b>                                    | Performing well? Yes or No: Yes<br>Had additional change idea that was not included in the QIP? Yes or No: No<br>If Yes, specify:<br><br>Enter summary here: All care program has been reviewed with residents/families via resident and family council. Continue to encourage RN/RPN to review care plan with residents/families.                               |                             |   |  |  |   |   |  |
| <b>Integrated: To Reduce Potentially Avoidable Emergency Department Visits</b> | # emergency department (ED) visits for modified list of ambulatory care sensitive conditions* (ACSC) per 100 long-term care residents  | 26.9<br><br>Last Yr<br>19.8 | Less than 26.9<br><br>Last Year<br>Less than 17.6 | Same as or better than divisional performance<br><br>Corp. Avg 18.4<br>ON Avg 23.6<br>HQO NA | 1) Identify most common reasons for referral to ED | Collect 2016 ED transfers data and analysis for referral reasons grouped by diagnosis, referral time of a day & days of a week. This is to identify any educational needs of the staff in reducing potential avoidable ED visits. | Top 5 common reasons for referrals to ED identified. ED visit times and days identified and served as supplementary information for reducing avoidable ED visits. | Completion of the analysis on the 2016 ED transfer data by June 2017 |



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|   |  |  |  |  | 2) Increase utilization of NPSTAT consultation at resident condition changes to provide timely in-house treatment and management       | Nursing staff consult NP at resident condition changes for proactive management and treatment  | # of NP consultation per quarter   | Increase 30% NP consultation by June 30 2017  |
|   |  |  |  |  | 3) Discuss advance care planning with cognitively competent residents and goals of care with SDM for cognitively incompetent residents | Inter-professional staff discuss with residents/SDM to establish his/her advance care planning/ goals of care on admission and review at annual care conference, at significant change of conditions and at palliative care team meeting             | # of care conference included advance care planning/goals of care discussion for the residents | 100% of the care conference included advance care planning/goals of care discussion |
|   |  |  |  |  | 4) Enhance communication with the SDM for palliative and end of life care residents by using the Palliative Performance Scores (PPS)   | Educate staff on regular assessment of residents' condition using the PPS. Communicate with SDM/ family members about palliative care and end of life care available at home. Utilize the PPS to communicate with SDM about the residents' condition | # of residents chose palliative and end of life care at Home                                   | 100% of residents who chose palliative and end of care died at home                 |
| <b>Progress Report for the May 2017 CQC</b> | <p>Performing well? Yes or No: Yes<br/>         Had additional change idea that was not included in the QIP? Yes or No: No<br/>         Continue interventions as above mentioned.<br/>         If Yes, specify:</p> <p>Enter summary here: Data remained relatively stable from the last quarter</p>  |  |  |  |  |  |  |   |
| <b>Progress Report for the Aug 2017 CQC</b> | <p>Performing well? Yes or No: Yes<br/>         Had additional change idea that was not included in the QIP? Yes or No: no<br/>         If Yes, specify: Continue interventions as above mentioned</p> <p>Enter summary here: Q1 2017 % Potentially avoidable ED visits per 100 ED visits had reduced from 7.1 to 4.4</p>  |  |  |  |  |  |  |   |
| <b>Progress Report for the Nov 2017 CQC</b> | <p>Performing well? Yes or No: Yes,<br/>         Had additional change idea that was not included in the QIP? Yes or No: no<br/>         If Yes, specify:</p> <p>Enter summary here: An individualized care plan for residents with PPS score 30% or lower is 100% (5/5) in Q2 2017. All 5 residents with PPS score of 30% had care conferences that included advance care planning/goals of care discussion for the residents/families in Q2 2017. All 5 residents died at Yee Hong in Q2 2017.</p> |  |  |  |  |  |  |   |

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| <b>Progress Report for the Feb 2018 CQC</b>                                     | Performing well? Yes or No: yes<br>Had additional change idea that was not included in the QIP? Yes or No: No<br>If Yes, specify:<br><br>Enter summary here: Q1 2017 % Potentially avoidable ED visits per 100 ED visits had reduced from 6.1 (Q1 2017) to 3.1 (Q2 2017). |                            |                 |   |  |    |    |    |
| <b>Safety: To Reduce Worsening of Pressure Ulcers</b>                           | % residents who has a pressure ulcer that has become worse recently   | 2.3%<br><br>Last Yr 2.4%   | Less than 1%    | Same as or better than HQO Benchmark<br><br>ON Avg. 3.2%<br>YH Avg. 2.2%<br>HQO 1%            | Performing well. No change. Continue with current practice.                                    | NA | NA | NA |
| <b>Safety: To Reduce the Use of Restraints</b>                                  | % residents who are physically restrained (daily)   | 4.1%<br><br>Last Yr 4.5%   | Less than 3%    | Same as or better than HQO Benchmark<br><br>ON Avg. 5.7%<br>YH Avg. 3.1%<br>HQO 3%            | The numbers of physical restraints remain relatively the same. Continue with current practice. | NA | NA | NA |
| <b>Effectiveness: To Reduce the Inappropriate Use of Anti psychotics in LTC</b> | % residents on antipsychotics without a diagnosis of psychosis  | 13.2%<br><br>Last Yr 14.1% | Less than 16.2% | Same as or better than provincial performance<br><br>ON Avg. 21.2%<br>YH Avg. 16.2%<br>HQO NA | Continue to perform well, below YH and ON averages. Continue with current practice             | NA | NA | NA |