

Experience | Patient-centred | Custom Indicator

	Last Year		This Year	
Indicator #2	54	72	76	NA
Percentage residents who answered involving in making decisions about their plan of care to 72% or a 33% improvement from 2022 level. (Yee Hong Centre - Scarborough McNicoll)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Encourage cognitively capable residents to participate in their daily care and annual team conference care decision processes.

Process measure

- Number of new admission wherein residents who are cognitively well (CPS 0 -2) have attended the new admission team conference and Percentage of residents with cognitive performance scale (CPS 0-2) have attended the annual team conference.

Target for process measure

- 72% of residents will answer "yes" to the survey question: "does the staff involve you in decisions about my care plan?" by December 31, 2023.

Lessons Learned

- Obtained a resident satisfaction score of 76% who responded positively that they were involved in making decisions about their plan of care.
- Provided education to the staff including the interprofessional team to facilitate the resident to make decisions in their daily care.
- Plan to provide a clear purpose of the care planning before the conference to enhance resident’s understanding of process.

Change Idea #2 Implemented Not Implemented

Engage resident in discussion about the care and treatment whenever needed and the plan of care every quarter.

Process measure

- Percentage of residents with cognitive performance scale (CPS 0 - 2) involved in making decisions about their plan of care have involved in the quarterly care plan review.

Target for process measure

- 72% of residents will answer "yes" to the survey question: "does the staff involve you in decisions about my care plan?" by December 31, 2023.

Lessons Learned

- Involved residents in care plan reviews on a quarterly basis.
- Engaged family members in care plan reviews with cognitively incapable residents.
- Reminded the staff to engage residents in the quarterly care plan reviews at the nursing meeting.
- Plan to reinforce a sense of independence in decision making.

Safety | Safe | **Custom Indicator**

	Last Year		This Year	
Indicator #1	10.20	8	5.67	NA
Percentage of residents who had a recent fall (in the last 30 days) and decrease to 8% (Yee Hong Centre - Scarborough McNicoll)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Increase staff awareness of residents at risk for falls, personnel at all levels will be able to identify their roles and responsibilities to contribute positively to mitigate resident fall risk.

Process measure

- Number of the fall incidents happened between the time periods identified that most falls occurs.

Target for process measure

- Reduce Number of fall incidents to 8% by December 31, 2023.

Lessons Learned

- Reduced fall incidents over the last three (3) consecutive quarters and exceeded target measure.
 - o Q3 2022 (October – December 2022 at 9.1%)
 - o Q4 2022 (January – March 2023 at 8.7%)
 - o Q1 2023 (April – June 2023 at 7.7%)
 - o Q2 2023 (July – September 2023 at 6.2%)
- Required additional training time and management effort for newly hired clinical staff to emphasize the importance of their roles and responsibilities on fall prevention.
- Conducted post-fall analysis review for each fall incident with staff to increase awareness on fall preventions.

Change Idea #2 **Implemented** **Not Implemented**

Conduct fall prevention safety rounds for residents at high risk of falls/repeated fallers at time period identified that most falls occur (data).

Process measure

- Number of weekly interdisciplinary team meetings on fall prevention discussion conducted on each unit in a month.

Target for process measure

- 100% compliance of post fall incident data posted on each unit bulletin to increase awareness.

Lessons Learned

- Posted fall incident data on each unit regularly to increase the awareness of the fall incidents and prevention strategies.
- Implemented various methods to communicate with and engage staff in conducting safety rounds, including but not limited to emails and floor meetings.
- Ensured post fall meetings completed for each resident after each fall incident.
- Emphasized the importance of aligning the safety round time slot with the time period with high occurrence of fall incidents.

Change Idea #3 Implemented Not Implemented

Resident with risk for falls have a falls reduction strategy in their plan of care.

Process measure

- Number of residents who have risk of falls care plan that have been reviewed. Number of education sessions provided to residents.

Target for process measure

- 100% compliance of the fall prevention care plan has been set up for residents who have risk of fall incidents.

Lessons Learned

- Met 100% of the updated fall prevention care plans on high risk falls resident.
- Conducted care plan audits regularly.
- Continue to explore new fall prevention devices to help reduce falls.