

Continuous Quality Improvement – Annual Report

DESIGNATED LEAD

Melissa Norman

Director, Quality & Interprofessional Care

QUALITY PRIORITIES FOR 2024/25

Perley Health is pleased to share our 2024/25 Quality Improvement Plan (QIP). Our ongoing commitment to quality is reflected in our mission “to achieve excellence in the health, safety and well-being of Seniors and Veterans with a focus on innovation in person centred and frailty-informed care and service” and in our long-term strategic plan, which identifies Excellence in Resident Care and Service as one of Perley Health's 4 key strategic pillars. In 2021, Perley Health's strategic plan was refreshed in response to several unprecedented factors which resulted in a fundamentally changed healthcare landscape. These factors included, amongst others, the ongoing impacts of the COVID-19 pandemic, persistent healthcare worker shortage and burnout, increased public attention on long term care, and increased regulation of an already highly regulated environment. The core pillars of the long-term strategy remain relevant, and are reflected in the refreshed strategy which outlines objectives and priorities for 2022 - 2025. These objectives include "Sustaining excellence in Seniors' and Veterans' care", as well as embodying a "People First" philosophy. The QIP is a roadmap to achieving both of these objectives, while navigating challenges and opportunities in our environment.

Perley Health's QIP is aligned with our Quality Framework, based on the Quadruple Aim framework adopted by Ontario Health. The high-level priorities for this year's QIP are informed by the quality and safety aims under the various pillars of the framework, as determined by Perley Health's Board of Directors:

- increase resident and family experience
- reduce preventable harm
- provide the "right care" 100% of the time
- improve health-related quality of life
- improve staff experience

Priorities are divided into 3 categories based on the projected scope of work anticipated for the year – focused action, moderate action and monitoring. Areas for **action** are included in this report.

QUALITY OBJECTIVES FOR 2024/25

1. Improve the staff experience by continuing to implement “People First” initiatives.
2. Improve the experience of residents by focusing on meaningful activities and mealtimes.
3. Improve the experience of family members by focusing on person-centred communication and processes.
4. Reduce the percentage of residents without a diagnosis of psychosis taking antipsychotic medications.
5. Reduce the percentage of residents experiencing symptoms of depression.
6. Reduce the percentage of residents experiencing potentially unmanaged pain.
7. Improve end-of-life care processes.

2024/25 QIP PLANNING AND PRIORITY SETTING PROCESS

Perley Health has developed QIPs as part of the annual planning cycle since 2015, with QIPs submitted to Health Quality Ontario (HQO) every April. Perley Health’s QIP planning cycle typically begins in August, and includes an evaluation of the following factors to identify preliminary priorities:

- progress achieved in recent years;
- ongoing analysis of performance data over time available from the Canadian Institute for Health Information (CIHI); with areas indicating a decline in performance over time and/or where benchmarking against self-identified peer organizations (and/or other available benchmarks) suggests improvement required
- resident, family and staff experience survey results;
- emergent issues identified internally (trends in critical incidents, complaints) and/or externally;
- input from residents, families, staff/volunteers, leaders and external partners, including the MOLTC.
- mandated provincial improvement priorities (e.g. HQO)

Preliminary priorities are subsequently presented and discussed at various forums to validate priorities and identify additional priorities that may have been missed. For the 2024/25 QIP, these forums included (in chronological order) Perley Health’s CQI committee (*Quality Council*), Resident Councils, Family and Friends Council, the operational leadership team, and the Quality of Life and Safety Committee (QLSC) of the Board of Directors. This is an iterative process with multiple touchpoints of engagement with different stakeholder groups as QIP priorities, targets and high-level change ideas are identified and confirmed. Final review of the QIP is completed by the QLSC, which endorses the plan for approval by the Board of Directors.

Perley Health's *Quality Council*

Perley Health's QIP planning cycle begins with recommendations from our *Quality Council*. At the September 25 meeting, council members reviewed CIHI QI indicator data, year-to-date progress against the 2023/24 QIP, as well as preliminary resident experience survey results to recommend draft QI priorities for the 2024/25 QIP. The subsequent discussion included identification of the 2023/24 priorities that would need to remain on the QIP as well as any new priorities to be included based on performance data. These recommendations were shared and discussed with subsequent stakeholder groups as outlined above.

PERLEY HEALTH'S APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

Perley Health's nursing and administrative policies, combined with practice standards, provide a baseline for staff in providing quality care and service. Perley Health has adopted the Model for Improvement to guide quality improvement activity. Interprofessional quality improvement teams, including resident and family advisors, work through the phases of the model to:

1. Diagnose/Analyze the Problem

Teams use various QI methodologies to understand some of the root causes of the problem and identify opportunities for improvement. This work can include process mapping or value stream mapping, Gemba, 5 whys, fishbone, etc. Also included in this work, is an analysis of relevant data and completion of a gap analysis against relevant Best Practice Guidelines.

2. Set Improvement Aims

Once teams have a better understanding of the current system they aim to improve as well as an understanding of what is important to the resident, an overall improvement aim is identified. This aim will be used to evaluate the impact of the change ideas through implementation and sustainability.

At Perley Health, improvement teams develop aim statements that are Specific, Measurable, Attainable, Relevant, Time-Bound (SMART). A good aim statement includes the following parameters - "How much" (amount of improvement – e.g. 30%), "by when" (a month and year), "as measured by" (a big dot indicator or a general description of the indicator) and/or "target population" (e.g. all Perley Health residents, residents in specific area, etc.)

3. Develop and Test Change Ideas

With a better understanding of the current system, improvement teams identify various change ideas that will move Perley Health towards meeting its aim statement. During this phase, teams will prioritize alignment with best/prevaling practices when designing preliminary change ideas for testing. Additionally, teams leverage the Hierarchy for Effectiveness when selecting change ideas, with teams favouring system redesign, process standardization, and force function over education and policy change.

Plan-Do-Study-Act (PDSA) cycles are used to test change ideas through small tests of change. PDSAs provide an opportunity for teams to iteratively refine their change ideas and build confidence in the solution prior to implementation. Change ideas typically undergo several PDSA cycles before implementation.

4. Implement, Spread and Sustain

Improvement teams consider the following factors when developing a strong implementation/change management plan:

- Outstanding work to be completed prior to implementation (e.g. final revisions to change ideas based on PDSAs, embedding changes into existing workflow, updating relevant P&P, etc.)
- Education required to support implementation, including key staff resources (e.g. Change Champions)
- Communication required to various stakeholders, both before during and after implementation
- Approach for spread across the facility, if completed in a phased approach

At this stage, teams will also identify key project measures to determine if the changes implemented resulted in improvement. This family of measures includes the following types of measures:

Outcome:

- Measures what the team is trying to achieve (the aim)

Process:

- Measures key activities, tasks, processes implemented to achieve aim

Balancing:

- Measures other parts of the system that could be unintentionally impacted by changes

Prior to implementation, improvement teams develop a sustainability plan. The plan identifies the different strategies the team will use to evaluate and address both short term and long-term sustainability of the changes implemented.

PROCESS TO MONITOR AND MEASURE PROGRESS, IDENTIFY AND IMPLEMENT ADJUSTMENTS AND COMMUNICATE OUTCOMES

A key component of the sustainability plan is the collection and monitoring of the key project measures over time. Run charts and Statistical Control Charts, with established rules for interpretation, are essential to understanding if there has been an improvement or deterioration in performance. Analysis of the Outcome measure(s) will be used to identify if the Home is achieving the desired outcomes or not. If not achieving desired outcomes, the team can review the Process measure(s) over time to either confirm compliance with key change ideas (suggesting the change idea may not be as effective at improvement outcomes) or identify gaps in compliance that need to be addressed. Based on the results of this analysis, the team may

consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand gaps in compliance, etc.

At an organizational level, Perley Health has adopted a “Big Dot” report to monitor and measure progress on strategic aims, aligned with the Quadruple Aim. A “Small Dot” report is used for Operational indicators.

Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:

- Publishing stories and results on Quality TVs located throughout the Home, the website, on social media or via newsletters
- Direct email to staff and families and other stakeholders
- Handouts and one:one communication with residents
- Presentations at staff meetings, Operations meetings, Quality of Life and Safety Committee, Town Halls, Quality Council, Resident Councils, Family and Friends Council
- Huddles at change of shift
- Use of Champions to communicate directly with peers

RESIDENT AND FAMILY/CAREGIVER EXPERIENCE SURVEY

Through its membership in the Seniors Quality Leap Initiative (SQLI), Perley Health has been administering interRAI’s “Self-Reported Quality of Life Survey for Long-Term Care Facilities” (Resident Experience Survey) since 2015 to measure resident experience annually.

Additionally, in 2021, Perley Health adopted interRAI’s “Family Survey on Nursing Home Quality of Life” (Family Experience Survey) to measure family/caregiver experience annually.

2023 Surveys

The Resident Experience Survey was administered May through mid-December 2023. All residents with a Cognitive Performance Scale score between 0-2 were eligible to participate in the survey. At the end of the survey period, 85 surveys were completed.

The Family Experience Survey was administered October through mid-December 2023. All individuals with a connection to a current resident, or a resident who lived at Perley Health within the previous year were eligible to participate in the survey. At the end of the survey period, 68 surveys were completed.

Raw results of the resident and family experience surveys are available as appendices to this report (see Appendix A). Following an analysis of both surveys, the themes of social life and dining experience continued to be identified by both groups as the most important areas for improvement. Specific to residents, the topic “this place feels like home to me” was also identified as an area where deeper understanding and action is required. All three (3) areas have been included in the 2024/25 QIP.

Extensive communication of results and discussion of next steps has been completed with various stakeholder groups. Please refer to the table below for a complete listing of the stakeholder groups that have received a presentation of the high-level results and participated in discussion about next steps. All communication provided by the Director of Quality & Interprofessional Care, unless otherwise noted.

Date	Meeting	Content
September 25, 2023	Quality Council	Presentation on preliminary Resident Experience Survey results, as part of development of 2024/25 QIP.
October 24, 2023	Community Resident Council	Verbal report of preliminary Resident Experience Survey results, including areas of strength and opportunities for improvement.
January 22, 2024	Quality Council	Presentation on Family Experience Survey Results and discussion of results, including Next Steps.
March 26, 2024	Resident Information Session	Verbal report of the Resident Experience Survey results, including areas of strength and opportunities for improvement. Opportunity for residents in attendance to ask questions, and further inform next steps. Endorsement from residents in attendance to continue focusing on social life and dining experience, as well “feels like home”.
April 8, 2024	Quality of Life and Safety Committee of the Board	Presentation on the Resident and Family Experience Surveys and discussion of results.
April 24, 2024	Operations Management Committee	Presentation on the Resident and Family Experience Survey and discussion of results, including Next Steps.
May 16, 2024	Family and Friends Council	Presentation on the Family Experience Survey and discussion of results.

IMPROVEMENTS TO CARE, SERVICES, PROGRAMS AND GOODS AT PERLEY HEALTH (2023-2024)

Care/Services

- Free Audiology screening offered to all residents through Care Clinic (fall 2023)
- Introduction of new seasonal menus (spring/summer 2023, fall/winter 2023)
- Introduction of 2nd foot care nurse (fall 2023)
- Introduction of a 2nd full-time Nurse Practitioner (winter 2024)
- Introduction of dementia-friendly name tags (in progress, proposed design approved by residents March 2024)
- Ongoing implementation of 2023/24 QIP (see Appendix B for QIP Summary Report, and Appendix C for QIP Update presentation brought forward to Quality Council April 22, 2024)

Programming

- Increased number of concerts and special events on weekends and evenings (spring 2023)
- New intergenerational initiatives in partnership with other departments, i.e. High school student volunteers for ice cream parlour, intergenerational playgroup (winter and summer 2023)
- Wednesday ice cream parlour in pub returned to facility-wide event (summer 2023)
- Introduction of monthly Hymn Sing program in collaboration with Spiritual Health Services (summer 2023)
- Reintroduced choir program (fall 2023)
- Reinstated Legion Bingos and Legion Pub Nights (fall 2023)
- New advanced trivia program introduced, held twice a month in the pub (fall 2023)
- New monthly lecture series introduced, featuring topics such as history, aviation, astronomy and travel (fall 2023)
- Enhanced communication of the monthly programming calendar, including creation of special events calendar and posting master calendar in cafeteria (fall 2023)
- Reintroduced building-specific birthday parties (winter 2024)
- Ongoing collaboration with Centre of Excellence to support the evaluation of various interventions to enhance resident engagement/mental stimulation, i.e. pilot of magic table on R1N, Cognitive Stimulation Therapy research program (throughout 2023/2024)

Facility Enhancements

- Refurbished outdoor patio for Ottawa Residence including new larger gazebo (Apr 2023)
- Refurbished Gatineau Resident mini-putt gazebo (April 2023)
- Construction of new secure unit R1N (Fall 2023)
- Installation of outdoor patio/gazebo for tenants living in Commissionaires Ottawa Place (May 2023)
- Installation of new laundry equipment – (September 2023)
- Repaving the road by the parking gate including installation of 2 new lights in this area – (fall 2023)
- Upgraded nurse call bell system (summer 2023)
- Upgraded telephone system across campus from analog to IP solution (spring 2024)
- Replacing roof for Gatineau Residential Building - in progress
- LED lighting upgrade campus wide – in progress
- Changing IT MSP providers (March 2024)
- Upgraded IT infrastructure (Access points and WIFI 6) – November 2023
- Upgraded tub/shower rooms on Convalescent unit (March 2024)

Resident and Family Engagement and Partnering (Role of Resident and Family Councils, Quality Council, Resident and Family Advisors)

Perley Health has three active councils focused on resident and family experience; the Veteran Residents' Council, the Community Residents' Council, and the Family and Friends Council (FFC). These councils are a valuable forum for ongoing collaboration and engagement. The leadership team and councils enjoy a positive and productive relationship. The Management team routinely seeks feedback and involvement from the councils regarding various aspects of Perley Health's operations such as the annual budget, operating plan and quality improvement plan (QIP). Results of the annual Resident Experience Survey and Family Experience Survey are brought to the FFC and Residents' Councils, providing a platform for the councils to further inform the final QIP.

In 2022, Perley Health established its first Quality Council (aligned with requirements from the FLTCA to establish a Continuous Quality Committee). The Quality Council serves in an advisory capacity, providing recommendations to leadership related to the ongoing implementation of continuous quality improvement at Perley Health, including identification of priority areas for the annual QIP. This council also plays a role in reviewing and evaluating progress of initiatives identified in the annual QIP, and supports preparation of the annual report on continuous quality improvement.

In an effort to more directly involve residents and families in quality improvement activities, the Resident and Family Advisor Program was established in 2017. The goal of this program is to promote resident and/or family participation on all of Perley Health's QI projects, and other initiatives, as appropriate. Since its inception, this program has successfully matched

resident/family advisors with a variety of QIP teams as well as other initiatives across the Home. Active QIP teams that currently have advisors, include Social Life, Dining Experience, Delirium, Dementia & Depression (3Ds), Palliative Care, Pain, and Resident and Family Centered Care (RFCC).

Approach to Communication

Communication about improvements to care, facilities and programming varies based on the nature of the change. Communication methods include, but are not limited to, the following:

- Verbal reports to Family and Friends Council Executive, as well as Family and Friends Council Meetings (meeting minutes available)
- Verbal reports to Veteran Residents' Council and Community Residents' Council Meetings (meeting minutes available)
- Verbal reports to Resident Information Sessions (meeting minutes available)
- Verbal reports at departmental meetings, e.g. RN/RPN, PSW, etc. (meeting minutes available)
- Written communication via email to resident and family distribution list
- Written communication via email to All Users staff distribution list
- Written communication via TVs installed and signage posted across the Home
- Written communication on website and through social media channels (as applicable)

APPENDIX A

2023 Resident Survey Results - Raw

	Never (#)	Never (%)	Rarely (#)	Rarely (%)	Sometimes (#)	Sometimes (%)	Most of the time (#)	Most of the time (%)	Always (#)	Always (%)	Don't know (#)	Don't know (%)	Refused (#)	Refused (%)	No response: No response or cannot be coded from response (write down what is said) (%)	
I can be alone when I wish.	2	2.35%	3	3.53%	16	18.82%	36	42.35%	27	31.76%		0.00%	1	1.18%	0.00%	
My privacy is respected when people care for me.	1	1.18%	2	2.35%	8	9.41%	40	47.06%	30	35.29%	2	2.35%	1	1.18%	1	1.18%
I get my favorite foods here.	18	21.18%	15	17.65%	22	25.88%	19	22.35%	4	4.71%		0.00%		0.00%	5	5.88%
I can eat when I want.	19	22.35%	17	20.00%	15	17.65%	21	24.71%	9	10.59%	1	1.18%		0.00%	3	3.53%
I have enough variety in my meals.	7	8.24%	19	22.35%	19	22.35%	31	36.47%	9	10.59%		0.00%		0.00%	0	0.00%
I enjoy mealtimes.	8	9.41%	7	8.24%	23	27.06%	22	25.88%	23	27.06%	1	1.18%		0.00%	1	1.18%
Food is the right temperature when I get to eat it.	7	8.24%	10	11.76%	21	24.71%	33	38.82%	12	14.12%	1	1.18%		0.00%	1	1.18%
If I need help right away, I can get it.	1	1.18%	8	9.41%	17	20.00%	30	35.29%	25	29.41%	2	2.35%		0.00%	2	2.35%
I feel my possessions are secure.	1	1.18%	1	1.18%	9	10.59%	30	35.29%	40	47.06%		0.00%		0.00%	4	4.71%
I feel safe when I am alone.	2	2.35%	2	2.35%	6	7.06%	24	28.24%	48	56.47%	2	2.35%	1	1.18%		0.00%
I get the services I need.	1	1.18%	2	2.35%	14	16.47%	38	44.71%	27	31.76%	1	1.18%		1.18%	1	1.18%
I would recommend this site or organization to others.	4	4.71%	3	3.53%	8	9.41%	32	37.65%	34	40.00%		0.00%	1	1.18%	3	3.53%
This place feels like home to me.	19	22.35%	9	10.59%	19	22.35%	20	23.53%	15	17.65%		0.00%		0.00%	3	3.53%
I can easily go outdoors if I want.	3	3.53%	12	14.12%	12	14.12%	19	22.35%	33	38.82%		0.00%		0.00%	6	7.06%
I am bothered by the noise here.	19	22.35%	20	23.53%	29	34.12%	9	10.59%	8	9.41%		0.00%		0.00%	0	0.00%
I can have a bath or shower as often as I want.	26	30.59%	10	11.76%	10	11.76%	18	21.18%	16	18.82%	1	1.18%		0.00%	4	4.71%
I decide when to get up.	9	10.59%	14	16.47%	14	16.47%	23	27.06%	21	24.71%	1	1.18%	1	1.18%	2	2.35%
I decide when to go to bed.	2	2.35%	7	8.24%	9	10.59%	28	32.94%	38	44.71%		0.00%		0.00%	1	1.18%
I can go where I want on the "spur of the moment."	9	10.59%	14	16.47%	10	11.76%	20	23.53%	24	28.24%	3	3.53%	1	1.18%	4	4.71%
I control who comes into my room.	7	8.24%	3	3.53%	14	16.47%	27	31.76%	28	32.94%	1	1.18%		0.00%	5	5.88%
I decide which clothes to wear.	2	2.35%	1	1.18%	4	4.71%	27	31.76%	50	58.82%	1	1.18%		0.00%	0	0.00%
I decide how to spend my time.		0.00%		0.00%	9	10.59%	35	41.18%	40	47.06%		0.00%		0.00%	1	1.18%
I am treated with respect by staff.		0.00%	3	3.53%	5	5.88%	32	37.65%	44	51.76%		0.00%		0.00%	1	1.18%
Staff pay attention to me.	1	1.18%	2	2.35%	10	11.76%	40	47.06%	29	34.12%	1	1.18%		0.00%	2	2.35%
I can express my opinion without fear of consequences.	2	2.35%	3	3.53%	11	12.94%	29	34.12%	29	34.12%	5	5.88%	1	1.18%	2	2.35%
Staff respect what I like and dislike.	1	1.18%	2	2.35%	8	9.41%	35	41.18%	31	36.47%	4	4.71%	1	1.18%	3	3.53%
The care and support I get help me live my life the way I want.		0.00%	6	7.06%	13	15.29%	25	29.41%	34	40.00%	3	3.53%	2	2.35%	2	2.35%
Staff respond quickly when I ask for assistance.	2	2.35%	5	5.88%	11	12.94%	31	36.47%	28	32.94%	1	1.18%	1	1.18%	6	7.06%
[This site] staff respond to my suggestions.	3	3.53%	5	5.88%	28	32.94%	22	25.88%	17	20.00%	7	8.24%		0.00%	3	3.53%
I get the health services I need.		0.00%	2	2.35%	12	14.12%	32	37.65%	37	43.53%	1	1.18%		0.00%	1	1.18%
Staff have enough time for me.	5	5.88%	15	17.65%	10	11.76%	41	48.24%	12	14.12%		0.00%	1	1.18%	1	1.18%
Staff know what they are doing.		0.00%	3	3.53%	18	21.18%	34	40.00%	27	31.76%	2	2.35%		0.00%	1	1.18%
My services are delivered when I want them.	1	1.18%	6	7.06%	21	24.71%	36	42.35%	16	18.82%	3	3.53%		0.00%	2	2.35%
Some of the staff know the story of my life.	6	7.06%	16	18.82%	26	30.59%	17	20.00%	9	10.59%	6	7.06%	1	1.18%	4	4.71%
I consider a staff member my friend.	7	8.24%	3	3.53%	24	28.24%	22	25.88%	23	27.06%	2	2.35%	2	2.35%	2	2.35%
I have a special relationship with a staff member.	15	17.65%	8	9.41%	22	25.88%	15	17.65%	10	11.76%	4	4.71%	2	2.35%	9	10.59%
Staff take the time to have a friendly conversation with me.	3	3.53%	16	18.82%	25	29.41%	23	27.06%	14	16.47%		0.00%		0.00%	4	4.71%
Staff ask how my needs can be met.	6	7.06%	13	15.29%	23	27.06%	26	30.59%	12	14.12%	5	5.88%		0.00%	0	0.00%
I have the same nurse assistant on most weekdays.	3	3.53%	19	22.35%	25	29.41%	21	24.71%	10	11.76%	4	4.71%	1	1.18%	2	2.35%
I have enjoyable things to do here on weekends.	10	11.76%	22	25.88%	19	22.35%	20	23.53%	8	9.41%	2	2.35%		0.00%	4	4.71%
I have enjoyable things to do here in the evenings.	10	11.76%	17	20.00%	25	29.41%	19	22.35%	5	5.88%	1	1.18%		0.00%	8	9.41%
I participate in meaningful activities.	6	7.06%	14	16.47%	19	22.35%	31	36.47%	9	10.59%	1	1.18%	1	1.18%	4	4.71%
If I want, I can participate in religious activities that have meaning to me.	17	20.00%	10	11.76%	11	12.94%	22	25.88%	19	22.35%	4	4.71%		0.00%	2	2.35%
I have opportunities to spend time with other like-minded residents.	10	11.76%	19	22.35%	20	23.53%	24	28.24%	8	9.41%		0.00%		0.00%	4	4.71%
I have the opportunity to explore new skills and interests.	12	14.12%	10	11.76%	20	23.53%	24	28.24%	14	16.47%	3	3.53%		0.00%	2	2.35%
Another resident here is my close friend.	25	29.41%	10	11.76%	21	24.71%	13	15.29%	6	7.06%		0.00%	1	1.18%	9	10.59%
People ask for my help or advice.	16	18.82%	21	24.71%	31	36.47%	8	9.41%	4	4.71%		0.00%	2	2.35%	3	3.53%
I have opportunities for affection or romance.	42	49.41%	21	24.71%	5	5.88%		0.00%	8	9.41%	3	3.53%	2	2.35%	4	4.71%
It is easy to make friends here.	6	7.06%	26	30.59%	11	12.94%	19	22.35%	16	18.82%	1	1.18%	2	2.35%	4	4.71%
I have people who want to do things together with me.	17	20.00%	20	23.53%	24	28.24%	16	18.82%	5	5.88%		0.00%		0.00%	3	3.53%

APPENDIX A

2023 Family Survey Results - Raw

	Never (#)	Never (%)	Rarely (#)	Rarely (%)	Sometimes (#)	Sometimes (%)	Most of the time (#)	Most of the time (%)	Always (#)	Always (%)	Don't know (#)	Don't know (%)	Prefer not to say (%)
A1. My family member enjoys mealtimes.	1.00	1.54%	5.00	7.69%	23.00	35.38%	25.00	38.46%	9.00	13.85%	2.00	3.08%	0.00%
A2. My family member has enough variety in their meals.	1.00	1.56%	4.00	6.25%	17.00	26.56%	26.00	40.62%	13.00	20.31%	3.00	4.69%	0.00%
B1. My family member's possessions are secure.	1.00	1.49%	3.00	4.48%	8.00	11.94%	29.00	43.28%	26.00	38.81%		0.00%	0.00%
B2. If he/she needs help right away, my family member can get it.	3.00	4.55%	5.00	7.58%	11.00	16.67%	28.00	42.42%	15.00	22.73%	2.00	3.03%	2.00 3.03%
B3. My family member is safe living at this home.		0.00%	1.00	1.49%	5.00	7.46%	21.00	31.34%	38.00	56.72%		0.00%	2.00 2.99%
B4. My family member can be alone when they wish.	1.00	1.61%		0.00%	5.00	8.06%	20.00	32.26%	34.00	54.84%	2.00	3.23%	0.00%
C1. My family member gets the services he/she needs.		0.00%	2.00	3.03%	12.00	18.18%	28.00	42.42%	23.00	34.85%	1.00	1.52%	0.00%
C2. I would recommend this site or organization to others.	3.00	4.48%	1.00	1.49%	2.00	2.99%	17.00	25.37%	43.00	64.18%		0.00%	1.00 1.49%
C3. This home has a clean and pleasant environment		0.00%	1.00	1.52%	6.00	9.09%	18.00	27.27%	41.00	62.12%		0.00%	0.00%
C4. This home is the best place to meet my family member's needs.	2.00	2.99%	1.00	1.49%	8.00	11.94%	11.00	16.42%	44.00	65.67%		0.00%	1.00 1.49%
D1. Staff pay attention to my family member.		0.00%	2.00	2.94%	8.00	11.76%	30.00	44.12%	27.00	39.71%	1.00	1.47%	0.00%
D2. This home is well managed.	1.00	1.52%		0.00%	11.00	16.67%	26.00	39.39%	25.00	37.88%	1.00	1.52%	2.00 3.03%
D3. I trust the staff to take good care of my family member.		0.00%	2.00	2.94%	8.00	11.76%	23.00	33.82%	35.00	51.47%		0.00%	0.00%
D4. I trust the information I receive from staff here.	1.00	1.49%	1.00	1.49%	7.00	10.45%	27.00	40.30%	31.00	46.27%		0.00%	0.00%
E1. My family member is treated with respect by staff.		0.00%		0.00%	2.00	2.94%	28.00	41.18%	38.00	55.88%		0.00%	0.00%
E2. Staff treat me with respect.		0.00%	1.00	1.49%	3.00	4.48%	13.00	19.40%	50.00	74.63%		0.00%	0.00%
F1. Staff respond quickly when my family member asks for assistance.	1.00	1.52%	4.00	6.06%	8.00	12.12%	34.00	51.52%	15.00	22.73%	4.00	6.06%	0.00%
G1. I have the information I need about my family member's health status.	1.00	1.47%	1.00	1.47%	9.00	13.24%	23.00	33.82%	34.00	50.00%		0.00%	0.00%
G2. I know who to contact if I have concerns about my family member's care.	1.00	1.49%	3.00	4.48%	5.00	7.46%	26.00	38.81%	32.00	47.76%		0.00%	0.00%
H1. I can visit my family member when I choose.		0.00%		0.00%		0.00%	5.00	7.35%	63.00	92.65%		0.00%	0.00%
H2. There are comfortable places to visit with my family member here.	1.00	1.52%	5.00	7.58%	10.00	15.15%	17.00	25.76%	31.00	46.97%	2.00	3.03%	0.00%
I1. I participate in care decisions about my family member.	1.00	1.49%	1.00	1.49%	5.00	7.46%	10.00	14.93%	50.00	74.63%		0.00%	0.00%
I2. I am consulted about changes in my family member's care plan.	2.00	2.99%	2.00	2.99%	8.00	11.94%	7.00	10.45%	48.00	71.64%		0.00%	0.00%
J1. My family member participated in meaningful activities in the past week.	4.00	6.25%	8.00	12.50%	18.00	28.12%	17.00	26.56%	12.00	18.75%	3.00	4.69%	2.00 3.12%
J2. Another resident is my family member's close friend.	33.00	54.10%	7.00	11.48%	12.00	19.67%	3.00	4.92%	1.00	1.64%	5.00	8.20%	0.00%
	58		60		211		512		778.00				

2023-2024 ANNUAL QUALITY IMPROVEMENT PLAN

BETTER PROVIDER EXPERIENCE

Goal	Executive Summary of Status	Current Completion
Enhance Psychological Health and Safety		On Track
↳ Mental Fitness Index Score		Complete
↳ Execute PHS Workplan		On Track
↳ Enhance Cultural Awareness and Inclusion		On Track
↳ Conduct Staff Diversity Meter census and Inclusion Culture survey	<p>NEW</p> <p>Progress: Results of CCDI survey presented to Senior Leadership team as well as at LDI in the winter. Planning underway to share results with staff and develop DEI plan.</p> <p>Progress: Survey was administered in September. Response rate was 33% of staff. Results and recommendations from CCDI Consulting will be presented to senior management in early January, 2024.</p>	Complete
↳ Continue existing efforts and refine organizational approach, processes and structures for Cultural Awareness & Inclusion	<p>Progress: Partnership with the Canadian Centre for Diversity & Inclusion was initiated. Cultural Awareness & Inclusion Committee has expanded. Various initiatives have been completed through 2023 focused on awareness, staff education, gathering feedback (virtual and physical suggestion boxes) and enhancing resident experience.</p>	On Track

BETTER EXPERIENCE OF CARE

Goal	Executive Summary of Status	Current Completion
Implement QIP action items relating to Food and Dining Experience		On Track
↳ Dining Experience QI Team to complete analysis and engagement and identify change ideas		Complete
↳ Re-introduce Resident-Led Food Committee	<p>NEW</p> <p>Progress: Resident Food Committee was re-established in Q1 2023. This committee meets monthly and is responsible for testing new menu items, providing feedback on existing items, reviewing seasonal menus, etc.</p>	Complete
Implement QIP action items relating to Social Life (Family Focus)	<p>Progress: New process maps identified, currently just being verified with a few more stakeholders. Team has determined plan for implementation and PDSA cycles for development and initial implementation for early 2024. Roll out to entire organization planned for 2024.</p>	Complete
Moderate action: end-of-life care		On Track

Goal	Executive Summary of Status	Current Completion
→ Enhanced training/education for interprofessional team	<p>NEW</p> <p>Progress: Education developed by in-house SMEs (including Psychogeriatric and Palliative RN, Spiritual Care Practitioner, Manager Education & KT). This has been incorporated into New Hire Welcome Day (orientation). Also planning to deliver this education (in-person) to all existing direct care staff; as well as adapt for volunteer training. Received funding support for 10PSWs to complete PACE for PSWs</p>	On Track
→ Implement standardized processes/pathways to plan, deliver & support palliative/EOL care	<p>NEW</p> <p>Progress: Introduced new Comfort Care Carts and Comfort Care Chairs (with supportive process) Work underway to develop and implement EOL rituals (e.g. symbol for resident door, in dining room, unit recognition) - pending consent from resident/POA re: disclosure. Prototype of symbol for door (wreath) brought forward to Residents (March 2024) for feedback/endorsement</p>	On Track
Moderate action: resident emotional wellbeing		On Track
→ Implement evidence-based clinical assessment tool and supporting process to support more consistent screening of depression	<p>NEW</p> <p>Progress: Research on various tools completed, with evaluation of short list conducted by 3Ds team. PHQ-9 was selected, tested and approved by Medical Advisory Committee (March 2024). Tool will be used at admission, annually (aligned with care conference) and ad hoc to screen more consistently for depression. 3Ds team currently working on supportive implementation plan.</p>	On Track
→ Participate in research study re: GSIS short (suicide assessment for use in LTC)	<p>NEW</p> <p>Progress: This work is on hold until external researcher receives REB approval</p>	On Track
Moderate action: pain		On Track
→ Reinstate Pain QI team to guide key practice changes in 2023 /24	<p>NEW</p> <p>Progress: Pain QI team re-established. Analysis of current state complete. Identification of preliminary change ideas complete. Moving forward with prioritization, development, testing and implementation.</p>	Complete
→ Introduce targeted chart audits for all residents that trigger Pain QI based on RAI MDS	<p>NEW</p> <p>Progress: Audits are ongoing, and currently conducted by Clinical Quality Lead. Focus on residents with Pain Scale score of 1 - 3. Follow-up conducted with the care team at the bed side for individual opportunities for improvement. System-based findings are embedded into the work of the Pain QI team.</p>	On Track
Establish standard approach to "potentially inappropriate" antipsychotic deprescribing		On Track
→ Develop supporting processes for deprescribing, including identification, tracking, outcomes, etc.	<p>NEW</p> <p>Progress: This work is underway, and building off of previous deprescribing process developed on G1N.</p>	On Track
→ Introduce targeted chart audits for all residents that trigger Antipsychotics QI based on RAI MDS	<p>NEW</p> <p>Progress: Audit of all residents triggering QI indicator is ongoing. Goal is to identify candidates for deprescribing and work directly with units on the process.</p>	On Track

Welcome to Perley Health's *Quality Council!*

APPENDIX C

Meeting 6: April 22, 2024



Update on 2023/24 QIP

- ❖ Indicator performance
- ❖ Activities

2023/24 QIP Priorities

- **Focused Action**

- Enhance the staff experience – “People First” philosophy
- Enhance Resident QOL – participation in meaningful activities
- Enhance Resident QOL – enjoyable meal times

- **Moderate Action**

- Reduce Pain
- Enhance End-of-life care planning
- Reduce antipsychotics without diagnosis of psychosis
- Enhance emotional well-being

“People First” Initiatives

Updates on Planned Activities for 2023/24

Objectives	Activities	Status
Enhance leadership visibility	Elevate existing leader rounding practice – implementation of <i>Connecting Sessions</i>	In progress
	CEO/COO to prioritize attendance at quarterly staff recognition events	Complete and ongoing
	<i>CEO participation in New Hire Welcome Day – has been built into the agenda</i>	Complete and ongoing
Enhance reward and recognition	Quarterly recognition events across all shifts (also linked to increased leadership visibility)	Complete and ongoing
	Review Employee Recognition Program	In progress

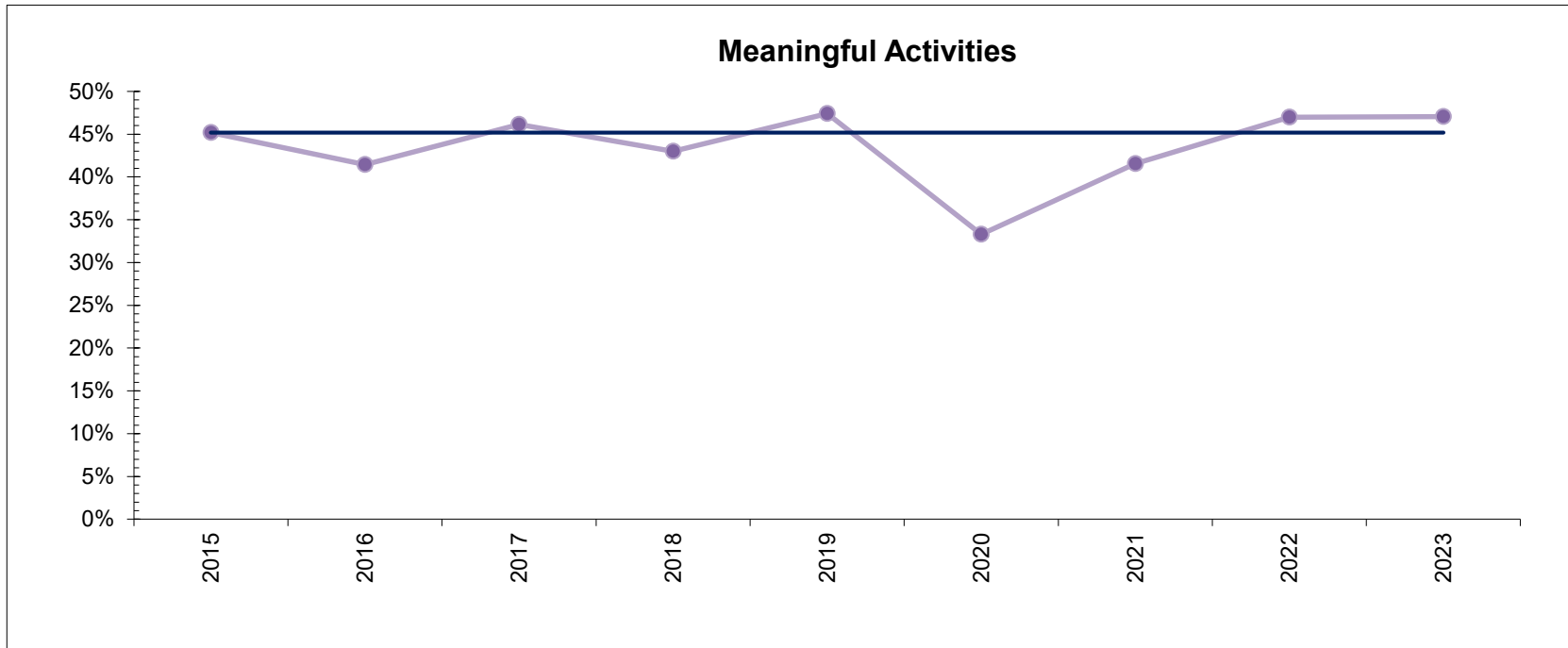
“People First” Initiatives

Status of Planned Activities

Objectives	Activities	Status
Implement recommendations from Cultural Awareness & Inclusivity (CAI) Committee	Become a <i>Canadian Centre for Diversity and Inclusion</i> (CCDI) Partner organization	Complete
	<ul style="list-style-type: none">- Introducing a Policy Framework for Accommodation of Cultural and Religious Practices- Education on Cultural Awareness & Inclusion fundamentals to management and staff (e.g. Indigenous education provided in Feb 2023)- Conduct Staff Diversity Meter Census and Inclusion Survey (September 2023)- Action Plan to be developed based on results of Diversity Meter Census and Survey (Winter 2024) – in progress	In progress

Resident QOL – Meaningful Activities

Definition: Percentage of residents who responded positively to “I participate in meaningful activities” (Source: Resident Experience Survey)



Resident Social Life Resident Team

Team Leads:

- Laura Torontow, Recreation Therapist
- Jennifer Parker, Allied Health Lead

Progress to date

- Introduced more intellectual programs into the calendar
 - Advanced Trivia
 - Lecture Series
 - **Proposed** - Documentary nights, book clubs
- Calendar Changes
 - Master calendar in cafeteria
 - Special events calendar
 - **Proposed** - Activities calendar on website and on TVs

Progress to date

- Timing of Programs
 - Changes in the timing of some programs to allow residents to attend more options

Next Steps

- Evaluate impact of changes to date and adapt as needed
- Further changes to calendars and programming

Resident Social Life Family Team

Project Leads

- Andrea Liu, Manager, Interprofessional Care
- Daniela Acosta, Manager, Education and Knowledge Translation

Progress to date

- All About Me
 - Tailored the existing “Getting to Know Me” tools to include focus on social engagement
 - Updated process for new admissions and existing residents
 - Updated poster template
 - Created an online form for populating the poster

All About Me

Poster to be hung in resident's rooms

All About [Preferred Name]



My story



What I enjoy most



Talk to me about



How to communicate with me



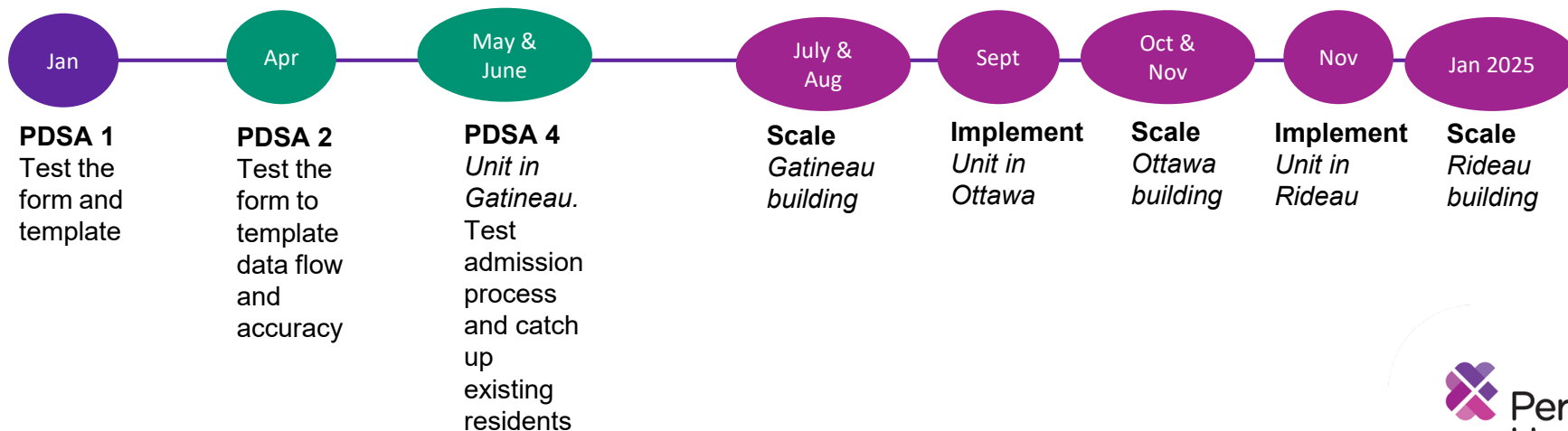
Please reach out to your assigned Recreation Therapist to discuss this document.



Implementation Timelines

Testing the Intervention

Implementation and Scaling



Next Steps

- Plan staff training for implementation with a focus on process and social engagement strategies.
- High level discussions on subsequent projects

Leveraging technology to enhance resident engagement

- *Update on Magic Table*

Tovertafel (Magic Table)

- In 2023, Perley Health received a grant from CABHI Discover & Adopt Program to support implementing and evaluating this innovative solution as a means of enhancing resident social engagement
- Initial 6-month trial period was conducted on R1N (new secure unit)



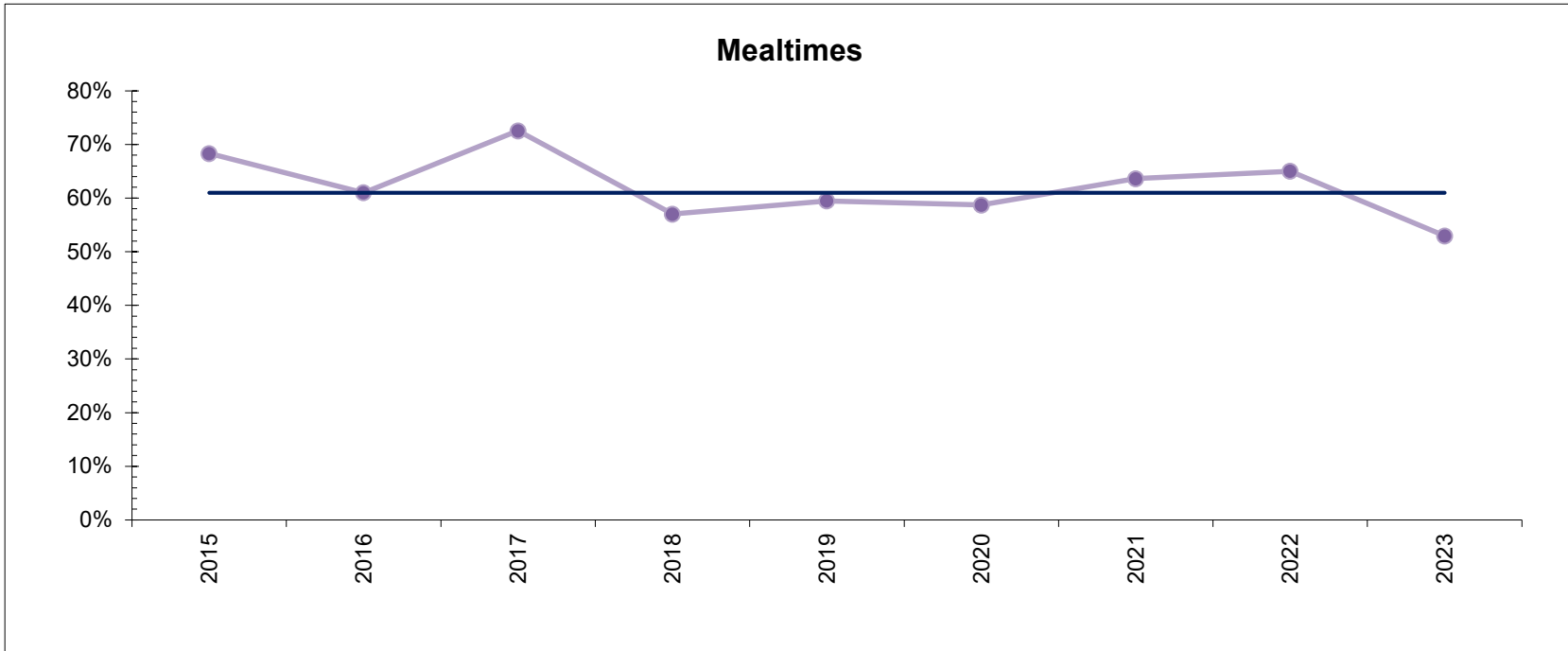
CENTRE FOR AGING
+ BRAIN HEALTH
INNOVATION
Powered by Baycrest

Tovertafel (Magic Table)

- Implementation of the Magic Table is continuing across Perley Health, with three additional projectors being installed in the Ottawa and Gatineau buildings and in the Games Room
- Planning is currently underway, including the establishment of a “Champion Network” to support roll-out and ongoing use

Resident QOL – Dining Experience

Definition: Percentage of residents who responded positively to “I enjoy meal times”
(Source: Resident Experience Survey)



Dining Experience QI Team

Project Leads

Sarah Taylor, Manager, Food & Nutrition Supervisor

Colleen Summerton, PSW Supervisor

Team Priorities

Initial change ideas:

- Provide residents with their preferred meal choice
- Serve all residents together (seated at the table)
- Implement a sustainable table rotation plan
- Visual (painting of dining rooms, updating window coverings, etc.)

Progress to Date

- Testing change idea(s) (one unit - R2N)
 - Taking orders of all residents seated at a table utilizing the resident census sheet (this will ensure all residents at the table are served together)
 - Serving residents who choose to eat in their rooms following dining room service

Progress to Date

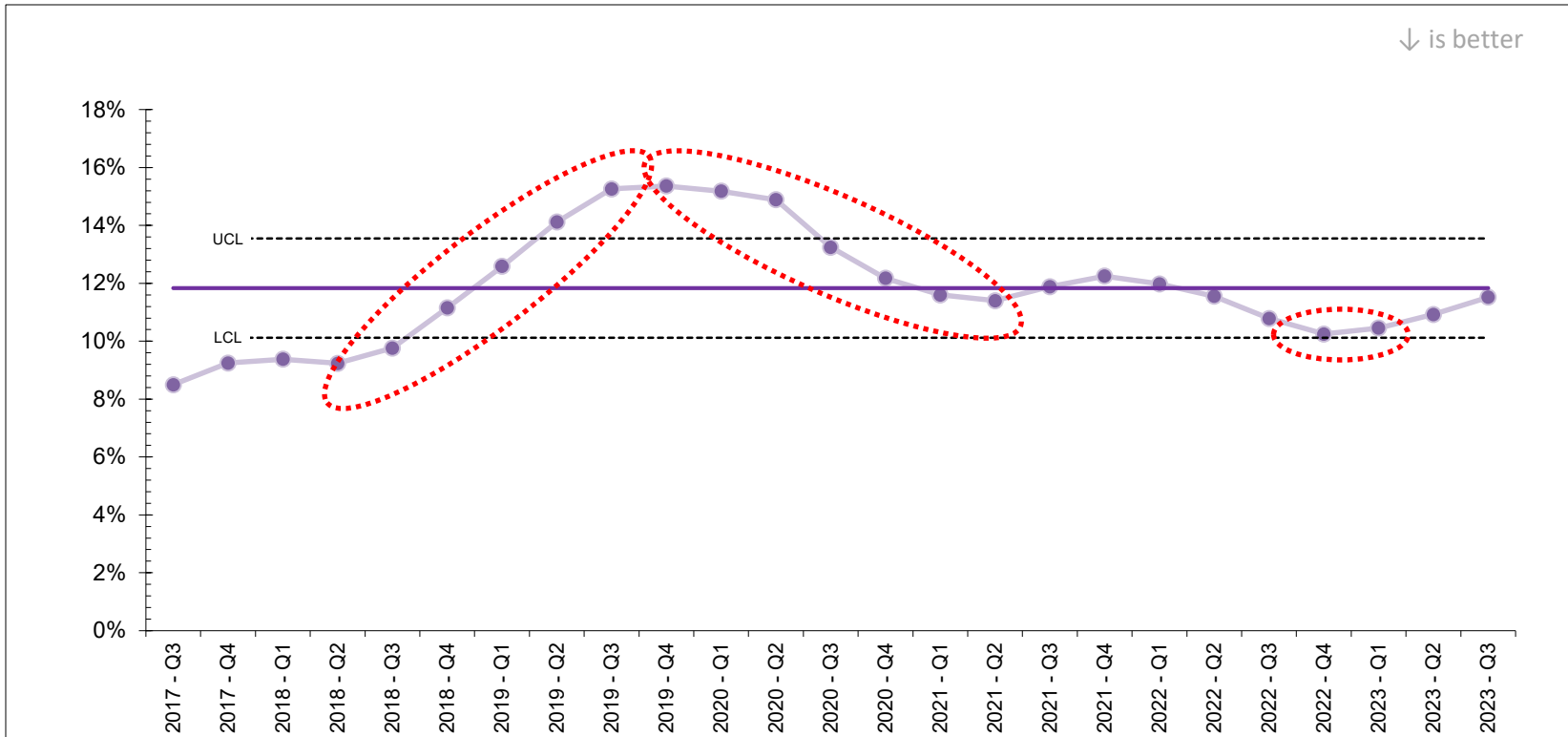
- Budget approval received to update/refurbish dining rooms
- Team met with Interior Designer for suggestion/ideas (bringing forward to team at next meeting)

Next Steps

- Evaluate current change ideas
 - Are you receiving your meals together (with table-mates)?
 - Are you receiving your meal choice more than 90% of the time?
- Start rolling out initial change ideas on other units
- Implement a Sustainable Table Rotation (R2N)
 - To prevent same tables from always being served first/last

Pain Experienced

Definition: Percentage of residents who experiencing pain



Pain Experienced

Work completed in 2023/24

- Pain QI Team reconvened and has identified two primary aims for improvement work:
 - Reducing the number of residents that have unmanaged pain
 - Reducing the number of residents that are experiencing pain
- Team has completed the diagnostic phase, which includes development of a current state process map, audits of pain data etc. to identify opportunities for improvement
- Some preliminary change ideas that have been identified by the team include:
 - Standardization of pain assessment process – how frequently do we assess pain for all residents (baseline), reliability of the assessment and documentation, etc.
 - Use of non-pharmacological interventions for managing pain, and how their use is care planned and documented

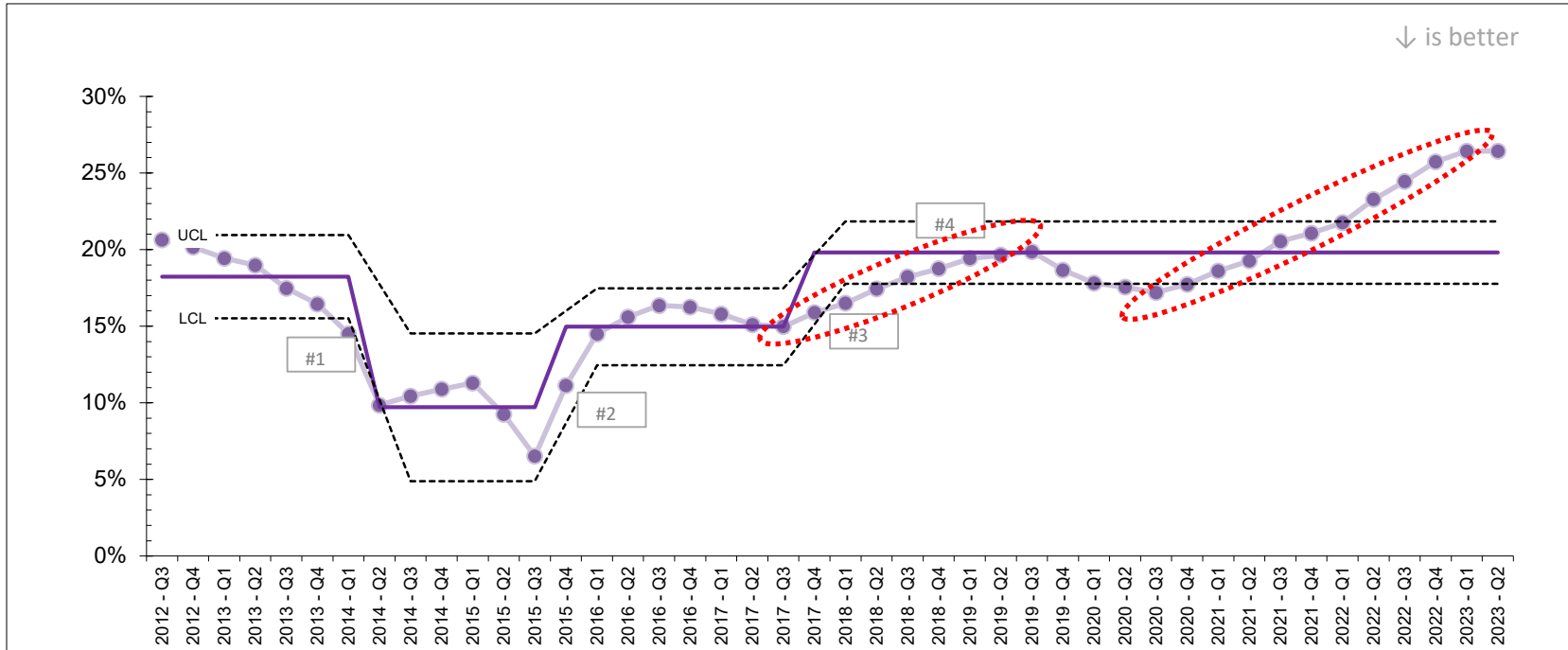
Pain Experienced

Work completed in 2023/24

- Clinical Quality Lead role was introduced in early 2024
 - Conducts audits and in-depth chart reviews for residents triggering the Pain indicator
 - Works with teams at the bedside on individualized and system-based changes aligned with best practice
- Perley Health has received grant funding to trial and evaluate PainChek – a mobile application that uses deep learning and artificial intelligence to identify and evaluate pain. The 6-month trial will begin later this spring in the Gatineau building.
 - Through PainChek we hope to improve the reliability of pain assessments, particularly for residents with cognitive impairment and/or who are otherwise unable to communicate the pain they are experiencing.

Antipsychotics

Definition: Percentage of residents on antipsychotics without diagnosis of psychosis



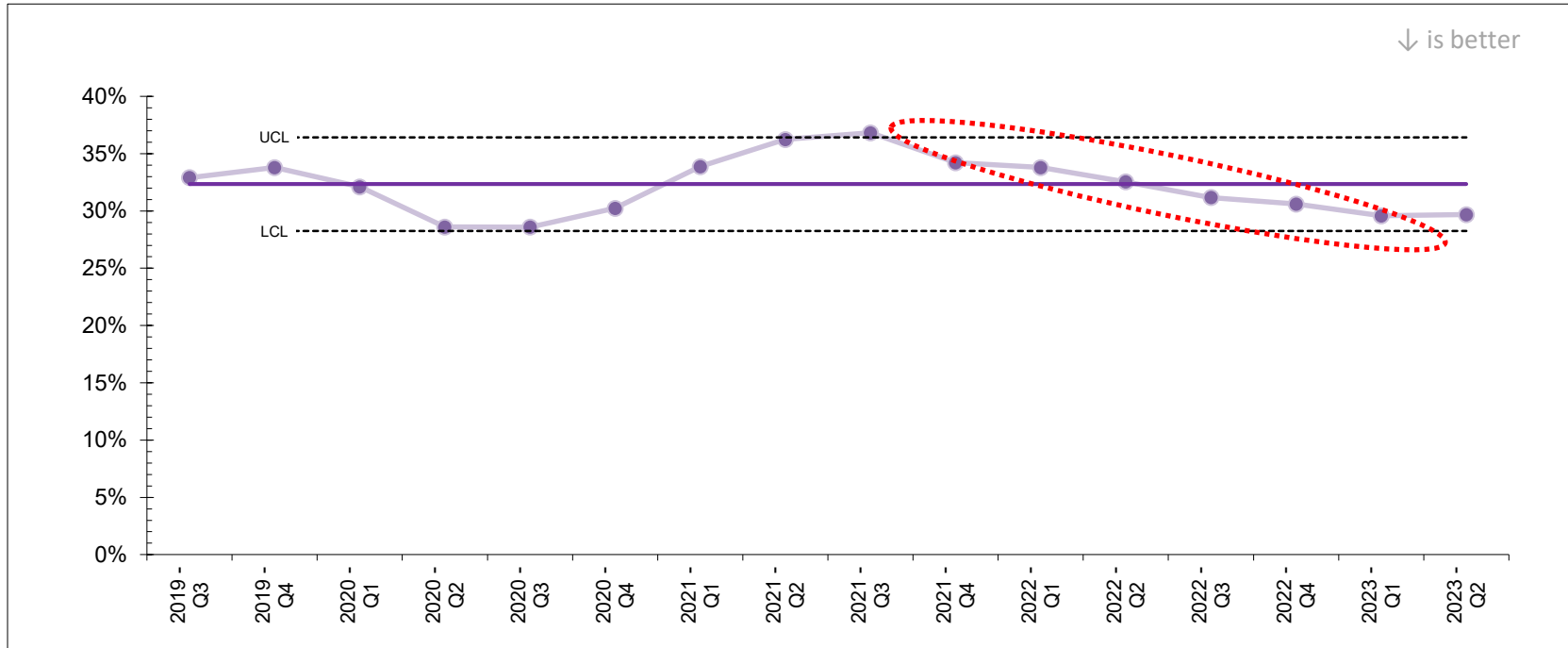
Antipsychotics

Work completed in 2023/24

- Clinical Quality Lead role was introduced in early 2024
 - Conducts audits and in-depth chart reviews for residents triggering the Antipsychotics indicator
 - Collaborates with teams at the bedside to identify potential candidates for deprescribing, and work through the standard deprescribing process with the team.
 - Establishing a standardized process for capturing supportive documentation for antipsychotic use
- Plan to embed antipsychotic deprescribing principles into the SeeMe and care conference structures (initial and annual).

Symptoms of Depression

Definition: Percentage of residents whose mood from symptoms of depression worsened



Symptoms of Depression

Work completed in 2023/24

- Delirium, Dementia and Depression (3Ds) QI team completed gap analysis against Depression best practice guidelines. Most significant gap – the consistent identification and assessment of changes in resident mood
 - Validated depression assessment (PHQ-9) identified as an appropriate tool to support new process. Assessment endorsed by physicians at March Medical Advisory Committee. Implementation planning underway.
- 3Ds team completed significant revision of Suicide Assessment and Intervention policy and process
 - Planning underway to participate in a research study to test a validated suicide risk assessment tool for the LTC population (GSIS – short) – waiting on Research Ethics approval before proceeding

Palliative Care

Work completed in 2023/24

- The Palliative Care team identified a number of priorities for 2023/24.
 - Deployment of enhanced comfort care carts and chairs: 6 carts and 3 chairs are currently available for use across Perley Health.



Palliative Care

Work completed in 2023/24

- End-of-life communication and rituals
 - In collaboration with Creative Arts team, a wreath prototype has been developed. The wreath can be put on the door when the resident is at end-of-life or following their death (based on consent). Prototype was endorsed at Resident Information Session.
 - Additional work includes development of a symbol that could be placed at the resident's spot in the dining room
 - Development of supportive processes and communication/education underway

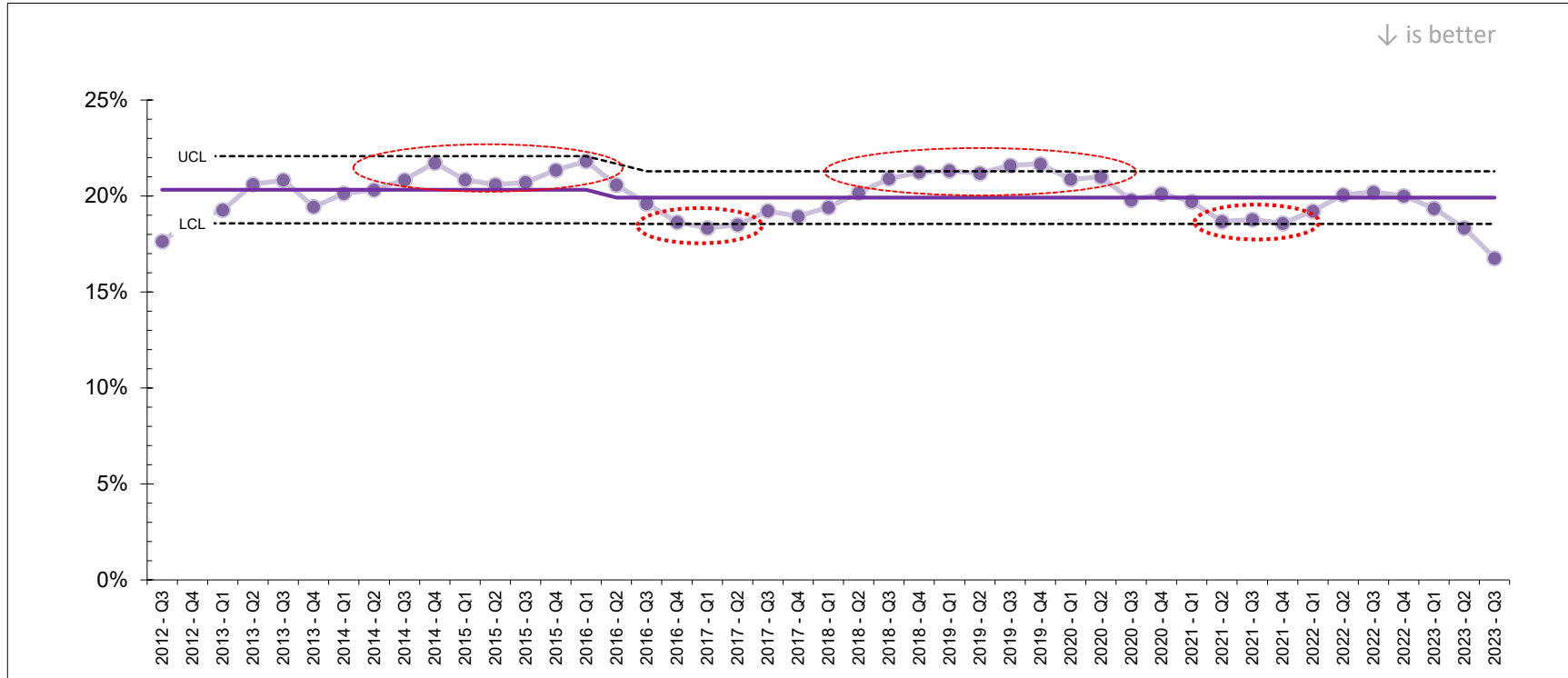
2023/24 QIP Priorities

- **Monitoring**

- Reduce falls rate
- Reduce worsening pressure injuries
- Reduce daily restraint rate
- Reduce worsening behavioural symptoms

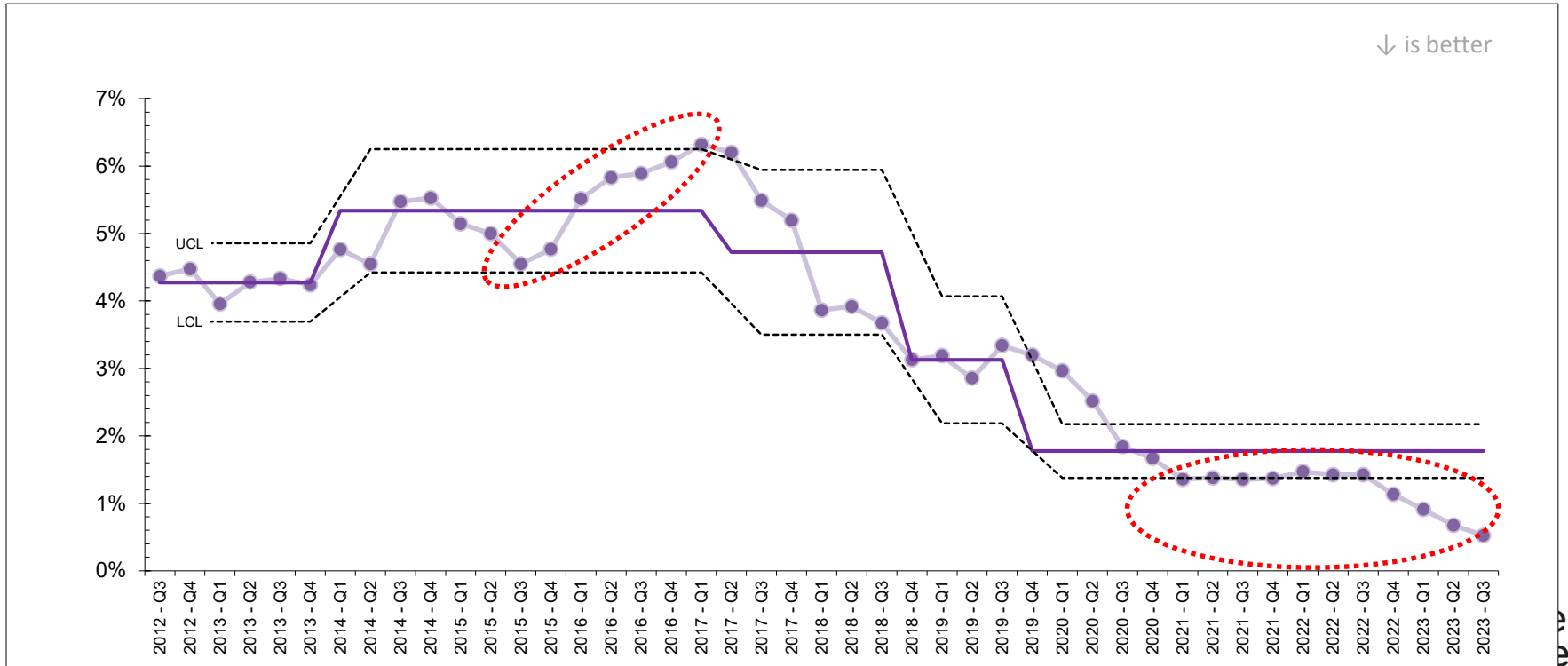
Falls

Definition: Percentage of residents who had a recent fall (in the last 30 days)



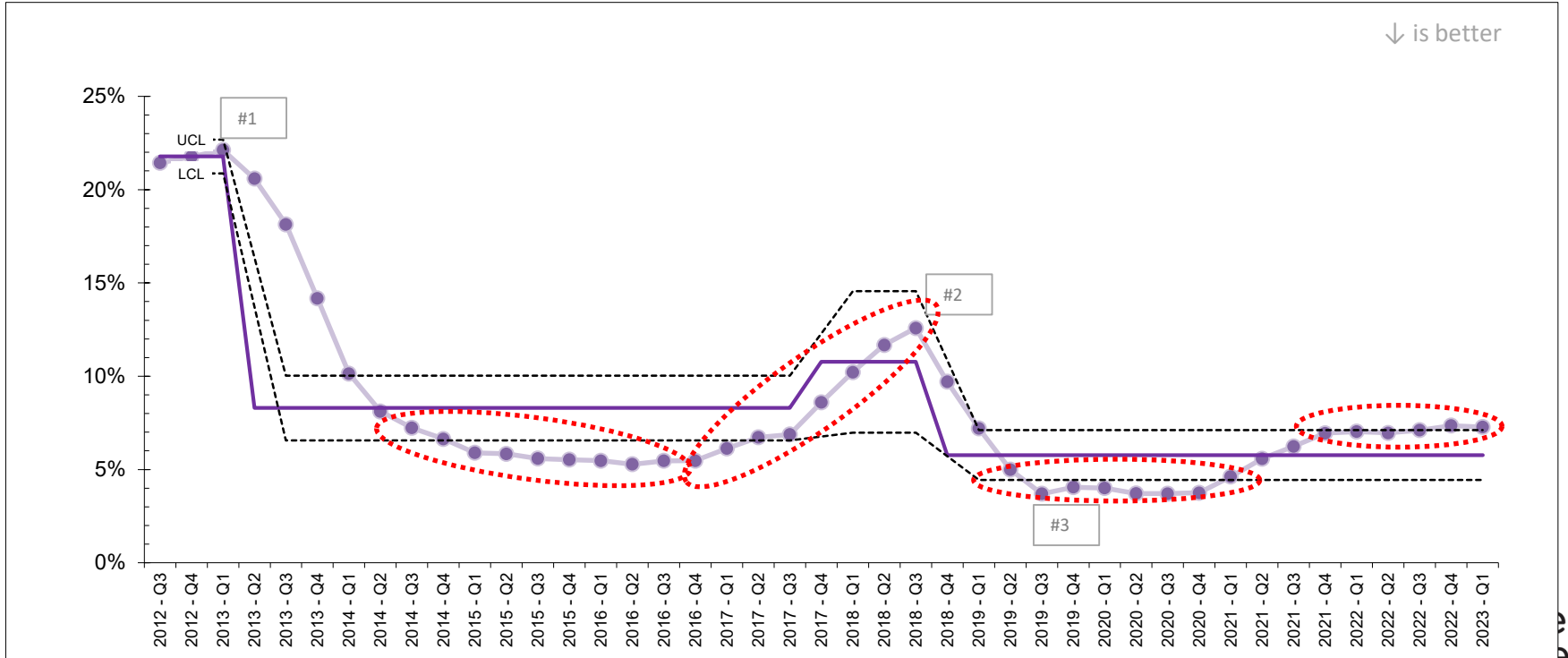
Worsening Pressure Injuries

Definition: Percentage of residents who had a pressure injury that recently got worse



Physical Restraints

Definition: Percentage of residents who were physically restrained (daily)



Worsening Behaviours

Definition: Percentage of residents whose behavioural symptoms worsened

