

Excellent Care for All

Quality Improvement Plans 23/24 (QIP): Progress Report on the 2022/23 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Ontario Health (OH) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2022/23	Org Id	Current Performance as stated on QIP2022/23	Target as stated on QIP 2022/23	Current Performance 2023	Comments
	Having a Voice: "What Number Would You Use to Rate How Well the Staff Listen to You?"	51585	92.59%	90.00%	85.07%	

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2022/23)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
To ensure residents have a comprehensive understanding of this indicator.	Yes	Residents were engaged to provide education on the collection of this data and encouragement to participate. This indicator was impacted significantly by the restrictions imposed during the pandemic.
When resident incapable, to ensure Families/POA's have a comprehensive understanding of this indicator.	Yes	Residents' families and/or Power of Attorney's were engaged where possible to provide education on the collection of data and encouragement for their loved one to participate. As above, this change idea was impacted significantly during the visitor restrictions during the pandemic.
Ensure indicator is collecting quality data.	Yes	Residents were engaged via the Residents Council to provide suggestions for standardized questions that reflect accurate quality data.
Enhance the staff/resident relationships	Yes	Education was provided to staff reinforcing the importance of relationships with Residents in order to ensure they feel valued and provide feedback. Residents were provided opportunities to participate in Quality Improvement Committee meetings and projects related to Resident Care and Services. Residents are also being engaged in the Accreditation process for the November 2023 survey. This change idea was impacted by the pandemic as activities and Resident Council meetings were limited due to the pandemic.

Long Term Care Unit

ID	Measure/Indicator from 2022/23	Org Id	Current Performance as stated on QIP2022/23	Target as stated on QIP 2022/23	Current Performance 2023	Comments
	Being Able to Speak Up about the Home: "I Can Express My Opinion Without Fear of Consequences"	51585	90.12%	90.00%	86.36%	•

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Change Ideas from Last Years QIP (QIP 2022/23)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
To ensure residents have a comprehensive understanding of this indicator.	Yes	Residents were engaged to provide education on the collection of this data and encouragement to participate. Residents' input and ideas were brought forward at Residents' Council. This indicator was impacted significantly by the restrictions imposed during the pandemic.
When resident incapable, to ensure Families/POA's have a comprehensive understanding of this indicator.	Yes	Care conferences were utilized as an opportunity to engaged and educate Residents' families which increased participation. As above, this indicator was impacted due to the restrictions imposed during the pandemic.
Ensure indicator is collecting quality data.	Yes	Residents were engaged via the Residents Council to provide suggestions for standardized questions that reflect accurate quality data.
Enhance the staff/resident relationships	Yes	Education was provided to staff reinforcing the importance of relationships with Residents in order to ensure they feel valued and provide feedback. Residents were provided opportunities to participate in Quality Improvement Committee meetings and projects related to Resident Care and Services. Residents are also being engaged in the Accreditation process for the November 2023 survey. This change idea was impacted by the pandemic as activities and Resident Council meetings were limited due to the pandemic.

Long Term Care Unit

ID	Measure/Indicator from 2022/23	Org Id	Current Performance as stated on QIP2022/23	Target as stated on QIP 2022/23	Current Performance 2023	Comments
	Experiencing Worsened Pain	51585	9.51%	9.51%	11.27%	

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Change Ideas from Last Years QIP (QIP 2022/23)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Sustain indicator	Yes	<p>Initiating a multidisciplinary Pain Management Committee and building relationships with external care providers with knowledge and expertise (i.e. Hospice Niagara) was helpful.</p> <p>Some other initiatives leveraged included: facilitated education sessions related to identifying and treating pain; quarterly assessments and data review by MDS staff, pharmacy and Physician; and performing monthly pain reviews at the Pain Management Committee..</p> <p>This indicator was a challenge due to both the number of admissions and staffing challenges throughout the pandemic. It will continue to be a priority for the Home as the target was not met.</p>