Continuous Quality Improvement Report
Mackenzie Health LTC / UniversalCare Inc

DESIGNATED LEAD- Quality Improvement Lead
Shelly Kasprick - Administrator
Introduction to UniversalCare / Mackenzie Health LTC

• Mackenzie Health Long Term Care (Mackenzie Health-LTC) has been part of UniversalCare Corporation since December 1, 2010.

• UniversalCare/Mackenzie Health-LTC is a 170-bed Long Term Care Home within Mackenzie Health Richmond Hill Hospital and is a member of the Western York Region Ontario Health Team. UniversalCare/Mackenzie Health-LTC aligns with Accreditation Canada and operates following the Long-Term Care Home Service Accountability Agreement.

• UniversalCare/Mackenzie Health-LTC strategic goals are to provide exceptional care and services to its seniors by respecting residents’ Bill of Rights and meeting all requirements stipulated in the Fixing Mackenzie health Long-Term Care Homes Act 2021, and Ontario Regulation 246/22.

• Quality improvement is greatly emphasized at our Long-Term Care Home as is a part of our daily routine. Our goal is to enhance resident care and services by providing compassionate, holistic-centered care through innovation and excellence.
## Quality Improvement Outcomes from 2022-23

<table>
<thead>
<tr>
<th>Quality Indicator</th>
<th>Performance Identified in 2022</th>
<th>Current Performance Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of residents taking antipsychotics without a diagnosis of psychosis</td>
<td>7.7% % CIHI /average 2021/2022</td>
<td>9% CIHI /average 2022/2023</td>
</tr>
<tr>
<td>Daily physical restraints use</td>
<td>2.3 % CIHI /average 2021/2022</td>
<td>1% CIHI /average 2022/2023</td>
</tr>
</tbody>
</table>

The percentage of residents taking antipsychotics without a diagnosis of psychosis slightly increased in 2022/2023 but it is still below provincial average. The percentage of physical restraints utilization was below the provincial average.
Quality Improvement Outcomes from 2022-23

% of residents taking antipsychotics without diagnosis of psychosis

- Provincial Average:
  - 2021/2022: 20%
  - 2022/2023: 21%

- MHLTC:
  - 2021/2022: 8%
  - 2022/2023: 9%
UniversalCare/Mackenzie Health-LTC is pleased to share its 2023/24 Continuous Quality Improvement Plan Report. UniversalCare/Mackenzie Health-LTC is committed to quality improvement and is reflected in our mission and strategic plan. We are continuing the implementation of the Person and Family Centered Care RNAO Best Practice Guideline ensuring residents and their families are supported to achieve their personal goals for their health and quality of life. We are implementing the Palliative Approach to Care and End-of-Life Care Best Practice Guidelines concentrating on improving or sustaining comfort and quality of life for the residents and their families facing a life-limiting illness. Our Palliative care approach encompasses holistic services that meets the physical, emotional, social, cultural, spiritual and psychological needs of the resident and their family members.

Meeting the requirements of the Fixing Long Term Care Act 2021 and Ontario Regulations 246/22, respecting Residents’ Bill of Rights, maintaining an environment that supports evidence-based practices and innovation remain high priorities for UniversalCare/Mackenzie Health-LTC. Our Continuous Quality Improvement Plan is a roadmap to integrating excellent care, collaboration and enhanced quality of life for residents in our Home.
The high-level priorities for UniversalCare/Mackenzie Health-LTC 2023/2024 Continuous Quality Improvement are enhancing care outcomes and empowering frontline staff with knowledge and skill by implementing best practice guidelines as a designate Best Practice Spotlight Organization, supporting innovation in data integration, and maintaining Resident and Family Satisfaction:

- Achieving Excellence in Quality of Life for residents in our Home
- Achieving Resident’s Comfort
- Supporting Resident’s Transition in our Home
- Meeting Resident’s needs, wishes
- Supporting Point of Care Decision Making
- Enhancing screening, assessment and prevention of risk
- Data Integration
- Maintaining Residents’ and Staff Satisfaction
QUALITY OBJECTIVES FOR 2023/2024

1. Achieving Excellence in Quality of Life for residents in our Home through the implementation of Person and Family Centered Care (PFCC) and Alternative to Restraints Best Practice Guidelines. and the Palliative Approach to Care Guidelines.

2. Achieving Resident’s Comfort through the implementation of Pain Assessment and Management Best Practice Guideline and the End-of-Life Care Guidelines.

3. Supporting Resident’s Transition in our Home prior to admission through the process of pre-admission conference and on the day of admission through the implementation of the Admission and 24 Hours Assessment and Plan of Care Clinical Pathway.

4. Meeting Resident’s needs, wishes through the implementation of Clinical Pathways (Person and Family Centred Care and Pain Assessment and Management) and integration of goals of care discussions during resident care conferences.

5. Data Integration through the implementation of AMPLIFI for the continuous updating of resident’s information in both Hospital and LTC Home record with transition exchanges

6. Supporting screening, assessment, prevention of risk and point of care decision making through the implementation of Assessment Tools and Clinical Pathways that integrate with Plan of Care though Nursing Advantage Canada electronic platform for residents’ assessment

7. Maintaining Resident and Staff Satisfaction through Response and Action
UniversalCare/Mackenzie Health-LTC has developed an annual planning cycle for their Continuous Quality Improvement Report and Quality Improvement Plan (QIP).

Quality Improvement planning includes an evaluation of the following factors to identify preliminary priorities:

- Progress achieved in past year based on previous QIP;
- 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 suggests improvement required.
- MDS Indicators Raw Data Reports available in Point Click Care.
- Resident, family and staff experience survey results;
- Identified priorities through program evaluations and recommendations from the homes continuous quality improvement committee.
- Results of care and service audits.
- Emergent issues identified internally (trends in critical incidents) and/or externally;
- Input from residents, families, staff, leaders and external partners.
- Mandated provincial improvement priorities (e.g., HQO)
- Acts and Regulations for Long Term Care Homes, other applicable legislations and best practice guidelines
• Priorities are discussed within different committees and councils by interprofessional team members.

• These committees and councils include the Leadership Team, Resident Councils, Family Council, CQI Council and the Board of Directors Committee, such as Quality Care Committee. The process is interactive and engages different stakeholder groups.

• QIP targets and practice change ideas are identified and confirmed. Final QIPs are approved by Mackenzie Health Board of Directors.
UniversalCare/Mackenzie Health-LTC APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

• UniversalCare/Mackenzie Health-LTC Policies and Procedures, electronic documentation platform setup and practice standards, provide a baseline for staff in providing quality care and services, while maintaining safety. UniversalCare/Mackenzie Health-LTC has adopted the Model for Improvement to guide quality improvement activities. Interprofessional quality improvement teams, including resident and family advisors, work through the phases of the model to:

1. Complete Trends Analysis

• 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, fishbone, Plan-Do-Study-Act (PDSA) cycles, 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 there is a better understanding of the current system or practice challenges, the aim is expressed and documented. The aim includes information regarding the actual indicator target for improvement, the resident and family experience and satisfaction of outcomes, staff adherence to practice change and work satisfaction and, use of resources. This aim will be used to evaluate the impact of the change ideas through implementation and sustainability. Aim Statements are Specific Measurable, Attainable, Relevant, Timeline-Bound.

• The aim statement includes the following parameters - “How much” (amount of improvement – e.g., 30%), “by when” (a month and year), “as measured by” (indicator or a general description of the indicator) and/or “target population” (e.g., residents, residents in specific area, etc.)
3. Developing and Testing Practice Change(s)

- As a principal, UniversalCare/Mackenzie Health-LTC will identify practice changes to implement current evidence-based recommendations established by the published best practice guideline(s).

- With the completion of the gap analysis, and program evaluation as required, areas for improvement are identified by various teams that will move UniversalCare/Mackenzie Health-LTC towards meeting its aim statement(s).

- UniversalCare/Mackenzie Health-LTC will monitor and track outcomes of practice changes through observation, auditing and data collection.

4. Implementation, Dissemination, Sustainability

- Improvement teams consider the following factors when developing implementation of practice change plan:

  ➢ Outstanding work to be completed prior to implementation (e.g., final revisions to change ideas, embedding changes into existing workflow, updating relevant Policies and Procedures, work flow charts, documentation systems etc.)
  ➢ Education required to support implementation, including key staff resources (e.g., Best Practice Champions, Best Practice Liaisons and Co-liaisons).
  ➢ Communication required to various stakeholders, before during and after implementation
  ➢ Approach for spread across UniversalCare/Mackenzie Health-LTC, to residents, families, staff
  ➢ Dissemination at monthly Best Practice Change meetings, conferences, webinars, Best Practice Symposium, etc.)
Measures includes the following types:

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

**Process Measures:**
- Measures key activities, tasks, processes implemented to achieve aim

**Structure Measures:**
- Measures systems, and processes to provide high-quality care.
• 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 decline 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 adherence to compliance.
At An Organizational Level

- **UniversalCare/Mackenzie Health-LTC** is using different reports to monitor and measure progress on strategic aims such as reports and Quality Improvement modules, best practice indicators based on guideline and clinical pathway implementation, and different analysis tools available within different programs. (audits, shift reports, MDS)

- Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:
  - Posting on unit Continuous Quality Improvement and Best Practice Boards, in common areas and in staff lounges
  - Publishing stories and results via the newsletter, presenting at practice change webinars, social media
  - Direct email to staff and families and other stakeholders
  - Handouts and one: one communication with residents, families and staff
  - Presentations at staff meetings, Quality and Best Practice Knowledge Exchange monthly meetings, and Resident Councils and Family Council
  - Change of shift reports
  - Use of Best Practice Champions to communicate directly with peers
Resident and Family Satisfaction Survey

• Resident and Family Satisfaction Surveys are provided to Residents and their family members each year in September.

• The results of the satisfaction surveys are communicated to the residents and their families, the Residents Council and Family Council and members of the staff of the Home.

• UniversalCare/Mackenzie Health-LTC completes a review of all the responses and establishes goals on the CQI action plan for any areas identified as needing improvement in collaboration with residents and their families, Residents Council, Family Council, CQI committee members and staff members of the Home.
2022 Resident and Family Satisfaction Surveys was completed on October, 2022

Summary of Areas home is performing well:

- 91% satisfaction with the quality of nursing care.
- 87% satisfaction with privacy being respected.
- 83% satisfaction with staff being always professional and respectful.

Summary of Area for Improvement identified on October 2022 Survey listed below:

- 64% satisfaction with the care of clothing and belongings.
1. Person and Family Centered Care

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current Performance</th>
<th>Target Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction with care of clothing and belongings</td>
<td>63%</td>
<td>75%</td>
</tr>
</tbody>
</table>

2. Use of Antipsychotic Medication

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current Performance</th>
<th>Target Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of residents who took antipsychotic medication without a diagnosis of psychosis.</td>
<td>9%</td>
<td>7%</td>
</tr>
</tbody>
</table>
### 3. Palliative and End-of-Life Care

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current Performance</th>
<th>Target Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents identified under palliative care with resident specific care plans based on goals of care discussions regarding palliative care measures</td>
<td>91%</td>
<td>100%</td>
</tr>
<tr>
<td>% of palliative care residents that have had an interdisciplinary assessment of their holistic palliative care needs</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

### 4. Daily Physical Restraints Use

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current Performance</th>
<th>Target Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Residents using Daily Physical Restraints</td>
<td>1.0%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>
Each year we create and run a Resident and Family Satisfaction Survey. Based on the results of this survey we pick indicators that we can improve on and work as a team to try to meet our goals.

Based on the results of our 2022 Resident and Family satisfaction Survey, we are working hard to improve satisfaction with the care of clothing and belongings. We will work with staff to re-educate on new clothing process by printing clothing/laundry process and having staff sign.

As items are reported missing we continue to look for them in the home and if we are unable to locate them we contact EVS services.
Practice Changes/Action Items to Support Quality Improvement

1. Clinical Pathway Implementation:
   - 24 Hours Assessment and Plan of Care
   - PFCC
   - Risk for Delirium
   - Pain Assessment and Management
   - Feedback provided to RNAO, Palliative approaches to care, and Point Click Care.

2. Data Integration (AMPLIFI Project)
   - Match of resident electronic health records between UniversalCare/Mackenzie Health-LTC and hospital software systems

3. Safety and Technology:
   - Skin and Wound App.
   - Practitioner Engagement and Secure Conversation App.
   - Automated Dispensing Cabinets (ADC) use
   - Infection Control Program Implementation

4. Improved Staff Experience:
   - Supporting Point of Care Decision Making: Clinical Pathways, electronic Infection Control Program, ADC, electronic Skin and Wound Program
   - Satisfaction Survey and Outcome

5. Residents Satisfaction Survey:
   - Satisfaction Survey and Outcome
   - Residents’ Council Feedback
   - Actions for improvement
## Mackenzie Health Long Term Care - Continuous Quality Improvement Action Plan

### Year: 2023

**Instructions:** Complete Continuous Quality Improvement Action Plan as part of the CQI Report annually. Create action plan for targeted quality improvement initiatives identified during review of Resident & Family Satisfaction surveys from year previous, CQI Audits and Program Evaluations.

The following items need to be addressed each year in this action plan: QI Indicators (I.E. Skin, ED Transfers, Fall Prevalence, Infection I/E, MIST, PECS, Epic PAC integration), Resident/Family Survey action items, BPSO Audits, I/E, Plan assessment and management, medstats, PECSO, CQI audit action items and Program Evaluation action items.

### Indicator 1

- **Satisfaction with care of clothing and belongings:**
  - **Baseline:** 63%
  - **Goal:** To increase residents and families satisfaction with care of clothing and belongings from 63% to 75% by Dec 31, 2023.
  - **Aim Statement:** To improve care of residents personal clothing and belongings. Items are often reported to be missing by residents and families due to inconsistent processes related to item labeling.

### Indicator 2

- **% of residents who take antipsychotic medication without a diagnosis of psychosis:**
  - **Baseline:** 9%
  - **Goal:** To decrease % of residents who are taking antipsychotic medication without a diagnosis of psychosis from 9% to 7% by Mar 31, 2024.
  - **Aim Statement:** Current percentage of residents taking antipsychotic medication without a diagnosis of psychosis is below provincial average and the team continues to work on further reducing the percentage.

### Practice Change Ideas

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Responsible Person</th>
<th>Date Action was Taken</th>
<th>Outcomes of Actions Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Verify from Point Click Care if residents are taking antipsychotics with an appropriate diagnosis requiring antipsychotic medication.</td>
<td>CMO Manager</td>
<td>Sep 30, 2023</td>
<td>75%</td>
</tr>
<tr>
<td>2) Review during admission the antipsychotic use. Make or adjust: dosage/exposure by MD or AP as needed and coordinate resident follow up.</td>
<td>CMO/ PD</td>
<td>Dec 31, 2023</td>
<td>75%</td>
</tr>
<tr>
<td>3) Establish a care plan for residents who may benefit from intervention or adjustment of antipsychotic use in sections 2 and 2.</td>
<td>CMO/ PD</td>
<td>Dec 31, 2023</td>
<td>75%</td>
</tr>
</tbody>
</table>

### Description of how and when actions were completed

The CQI committee members participated in quarterly meetings to review antipsychotic medication use. External teams are consulted when necessary by CQI members such as BSO, CQI committee evaluates outcomes of actions taken and provides recommendations for further improvement to this indicator.

---

**Table: Quality Indicators**

<table>
<thead>
<tr>
<th>No</th>
<th>Current Quality Indicator</th>
<th>Current Performance</th>
<th>Quality Indicator Target</th>
<th>Quadrant Aim &amp; SMART goal (1)</th>
<th>Practice Change Idea</th>
<th>Action Items</th>
<th>Responsible Person</th>
<th>Date Action was Taken</th>
<th>Outcomes of Actions Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Satisfaction with care of clothing and belongings</td>
<td>63%</td>
<td>75%</td>
<td>Goal: To increase residents and families satisfaction with care of clothing and belongings from 63% to 75% by Dec 31, 2023.</td>
<td>To improve care of residents personal clothing and belongings. Items are often reported to be missing by residents and families due to inconsistent processes related to item labeling.</td>
<td>1) Verify from Point Click Care if residents are taking antipsychotics with an appropriate diagnosis requiring antipsychotic medication.</td>
<td>CMO Manager</td>
<td>Sep 30, 2023</td>
<td>75%</td>
</tr>
<tr>
<td>2</td>
<td>% of residents who take antipsychotic medication without a diagnosis of psychosis</td>
<td>9%</td>
<td>7%</td>
<td>Goal: To decrease % of residents who are taking antipsychotic medication without a diagnosis of psychosis from 9% to 7% by Mar 31, 2024.</td>
<td>Current percentage of residents taking antipsychotic medication without a diagnosis of psychosis is below provincial average and the team continues to work on further reducing the percentage.</td>
<td>1) Verify from Point Click Care if residents are taking antipsychotics with an appropriate diagnosis requiring antipsychotic medication.</td>
<td>CMO Manager</td>
<td>Sep 30, 2023</td>
<td>75%</td>
</tr>
</tbody>
</table>

---

**Date:**

- Residtents Council Action Plan was communicated to Resident Council during meeting on February 16, 2023 and reminding residents via-minutes dissemination. Family Council was informed during Family Council Meeting on Mar 31, 2023 and reminder of disseminations. The CQI Action Plan was communicated to staff during general staff meeting, variable committee meeting and minutes dissemination by April 30, 2023.
<table>
<thead>
<tr>
<th>1</th>
<th>2100.0%</th>
<th>5%</th>
<th>100%</th>
<th>100%</th>
<th>1%</th>
<th>0.5%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong> To maintain the percentage of residents (100%) identified under palliative care with resident's specific care plans based on goals of care discussions regarding palliative care measures, by Mar 31 2024.</td>
<td><strong>Aim Statement:</strong> To maintain the resident, family and staff experience for supporting therapeutic and collaborative partnerships that identify the physical, psychological, social, spiritual (existential) and practical requirements of the resident and their family members facing a life limiting illness. Completing a holistic assessment in partnership with the resident and family members can support the development of a plan of care that has been co-designed to encompass the residents values, wishes, beliefs, preferences and expectations. Establishing care and services that are tailored to the resident and the family members needs will enhance residents quality of life and comfort.</td>
<td>Feb 28 2024</td>
<td>Apr 30 2024</td>
<td>Apr 30 2024</td>
<td>Apr 30 2024</td>
<td>Apr 30 2024</td>
</tr>
<tr>
<td><strong>Goal:</strong> To decrease the percentage of residents using daily physical restraints from 1% to 0.5% by Dec 31, 2023.</td>
<td><strong>Aim Statement:</strong> Our Home decreases the percentage of “Residents using Physical Restraints in past year” from 2.4% to 1% The aim for 2023/2024 is to continue working on this quality initiative and achieve further decrease in the percentage of resident using daily physical restraints.</td>
<td>Nov 30 2023</td>
<td>Feb 28 2024</td>
<td>Jan 31 2024</td>
<td>Jan 31 2024</td>
<td>Jan 31 2024</td>
</tr>
<tr>
<td><strong>Goal:</strong> To consult external healthcare professionals from LHIN hospital such as MDs, chaplains, ethicists, representatives from Central LHIN, Hospice Palliative Care Team Central LHIN, and visiting hospices, LEAP.</td>
<td><strong>Aim:</strong> To engage residents and their loved ones in the type of restraints, the risks associate with their use, as well as, the expected outcome.</td>
<td>Jan 31 2024</td>
<td>Feb 28 2024</td>
<td>Mar 31 2024</td>
<td>Mar 31 2024</td>
<td>Mar 31 2024</td>
</tr>
</tbody>
</table>

**Note:** The CQI team consult with the interdisciplinary team with feedback on action items. The interprofessional health team related to palliative care or end-of-life needs in collaboration and end-of-life education to provide staff training for nurses and the interprofessional health team related to palliative care and end-of-life education to provide staff training for nurses and the interprofessional health team related to palliative care with resident specific and holistic plan of care tailored to the resident's palliative care needs. 2) Schedule and implement training sessions for registered staff on goals of care discussions, referrals and resident specific care planning based on goals of care discussions.

**2) Establish an audit process to audit the completion and quality of palliative care plans based on goals of care discussions.**

<table>
<thead>
<tr>
<th><strong>Goal:</strong> To develop education sessions and training tools and materials to support the decision-making processes regarding the use of restraints. CQI team consult with the interdisciplinary team with feedback on action items.</th>
<th><strong>Aim:</strong> To consult external healthcare professionals from LHIN hospital such as MDs, chaplains, ethicists, representatives from Central LHIN, Hospice Palliative Care Team Central LHIN, and visiting hospices, LEAP.</th>
<th>Jan 31 2024</th>
<th>Feb 28 2024</th>
<th>Mar 31 2024</th>
<th>Mar 31 2024</th>
<th>Mar 31 2024</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong> To maintain the percentage of residents (100%) identified under palliative care with resident's specific care plans based on goals of care discussions regarding palliative care measures, by Mar 31 2024.</td>
<td><strong>Aim Statement:</strong> To maintain the resident, family and staff experience for supporting therapeutic and collaborative partnerships that identify the physical, psychological, social, spiritual (existential) and practical requirements of the resident and their family members facing a life limiting illness. Completing a holistic assessment in partnership with the resident and family members can support the development of a plan of care that has been co-designed to encompass the residents values, wishes, beliefs, preferences and expectations. Establishing care and services that are tailored to the resident and the family members needs will enhance residents quality of life and comfort.</td>
<td>Feb 28 2024</td>
<td>Apr 30 2024</td>
<td>Apr 30 2024</td>
<td>Apr 30 2024</td>
<td>Apr 30 2024</td>
</tr>
<tr>
<td><strong>Goal:</strong> To develop education sessions and training tools and materials to support the decision-making processes regarding the use of restraints. CQI team consult with the interdisciplinary team with feedback on action items.</td>
<td><strong>Aim:</strong> To consult external healthcare professionals from LHIN hospital such as MDs, chaplains, ethicists, representatives from Central LHIN, Hospice Palliative Care Team Central LHIN, and visiting hospices, LEAP.</td>
<td>Jan 31 2024</td>
<td>Feb 28 2024</td>
<td>Mar 31 2024</td>
<td>Mar 31 2024</td>
<td>Mar 31 2024</td>
</tr>
</tbody>
</table>

**Note:** The CQI team consult with the interdisciplinary team with feedback on action items. The interprofessional health team related to palliative care or end-of-life needs in collaboration and end-of-life education to provide staff training for nurses and the interprofessional health team related to palliative care with resident specific and holistic plan of care tailored to the resident's palliative care needs. 2) Schedule and implement training sessions for registered staff on goals of care discussions, referrals and resident specific care planning based on goals of care discussions.

**2) Establish an audit process to audit the completion and quality of palliative care plans based on goals of care discussions.**

<table>
<thead>
<tr>
<th><strong>Goal:</strong> To consult external healthcare professionals from LHIN hospital such as MDs, chaplains, ethicists, representatives from Central LHIN, Hospice Palliative Care Team Central LHIN, and visiting hospices, LEAP.</th>
<th><strong>Aim:</strong> To consult external healthcare professionals from LHIN hospital such as MDs, chaplains, ethicists, representatives from Central LHIN, Hospice Palliative Care Team Central LHIN, and visiting hospices, LEAP.</th>
<th>Jan 31 2024</th>
<th>Feb 28 2024</th>
<th>Mar 31 2024</th>
<th>Mar 31 2024</th>
<th>Mar 31 2024</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong> To maintain the percentage of residents (100%) identified under palliative care with resident's specific care plans based on goals of care discussions regarding palliative care measures, by Mar 31 2024.</td>
<td><strong>Aim Statement:</strong> To maintain the resident, family and staff experience for supporting therapeutic and collaborative partnerships that identify the physical, psychological, social, spiritual (existential) and practical requirements of the resident and their family members facing a life limiting illness. Completing a holistic assessment in partnership with the resident and family members can support the development of a plan of care that has been co-designed to encompass the residents values, wishes, beliefs, preferences and expectations. Establishing care and services that are tailored to the resident and the family members needs will enhance residents quality of life and comfort.</td>
<td>Feb 28 2024</td>
<td>Apr 30 2024</td>
<td>Apr 30 2024</td>
<td>Apr 30 2024</td>
<td>Apr 30 2024</td>
</tr>
<tr>
<td><strong>Goal:</strong> To develop education sessions and training tools and materials to support the decision-making processes regarding the use of restraints. CQI team consult with the interdisciplinary team with feedback on action items.</td>
<td><strong>Aim:</strong> To consult external healthcare professionals from LHIN hospital such as MDs, chaplains, ethicists, representatives from Central LHIN, Hospice Palliative Care Team Central LHIN, and visiting hospices, LEAP.</td>
<td>Jan 31 2024</td>
<td>Feb 28 2024</td>
<td>Mar 31 2024</td>
<td>Mar 31 2024</td>
<td>Mar 31 2024</td>
</tr>
<tr>
<td>Date Action Plan communicated</td>
<td>Action Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec 31 2023</td>
<td>Coordinator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Continue to provide educational sessions for LTC staff on the policy for minimizing restraining of residents and updates on evidence-based practice guidelines.

- Offer educational sessions to all staff on the restraint policy, updates and on the evidence-based practices regarding the use of restraints.

- Provide orientation including LTC restraint policy for newly hired staff.