

Theme I: Timely and Efficient Transitions | Efficient | Priority Indicator

| Indicator #1 | Last Year | | This Year | |
|--------------|--|--|-------------------------------------|--|
| | Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents. (Valley Manor Nursing Home) | 15.63 Performance (2022/23) | 15.16 Target (2022/23) | 15.69 Performance (2023/24) |

Change Idea #1 Implemented Not Implemented

From October 1, 2020 to September 30, 2021 residents sent to the ED and diagnosed with Cellulitis in our home was 6.3 %. Registered Nurses will call the Physician when a resident is experiencing redness, swelling, and pain in an infected area of the skin. The Registered Nurse will review the resident's history with the Physician, and current health status. The Registered Nurse will remind the Physician that blood work can be drawn in the home and sent to the local laboratory.

Target for process measure

- Reduce the # of residents sent to the ED and diagnosed with Cellulitis by 1% by March 31, 2023.

Lessons Learned

During the time frame of April 1, 2022 to Feb. 28, 2023 only 2 residents were sent to the ED department and diagnosed with Cellulitis. In the same time frame 8 residents in total were diagnosed with Cellulitis. Despite the change ideas being implemented in both cases, the resident's health condition declined, and therefore warranted an assessment in the ED. The key learnings are that despite implementing the change ideas, each resident responds differently to changes in their condition. Both residents that had been sent to the ED had been provided with antibiotic therapy within 24 hours of exhibiting s/s of cellulitis. 1 of the residents was prescribed IV antibiotics and the resident received that therapy within the home. Some of our residents are more vulnerable than others, and what worked for one resident did not work for another. Residents and/or their SDM's are always updated with changes in resident condition and are provided with the option of an assessment in the ED. Decreased assessments by the MD's also impact the decision of the resident and/or their SDM's to seek assessment in the ED.

Change Idea #2 Implemented Not Implemented

From October 1, 2020 to September 30, 2021 residents sent to the ED and diagnosed with Cellulitis in our home was 6.3 %. Provide education on Cellulitis to the PSW's so that prompt recognition can avoid visits to the ED.

Target for process measure

- 75% of PSW's will receive education and complete a Quiz on Cellulitis by Sept. 30, 2022 and 90% of PSW's will receive education and complete a Quiz on Cellulitis by March 31, 2023.

Lessons Learned

This change ideas was not implemented as planned and only 32% of PSW's completed this education. The Nursing Coordinator did create an educational package including a Quiz on Cellulitis. This however was not completed until June 27, 2023. A COVID-19 outbreak was then declared on July 18, 2022 and ended August 10, 2022. There were 44 residents, 15 staff and 1 student affected. The home then welcomed the Canadian Red Cross to assist Valley Manor with the Covid-19 outbreak recovery efforts. They arrived in the home on August 13 and stayed for 1 month. The home then participated in Accreditation Canada's Qmentum accreditation program. Our survey was October 11, 12, & 13th 2022. The home was accredited with Commendation surpassing the fundamental requirements of the accreditation program. This change idea will therefore be a priority for the homes 2023/24 QIP, and it will be included in the mandatory education package for the PSW's.

Comment

Valley Manor will continue to be working on this priority indicator in their 2023/24 QIP.

Theme II: Service Excellence | Patient-centred | Priority Indicator

| | Last Year | | This Year | |
|---|--------------------------|---------------------|--------------------------|---------------------|
| Indicator #4 | 73.97 | 77 | 13.33 | 25 |
| Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Valley Manor Nursing Home) | Performance (2022/23) | Target (2022/23) | Performance (2023/24) | Target (2023/24) |

Change Idea #1 Implemented Not Implemented

To improve relations with the residents by involving them in the homes Continuous Quality Improvement program.

Target for process measure

- There will be resident participation at each Continuous Quality Improvement meeting throughout the year.

Lessons Learned

Members of the Resident Council were invited and did participate in the Continuous Quality Improvement meetings held in the home. From June 1, 2022 to Feb. 28, 2023 there were 5 meetings. Some of the members of the Resident Council who participated expressed after the meeting that they did not have interest in participating again. They expressed that they did not enjoy the meetings, and felt that they did not have anything to offer to the meetings. Other members of the Resident Council did engage in the meetings, asked questions, and brought forward ideas for improvement. The home is committed to continuing to improve relations with the residents who call Valley Manor home.

Change Idea #2 Implemented Not Implemented

To demonstrate respectfulness and to improve relationships with residents who are not deemed incapable by receiving their consent to call their POA-PC/SDM with updates in change in health status and with changes in medication orders.

Target for process measure

- 70% of residents who are not deemed incapable will be interviewed by the Registered Nurse to ask for consent to update their POA-PC/SDM by Sept. 30, 2022 and 100% of residents who had a significant change in condition or changes in medication orders will be interviewed by Dec. 31, 2022.

Lessons Learned

This changes idea was implemented as planned, and it was greatly appreciated by the residents. Residents expressed improved self-worth and self-assurance and the staff developed stronger relationships with the residents. The home did not inform the POA's of this change idea, however at the resident's multi-disciplinary care conference the POA's were updated on the change idea. On 1 occasion a SDM voiced their desire to be called with all updates and the resident was agreeable. From June 1 - Feb. 28th all residents whose CPS score was 3 or less were updated with changes in condition or new orders. The Registered Staff embraced this change idea. This change idea also saved time during the Influenza A outbreak, because consent was received from the resident's themselves vs the SDM. The home will continue to promote this change idea in effort to ensure resident's participate in their plan of care and feel empowered.

| Indicator #3 | Last Year | | This Year | |
|---|--------------------------|---------------------|--------------------------|---------------------|
| Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Valley Manor Nursing Home) | 91.30 | 94.04 | 45.45 | 60 |
| | Performance (2022/23) | Target (2022/23) | Performance (2023/24) | Target (2023/24) |

Change Idea #1 Implemented Not Implemented

In the Resident/Family Feedback Survey a comment for "Younger Activities" was provided to the home. In response to this comment, the Activity Department will introduce the new "Drum Fit" program to residents within the home.

Target for process measure

- 1 Drum Fit Activity per week.

Lessons Learned

This change idea was implemented in June 2022. Despite 3 outbreaks within the home, the program was offered 27 times. The Drum Fit program is a revolutionary new program for seniors that provides an exciting safe activity for seniors. Drum Fit's on demand video technology provides multi-level routines that are hosted by an instructor drumming along to generational music. The program includes drumming equipment which was adapted for all levels of physical and cognitive abilities. Residents enjoyed socializing while exercising to increase range of motion, build muscle strength, and improve balance, while stimulating cognitive skills and recall.

Change Idea #2 Implemented Not Implemented

To build upon our community partnerships to expand program opportunities for the residents.

Target for process measure

- 3 new groups/performers by March 31, 2023

Lessons Learned

The Activity Department embraced this new change idea. From June 1, 2022 to Feb. 28, 2023 the residents welcomed 7 new groups/individuals to meet their social, emotional, physical, and cognitive needs. This is impressive, because the population of Barry's Bay is 1,084. The home did have another performer scheduled for last year, however due to an outbreak the home did have to cancel the performance. The resident's of the home were introduced to Zumba that focused on their physical needs. The resident's also welcomed a variety of new musicians enriching their social domain. The Activities Director continues to seek out new community partners to enrich the lives of the residents who call Valley Manor home.

Theme III: Safe and Effective Care | Safe | Priority Indicator

| | Last Year | | This Year | |
|---|-----------------------|------------------|-----------------------|------------------|
| Indicator #2 | 4.28 | 4.28 | 10.69 | 6.69 |
| Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Valley Manor Nursing Home) | Performance (2022/23) | Target (2022/23) | Performance (2023/24) | Target (2023/24) |

Change Idea #1 Implemented Not Implemented

Valley Manor has chosen not to work on this indicator for the 2022/23 QIP as it is not a priority indicator for the home at this time. See the Comments section of this quality indicator for more details.

Target for process measure

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Lessons Learned

Valley Manor will be working on this priority indicator in their 2023/24 QIP.

Comment

Valley Manor will be working on this priority indicator in their 2023/24 QIP.