

## Experience | Patient-centred | Custom Indicator

### Indicator #3

Resident and Family experience: involvement in decisions about palliative care (Pioneer Ridge)

	Last Year	This Year
	<b>CB</b>	<b>14.75</b>
	Performance (2023/24)	Performance (2024/25)
	<b>CB</b>	<b>NA</b>
	Target (2023/24)	Target (2024/25)

### Change Idea #1 Implemented Not Implemented

Improved and earlier communication with residents and families about palliative care options and wishes following a change in health condition

#### Process measure

- Number of residents with PPS score of 30% or less Number of referrals to Resident Counsellor Number of days between referral sent and call to family Number of residents / families who request care conference

#### Target for process measure

- 100% referral rate 80% contact rate within 7 days 50% of families requesting care conference

#### Lessons Learned

Total deaths in 2023=61  
Total referrals= 9  
Referral rate= 14.5%  
Total conferences= 1

We have identified some challenges with data collection for this indicator. We had to use total deaths for 2023, as we don't track the number of residents with PPS scores of 30 or less - we will look at updating this change idea to improve this. For this year we realize that the data may be slightly skewed, as total deaths may include those who didn't meet the 30PPS criteria.

### Change Idea #2 Implemented Not Implemented

Improved awareness and understanding about palliative care vs. end of life, palliative care options available in the home, advanced care planning / goals of care, supports available in the home and community etc.

**Process measure**

- Number of education sessions held Number of residents / families & caregivers who attend a session Number of resources developed

**Target for process measure**

- 2 education sessions held in 2023 # of residents and families - collect baseline for comparison in future 1 resource developed and distributed

**Lessons Learned**

We held 3 palliative care sessions in 2023. 25 caregivers and 1 resident attended. We also hosted a "Pioneer Talks" session for caregivers and residents related to Palliative Care.

**Comment**

We have revised the change ideas related to improved and early communication for the 2024-25 QI cycle to improve the referral process and the data collection. Overall we feel that we have been very successful in improving communication and involvement with families relating to palliative care.

Results



	Last Year	This Year
<b>Indicator #1</b>	<b>CB</b>	<b>NA</b>
Overall Experience: Staff satisfaction	Performance (2023/24)	Performance (2024/25)
Percentage of staff rating their satisfaction level at work as good, very good or excellent. (Pioneer Ridge)	Target (2023/24)	Target (2024/25)

**Change Idea #1**  Implemented  Not Implemented

Offer staff appreciation initiatives/events to boost morale and improve staff satisfaction.

**Process measure**

- Number of staff appreciation events held

**Target for process measure**

- Staff appreciation events will be held quarterly (at least one every 3 months) or more frequently

**Lessons Learned**

We held 8 staff appreciation events over the year. It is always a challenge to ensure the events are available to all staff to attend / participate in. We do make a point of providing alternate items for night staff. We did not do a staff satisfaction survey in 2023, so this will be deferred to 2024.

**Change Idea #2**  Implemented  Not Implemented

Post appreciation messages on social media for more awareness.

Make announcements over the intercom for staff to hear.

**Process measure**

- No process measure entered

**Target for process measure**

- No target entered

**Lessons Learned**

During special event weeks (i.e. Nursing week, PSW Appreciation day, Food and Nutrition Week etc.) we started making posts on Facebook celebrating our staff and including photos.

We also made a list of all the appreciation weeks in the year, and we make an announcement overhead during those weeks (once on days and once on evenings) to celebrate the staff. This has been a big success.

**Comment**

We will continue to focus on staff satisfaction through special events and appreciation posts. Staff satisfaction survey will be held in 2024.

**Results**



**Safety | Safe | Custom Indicator**

	Last Year	This Year
<b>Indicator #2</b>	<b>16.40</b>	<b>13.90</b>
Percentage of long-term care home residents in daily physical restraints over the last 7 days (Pioneer Ridge)	Performance (2023/24)	Performance (2024/25)
	Target (2023/24)	Target (2024/25)
		<b>NA</b>

**Change Idea #1**  Implemented  Not Implemented

We have identified that wheelchairs coming in to the home (new resident or new chair) have the seatbelts installed. Staff may inadvertently apply the seat belt to the resident because it is there (habit). Our goal is to decrease this risk by ensuring that seatbelts not required as a restraint or PASD by the resident are clearly identified.

#### Process measure

- Number of wheelchairs assessed / number of seatbelts secured Number of incidents reported where seatbelt was applied in error

#### Target for process measure

- 100% of current wheelchairs will be audited by July 2023 100% of new wheelchairs will be audited within one week of admission

#### Lessons Learned

Due to a change in staff, this change idea was not implemented as intended. For 2024, we are going to add "restraint audit - seatbelt" to our Admission Protocol form to ensure this is done.

#### Change Idea #2 Implemented Not Implemented

We have identified that there is a lack of clear understanding for staff when it comes to restraints and PASD's. Our goal is to improve understanding for all staff regarding restraints and PASDs

#### Process measure

- number of new hires receiving restraint education during orientation number of current staff receiving restraint education

#### Target for process measure

- 100% of new hires will receive specific restraint education as part of onboarding, 100% of PSW, HSW, RPN, RN, TR staff will receive role specific training by December 31, 2023

#### Lessons Learned

50 new hires completed Surge learning module on Restraints and PASD's  
81 current Direct Care staff (PSW, RPN, RN) completed

In person sessions will be scheduled in 2024 to further enhance understanding.

**Comment**

We did see a decrease from 16.4 to 13.9, and we plan to continue to focus on decreasing restraint use in the home as we move toward our end goal of becoming restraint-free.