



UNIVERSALcare



# 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.

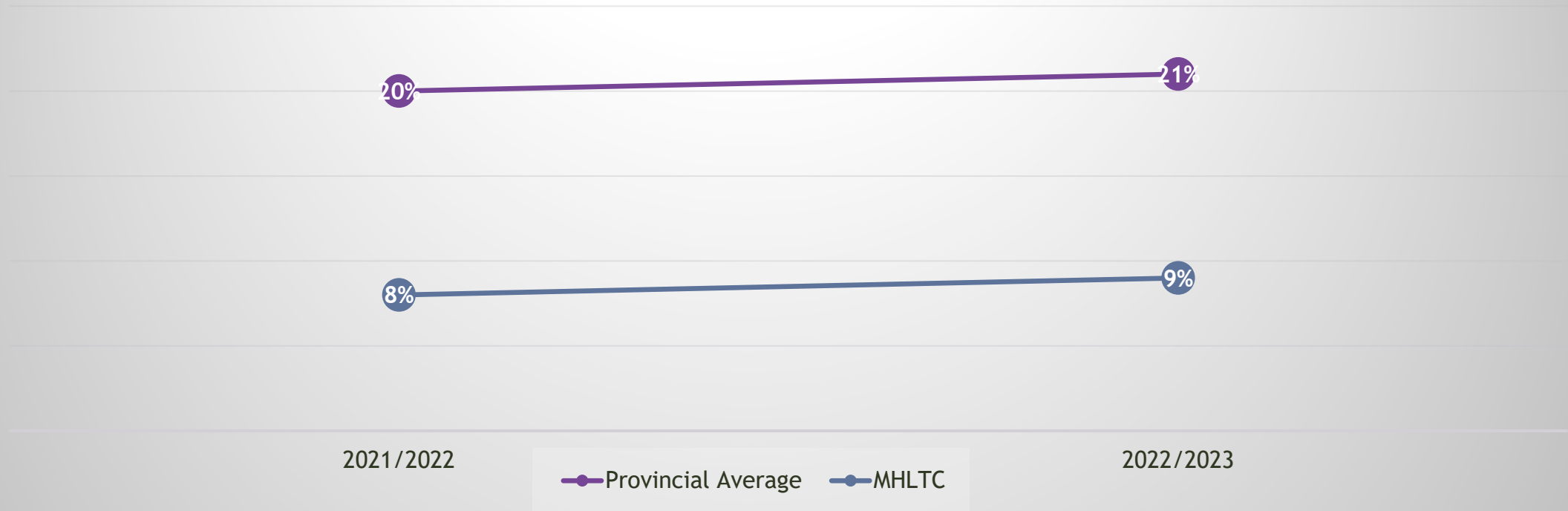
# Quality Improvement Outcomes from 2022-23

Quality Indicator	Performance Identified in 2022	Current Performance Indicator
% of residents taking antipsychotics without a diagnosis of psychosis	7.7% % CIHI /average 2021/2022	9% CIHI /average 2022/2023
Daily physical restraints use	2.3 % CIHI /average 2021/2022	1 % CIHI /average 2022/2023

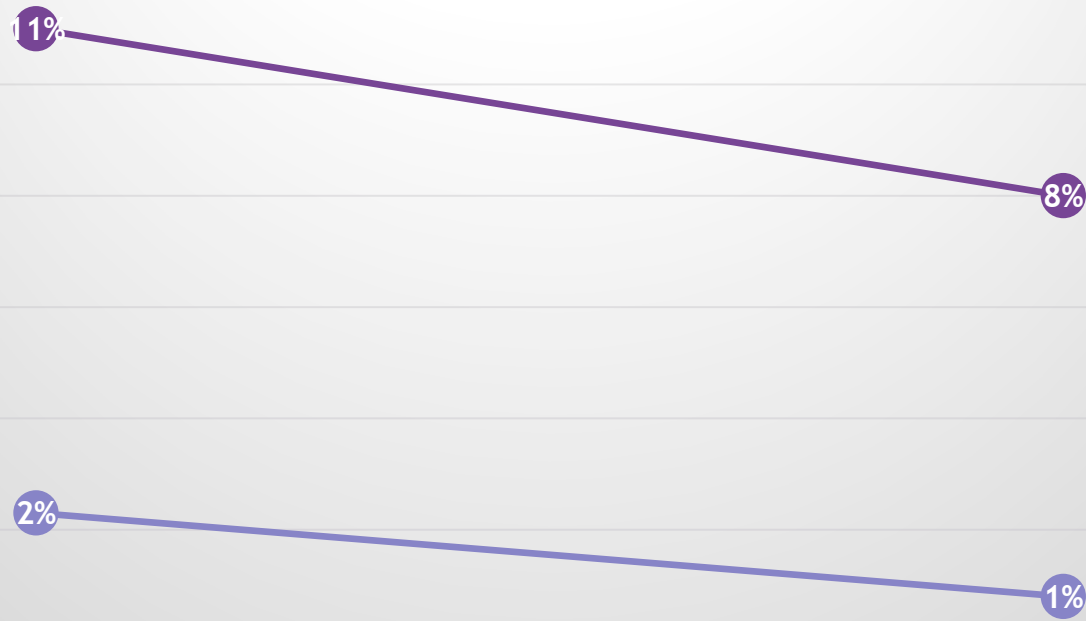
The percentage of residents taking antipsychotics without a diagnosis of psychosis slightly increased in 2022/2023 but it is still below provincial average. The percentage of physical restraints utilization was below the provincial average.

# Quality Improvement Outcomes from 2022-23

## % of residents taking antipsychotics without diagnosis of psychosis



## Daily Physical Restraints use



2021/2022

—●— Provincial Average

—●— MHLTC

2022/2023

# QUALITY PRIORITIES FOR 2023/24

**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 through Nursing Advantage Canada electronic platform for residents' assessment
7. Maintaining Resident and Staff Satisfaction through Response and Action





# QIP PLANNING CYCLE AND PRIORITY SETTING PROCESS

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.)

# APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS CON'D)

## 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.

## 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 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 .



# UniversalCare/Mackenzie Health-LTC 2022 Resident & Family Satisfaction Survey

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.

# UniversalCare/Mackenzie Health-LTC Quality Improvement Priority Indicators

## 1. Person and Family Centered Care

Indicator	Current Performance	Target Performance
Satisfaction with care of clothing and belongings	63%	75%

## 2. Use of Antipsychotic Medication

Indicator	Current Performance	Target Performance
% of residents who took antipsychotic medication without a diagnosis of psychosis.	9%	7%

# UniversalCare/Mackenzie Health-LTC Quality Improvement Priority Indicators

## 3. Palliative and End-of-Life Care

Indicator	Current Performance	Target Performance
Number of residents identified under palliative care with resident specific care plans based on goals of care discussions regarding palliative care measures	91%	100%
% of palliative care residents that have had an interdisciplinary assessment of their holistic palliative care needs	100%	100%

## 4. Daily Physical Restraints Use

Indicator	Current Performance	Target Performance
Percentage of Residents using Daily Physical Restraints	1.0%	0.5%

## Resident and Family Satisfaction Survey

- 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 a 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 Prevention); Innovation (I.E. MST, PE/SC, Epic PCC integration); Resident/Family Survey action items; BPSO Indicators (i.e. Pain assessment and management, restraints, PFCC); CQI Audits action items and Program Evaluation action items

Item Number	Current Quality Indicator	Current Performance	Quality Indicator Target	Quadruple Aim & SMART goal (1. Resident Expert 2. Outcomes, 3. Care Team Experience, 4. Effective Resource Utilization)	Practice Change Idea	Action Items	Target Completion Date	Responsible Person	Date Action was Taken	Outcomes of Actions Completed	Role of Resident/ Family Council in Actions Taken	Role of CQI Committee in Actions Taken	Description of how and when that actions taken were communication to: 1) Residents 2) Families 3) Resident's Council 4) Family Council (if any) 5) Staff of the Home
1	Satisfaction with care of clothing and belongings	63%	75%	<b>Goal:</b> To increase residents and families satisfaction with care of clothing and belongings from 63% to 75% by Dec 31, 2023. <b>Aim Statement:</b> To improve care of residents personal clothing and belongings. Items are often reported to be missing by residents and families due to inconsistent practices related to items labeling.	To improve practices related to labelling process of clothing and belongings.	1) To investigate availability of new labeling system. 2) Review process of labeling of resident's clothing 3) Educate families on labeling process of residents clothing 4) Educate staff about labeling process	Sep 30 2023 Sep 30 2023 Dec 31 2023 Dec 31 2023	EVS Manager EVS Manager EVS Manager EVS Manager			Resident and Family Council during monthly meetings have the opportunity to discuss their expectations, preferences for care, and treatment. They provided the interdisciplinary team with feedback on action items.	The CQI members support organizing monthly conferences that discuss residents' preferences, treatment expectations, concerns and evaluating interventions. CQI members consult with external healthcare professionals from Mackenzie Health hospital and collaborate with residents and families to update residents' plans of care. Members offer education and resources to staff members. CQI Members consistently evaluate actions taken and outcomes.	The CQI 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 rest of families via minutes disseminations. The CQI Action Plan was communicated to staff during general staff meeting, various committee meeting and minutes dissemination by April 30, 2023.
2	% of residents who took antipsychotic medication without a diagnosis of psychosis	9%	7%	<b>Goal:</b> To decrease % of residents who are taking antipsychotic medication without a diagnosis of psychosis from 9% to 7% by Mar 31 2024. <b>Aim Statement:</b> Current percentage of residents taking antipsychotic medication without a diagnosis of psychosis is below provincial average but the team continues to work on further reducing the percentage.	Identify potentially inappropriate antipsychotic prescriptions (newly started, prn's, dosages, etc.) and reassess residents' need and titration when appropriate	1) Verify from Point Click Care MD orders to identify residents with prescribed antipsychotics without an appropriate diagnosis requiring anti-psychotic medication. 2) Review during admission the anti-psychotic use, titrate or adjust usage/dosage by MD or NP as needed and coordinate resident follow-ups 3) Maximize the use of nonpharmacological strategies prior to administration of pharmacotherapy such as an antipsychotic medication 4) Identify residents who may benefit from titration or adjustment of antipsychotic use/dosage and implement the process.	Sep 30 2023 Sep 30 2023 Mar 31 2024 Mar 31 2024	RAIMDS Coordinator NP/DOC DOC/SW NP/DOC			Resident and Family Council participated in monthly meetings where they have the opportunity to provide feedback on action items and seek information regarding use of antipsychotic medication, discuss possible options in non-pharmacological interventions prior to antipsychotic medication use.	The CQI committee members participate 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.	
					Collaborate with other supportive programs to find the cause behind residents' responsive behaviours and develop nonpharmacological supportive strategies.	1) Consult when needed with external teams such as Behavioural Supports Ontario (BSO), psychogeriatric resource consultants, LOFT Community Services and the Alzheimer Society	Dec 31 2023	SW/DOC					
					Education for staff on appropriate use of antipsychotic medication, risks, benefits and side effects.	1) Utilize the clinical team's various resources and toolkits for ongoing staff review education (i.e. Choosing Wisely Canada Toolkit for Reducing Inappropriate Use of Antipsychotics in LTC, behavioral and symptom mapping tool (BSMT), PIECES, DOS) 2) Education in dementia care, assessing responsive behaviors and developing person-centered care plans for each resident	Dec 31 2023 Dec 31 2023	DOC/Pharmacy Consultant BSO					
					Involve families in goals of care discussion, plan of care development. Educate families on antipsychotic medication, benefits, risks side effects.	1) Family to participate in providing possible options/suggestions in non-pharmacological interventions prior to AP administration and even during the AP titration. 2) Provide resources to support family understanding and discussions related to potential risks, benefits and side effects of antipsychotic medication use.	Mar 31 2024	SW/DOC					
3	# of residents identified under palliative care with resident specific care plans based on goals of care discussions regarding palliative care measures	91%	100%	<b>Goal:</b> To increase the percentage of residents that have had an interdisciplinary assessment of their palliative care needs (when appropriate) from 91% to 100% by Mar 31 2024. <b>Aim Statement:</b> To improve the residents, family and staff experience by establishing 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 their loved ones can support the development of a plan of care that has been co-designed to encompass the residents values	1)Continue the implementation of an interprofessional model of care for the provision of palliative care and end-of-life care to residents and families in our LTC.	1) Interdisciplinary team to hold special conferences with the residents/family to discuss palliative care approaches that exist in the home. During the meetings, residents/family have the occasion to inform clinical team of their preferences for care and treatment during palliative care and end-of-life. 2) To have discussions with residents and family members related to their medical treatment expectations and to evaluate medical interventions 3) To provide access to resources, space, and services needed by residents and families for cultural, spiritual and/or religious practices.	Mar 31 2024 Mar 31 2024 Mar 31 2024	DOC MD/NP SW/DOC			Resident and Family Council participated in monthly meetings where they have the opportunity to discuss their expectations, preferences for care, and treatment. They provided the interdisciplinary team with feedback on action items.	The CQI supports implementation of the action items. CQI members consult with external healthcare professionals from Mackenzie Health hospital and collaborate with residents and families to update resident plan of care. Members offer recommendation for staff education and resources to staff, residents and family members about palliative care. CQI Members consistently evaluate the actions taken and sustainability process.	

				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.	4) To consult external healthcare professionals from MH hospital such as MDs, chaplain, ethicist, representatives from Central LHIN, Hospice Palliative Care Team Central LHIN, and visiting hospices, LEAP	Mar 31 2024	SW/DOC						
					2) Improve Staff knowledge on the goals of care and holistic palliative approach to care	1) Invite external educators for palliative care and end-of-life education to provide staff education on palliative care approaches.	Mar 31 2024	DOC					
						2) Education and skills training for nurses and the interprofessional health team related to self-care, including stress management and mitigation of compassion fatigue.	Mar 31 2024	DOC					
4	% of palliative care residents that have had an interdisciplinary assessment of their holistic palliative care needs	100%	100%	<p><b>Goal:</b> 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</p> <p><b>Aim Statement:</b> To maintain the residents, family and staff experience by 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 their loved ones 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.</p>	1) Enhance staff awareness on goals of care discussions related to palliative care and/or end-of-life in collaboration and partnership with the resident, SDM(s) and interprofessional team	1) Develop education session and training materials to educate registered staff on goals of care discussions related to palliative care and/or end-of-life needs in collaboration and partnership with the resident, SDM(S) and interprofessional team, how to initiate referrals for palliative care or end-of-life needs when required and how to build a resident specific and holistic plan of care tailored to the residents 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.	Mar 31 2024	DOC					
					2) Establish an audit process to audit the completion and quality of palliative care plans based on goals of care discussions		Mar 31 2024						
					2) Establish an audit process to audit the completion and quality of palliative care plans based on goals of care discussions	1) Create an audit schedule indicating the responsible person (s) for completion of audits and number of audits to be completed each month. 2) Conduct monthly audits of Palliative Care Plans. Follow up to be completed as required	Dec 31 2023	DOC					
5	Percentage of Residents using Daily Physical Restraints	1%	0.5%	<p><b>Goal:</b> To decrease the percentage of residents using daily physical restraints from 1% to 0.5% by Dec 31, 2023.</p> <p><b>Aim Statement :</b> Our Home decreased 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.</p>	1) Continue to reduce use of restraining physical devices, from which a residents is not able to both physically and cognitively release themselves.	<ul style="list-style-type: none"> <li>•Offer restraint alternatives in collaboration with interdisciplinary team by assessing the appropriateness of the alternative, the benefits provided to residents, and the safe use of the alternatives</li> <li>•The least restrictive type of physical restraint is used as an intervention after all alternatives to restraining have been considered or tried and found to be ineffective.</li> <li>•Avoid application of bed rails and /or restraints to new admissions, review restraint free philosophy with resident and family at pre-admission conference.</li> </ul>	Dec 31 2023	RAIMDS Coordinator				Resident and Family Council during monthly meetings have the opportunity to discuss their expectations, preferences for care, and treatment. They provided the interdisciplinary team with feedback on action items.	The CQI committee members participate in monthly meetings to review restraint. CQI team consult with Physiotherapy to update the use of restraints. CQI Members consistently evaluate the actions taken and provides recommendations for further improvement to this indicator.
					2) Continue to actively engage residents and their family members in reducing the restraint utilization	<ul style="list-style-type: none"> <li>•Continue:</li> <li>•Discuss with residents and their loved ones on the type of restraints, the risks associate with their use, as well as, the expected outcome.</li> <li>•Offer to residents and families educational tools and materials to support the decision-making processes regarding the use or removal of restraints.</li> <li>•Provide our least restraint policy to new resident/ family members upon admission.</li> <li>•Offer educational sessions during Resident and Family Council meetings regarding the risk of entrapment and alternative to restraints</li> </ul>	Dec 31 2023	SW/ Programs Manager/RAIMDS Coordinator					

					3. 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 restraints policy, updates and on the evidence based practices regarding the use of restraints. •Provide orientation including LTC restraint policy for newly hired staff"	Dec 31 2023	DOC/RAIMDS Coordinator						
Dates Action Plan communicated to Residents: Apr 30, 2023														
Dates Action Plan communicated to Family Members: Apr 30, 2023														
Dates Action Plan communicated to Staff: Apr 30, 2023														
Dates Action Plan communicated to Residents Council: Feb 16, 2023.														
Dates Action Plan communicated to Family Council: Mar 31, 2023														