

# Continuous Quality Improvement Report Tony Stacey Centre for Veterans Care

**Deslyn Willock - Administrator**  
**DESIGNATED LEAD - Quality Improvement**

# Introduction to Tony Stacey Centre for Veterans Care

- Tony Stacey Centre for Veterans Care is a 100 bed long term care home that is located at 59 Lawson road in the Highland Creek area in Scarborough , Ontario surrounded by lots of greenery and neighbouring lakes. Tony Stacey Centre's Quality Improvement Plan (QIP) has been created to align with the home's mission and vision statements as well as the health priorities of Health Quality Ontario and the Ontario Health. As acknowledged within these statements there is an emphasis on a Continuous Quality Improvement (CQI) philosophy which aims to achieve positive outcome based care and the premise to "contribute to the quality of life throughout the provision of care that is based on the principles of CQI" These principles are guided by pillars of success through Universalcare's management of the home. Tony Stacey Centre for Veterans Care and it's board of directors are committed to quality improvements as evidenced by an industry recognized CQI program.
- Tony Stacey Centre is also recognized by the Registered Nurses Association of Ontario as a leader within the industry and has been designated a Best Practice Spotlight Organization. Tony Stacey Centre QIP also aligns with its strategic plan, Ontario Health priorities and has the objective to improve resident focused quality care, where improvements are required.
- Tony Stacey Centre received the Universal Care BPSO Community Partnership Award for outstanding Partnership with community partners and commitment to community service and engagement which is also supported by our local MPPs and council.

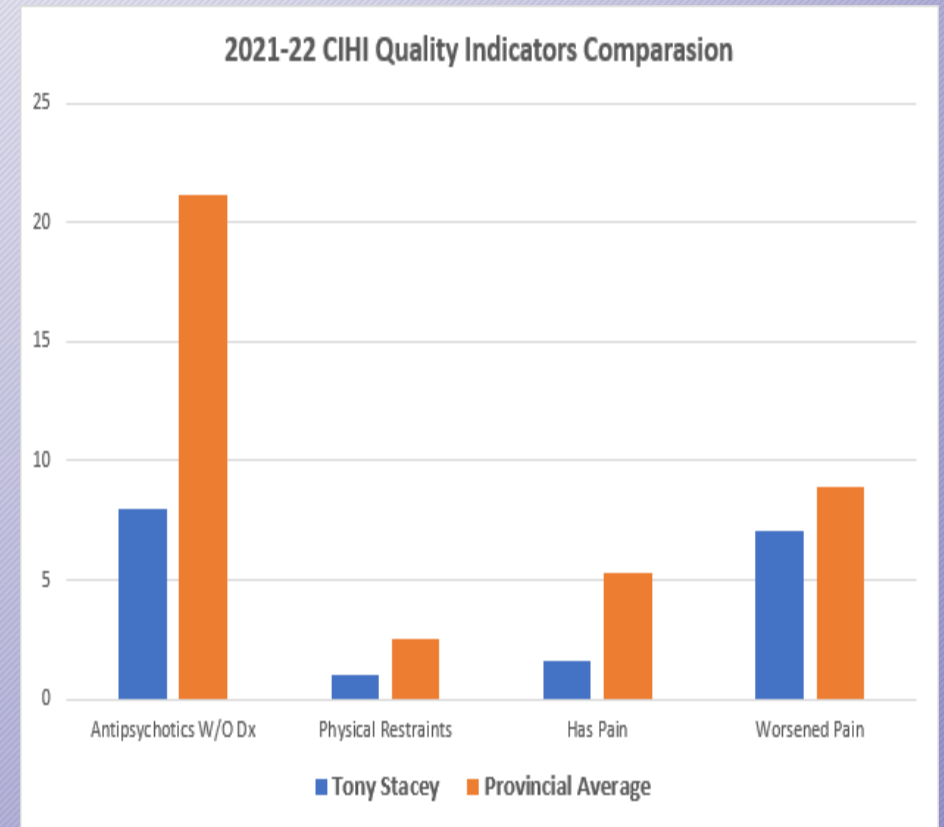
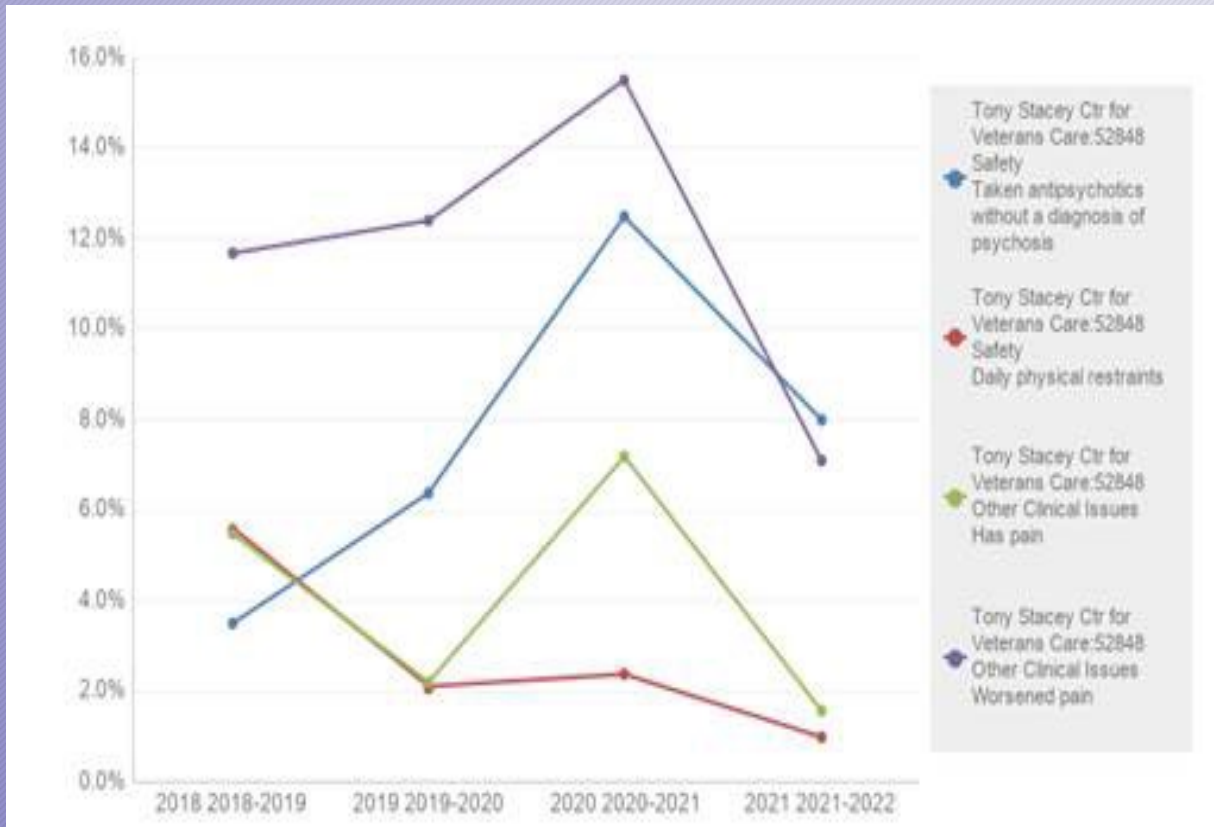
# Quality Improvement Outcomes from 2022-23

Quality Indicator	Performance Identified in 2022	Current Performance Indicator
Taken antipsychotics without a diagnosis of psychosis	12.5 %	8.0%
Daily physical restraints	2.4%	1.0%
Worsened Pain	15.5%	7.1%
Has Pain	7.2%	1.6%

## High-Level overview of successes and objectives achieved in 2022:

- Reviewed all resident application prior to admission to identify the appropriate use of antipsychotic medication with or without dx of psychosis.
- Reassessed the needs of restraint use for residents to ensure appropriate and safe usage.
- Implemented pain management tools, review and management of medications in PCC and regular auditing of program

# Quality Improvement Outcomes from 2022-23



# QUALITY PRIORITIES FOR 2023/24

Tony Stacey Centre for Veterans Care is pleased to share its 2023/24 Continuous Quality Improvement Plan Report. Tony Stacey Centre for Veterans Care is committed to quality improvement and is reflected in our mission and strategic plan. We are continuing the implementation of the Person and Family Centred Care 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 Tony Stacey Centre for Veterans Care . 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 Tony Stacey Centre for Veterans Care 2023 Continuous Quality Improvement are enhancing care outcomes and empowering frontline staff with knowledge and skill by implementing best practice guidelines as a Pre-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 2023/24

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 Guideline and the Palliative Approach to Care Guideline
2. Achieving Resident's Comfort through the implementation of Pain Assessment and management Best Practice Guideline and the End-of-Life Care Guideline
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

Tony Stacey Centre for Veterans Care 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 and interdisciplinary team members.
- These committees and councils include the Leadership Team, Resident Councils, notify families, 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 by the Board of Directors.

# Tony Stacey Centre for Veterans Care APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

- Tony Stacey Centre for Veterans Care's Policies and Procedures, electronic documentation platform setup and practice standards, provide a baseline for staff in providing quality care and services, while maintaining safety. Tony Stacey Centre for Veterans Care 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, 5 whys, 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, Tony Stacey Centre for Veterans Care 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 Tony Stacey Centre for Veterans Care towards meeting its aim statement (s).
- Tony Stacey Centre for Veterans Care 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 Tony Stacey Centre for Veterans Care , (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

- Tony Stacey Centre for Veterans Care 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.
- 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, Resident Councils, and Family Newsletter
  - 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 August
- The results of the satisfaction surveys are communicated to the residents and their families, the Residents Council and members of the staff of the home
- Tony Stacey Centre for Veterans Care 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, CQI committee members and staff members of the home

# Tony Stacey Centre for Veterans Care 2022 Resident & Family Satisfaction Survey

2022 Resident and Family Satisfaction Surveys was completed on September 2022

## **Summary of Areas home is performing well:**

- 100% satisfaction with respecting residents privacy
- 100% satisfaction with inclusion of care planning
- 100% satisfaction with timely and clear communication provided
- 100% satisfaction with the cleanliness of the Dining Room and Dining Area

## **Summary of Areas for Improvement identified on 2022 Survey listed below:**

- Satisfaction with “how well the staff listen to residents”.
- Satisfaction "I can express my opinion without fear of consequences".
- Satisfaction with variety of programs and activities.



# Tony Stacey Centre for Veterans Care Quality Improvement Priority Indicators

## 1. Person and Family Centered Care

Indicator	Current Performance	Target Performance
Satisfaction with how well the staff listen to residents.		80%
Satisfaction with "I can express my opinion without fear of consequences".		80%
Satisfaction with variety of programs and activities.		80%

## 2. Potentially avoidable ED visits

Indicator	Current Performance	Target Performance
Avoidable ED visit rate (per 100)	35.05	28

## 4. 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	New indicator	100%
% of palliative care residents that have had an interdisciplinary assessment of their holistic palliative care needs	New indicator	100%
Number of Palliative Care Champions	0	6

## 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 and Point Click Care

### 2. Data Integration (AMPLIFI Project)

- Match of resident electronic health records between Tony Stacey Centre for Veterans Care 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

**Tony Stacey Centre for Veterans 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, 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	Quality Improvement Indicator	Current Performance	Target Performance	SMART Goal & Quadruple Aim (1. Resident Experience, 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
1	Residents satisfaction with "How well the staff listen to residents".		80%	Goal-To increase the percentage of residents satisfaction to 80% by Mar 31, 2024. Aim Statement-To improve residents satisfaction, who responded positively to the statement "What number would you use to rate how well the staff listen to you".	Staff to respect residents' values, preferences and expressed needs.	1) Support residents' councils and work with the council to make improvements in the home.	Mar 31 2024	Administrator		Resident Council had the opportunity to discuss the action plan, provided feedback on the plan and will be updated on the implementation progress. There is no Family Council currently, but home is actively promoting to establish a Family Council within the home.	Residents, staff and families will continue to work collaboratively with our Quality Committee to implement changes and improve on quality initiatives. Quality Committee will be regularly updated on the status of the action plan.	
						2) Promote the health and quality of life of long-term care residents by enabling social connections.	Mar 31 2024					
						3) Educate staff and promote practice of active listening towards residents.	Mar 31 2024					
2	Residents satisfaction with " I can express my opinion without fear of consequences".		80%	Goal-To increase the percentage of residents satisfaction to 80% by Mar 31, 2024. Aim Statement-To improve residents satisfaction who responded positively to the statement "I can express my opinion without fear of consequences".	1) Staff to respect residents' values, preferences and expressed needs.	1) Improve key aspects of daily life that bring residents enjoyment, such as mealtimes. Promote the health and quality of life of long-term care residents by enabling social connections.	Mar 31 2024	Administrator		Resident Council had the opportunity to discuss the action plan, provided feedback on the plan and will be updated on the implementation progress. There is no Family Council currently, but home is actively promoting to establish a Family Council within the home.	Residents, staff and families will continue to work collaboratively with our Quality Committee to implement changes and improve on quality initiatives. Quality Committee will be regularly updated on the status of the action plan.	
						2) Educate health care providers on resident-centred care.	Mar 31 2024					
						2. Incorporate the resident's knowledge, values, beliefs and cultural background into care planning and delivery. Residents feel comfortable with asking questions or expressing any concerns.	Mar 31 2024					
3	Residents satisfaction with the variety of programs and activities		80%	Goal - To increase the percentage of residents satisfaction to 80% by Mar 31 2024. Aim Statement - To improve the resident, family and staff satisfaction by implementing and offering programs and activities that meet the social , physical , emotional, intellectual, mental and spiritual needs of the residents.	1) Implement program schedule that offers programs and activities on days , evenings, weekends that would benefit and meet the needs of the residents.	1)implement minimum 2 new programs month. The activity staff will obtain feedback from residents during daily programs that will help to evaluate satisfaction and level of engagement . Activity staff will record attendance and level of participation at all programs	Sep 30 2023	Programs Manager / Activity staff		Resident Council had the opportunity to discuss the action plan, provided feedback on the plan and will be updated on the implementation progress.	Standing agenda item for review at CQI Meeting, input provided into action plan. Regular updates on progress of plan.	

				Effective flexible and variety of programs will enhance the well being of residents, decrease isolation and boredom of residents, decrease behavioural incidents associated with sundowning. Promote staff engagement with residents and families and improve the overall satisfaction of residents and families with care and services.		2) complete the about me template for all residents admitted into the home to personalised meaningful and individualised programs. complete this assessment within the first week of admission and update as needed	Dec 31 2023				There is no Family Council currently, but home is actively promoting to establish a Family Council within the home.	
						3) Establish and initiate an auditing process to evaluate the variety of programs and level of engagement. The focus of this audit should include resident attendance, engagement level, feedback from residents, program domain and duration of activity.	Dec 31 2023					
					2) Education for recreation staff on programs and activities for seniors.	1) Re-educate staff on therapeutic programs for seniors including Montessori , GPA and DementiaAbility	Mar 31 2024					
4	Number of avoidable ED visits per 100 long term care residents	35	28	Goal: To reduce Avoidable ED transfers from 35 to 28 by 10% by March 2024. Aim Statement - To improve the residents, family and staff experience by reducing and minimising unnecessary ED transfers. 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.	1) Maximize use of clinical supports such as nurse led outreach teams at hospitals (NLOTS) Nurse Practitioners Supporting Teams Averting Transfers(NP-STAT) and attending nurse practitioners to receive education, training and clinical guidance on early recognition and treatment	1) Provide education and awareness to staff on the appropriate utilization of services provided by the NLOT team	Mar 31 2024	Nursing, RAI, Director of Care , Assistant Director of Care			Will work on establishing partnerships with our clinical community partners to realize our quality goals. Resident Council will continue to work collaboratively with our team to implement changes and improve on quality initiatives. We will continue to promote establishing of Family Council in the home.	Residents, staff and families will continue to work collaboratively with our Quality Committee to implement changes and improve on quality initiatives
					2) Educate LTC residents and families about the benefits of and approaches to preventing emergency department visits	2) Establish weekly visits by NLOT and clinical team and as needed. 3) Nursing Department will track the number of NLOT visits. Case reviews of residents transferred to ED department.	Mar 31 2024					
						1) Family and residents will receive information about the benefits of and approaches to preventing emergency department visits through newsletters, residents council meetings and upon admission	Mar 31 2024	Administrator , Social Worker				
				To achieve 100% completion of end of life care and DNR orders and education for residents , families and caregivers by March 2024 Aim Statement - To improve the residents, family and staff experience by reducing and minimising unnecessary ED transfers. 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.	3) At admission and updated yearly discuss end of life care and do not resuscitate (DNR) orders to ensure LTC residents , families and caregivers are provided education around end of life care and that their wishes are documented	1) Nursing staff to complete DNR status for all residents upon admission and when a change request is made by the family and or resident.	Mar 31 2024	Assistant Director of Care				
						2) Provide education on end of life care to residents and families and document wishes in resident plan of care.	Mar 31 2024					
5	% of palliative care residents that have had an interdisciplinary assessment of their holistic palliative care needs	New Indicator	100%	Goal - To increase the percentage of residents that have had an interdisciplinary assessment of their palliative care needs (when appropriate) Aim Statement - 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	1) Education for staff regarding how to conduct a holistic assessment of the residents palliative care needs using the "Palliative Care Assessment" UDA in PCC	1) Develop education session and training materials to educate staff on the use of the Palliative Care Assessment UDA and how to collect this information, how to initiate referrals for palliative care needs when required and how to build a resident specific and holistic plan of care tailored to the residents palliative care needs.	May 31 2023	Director of Care			Resident Council had the opportunity to discuss the action plan, provided feedback on the plan and will be updated on the implementation progress. There is no Family Council currently, but home is actively promoting to establish a Family Council within the home.	Standing agenda item for review at CQI Meeting, input provided into action plan. Regular updates on progress of plan.
						2) Schedule and implement training sessions for staff on palliative care, assessment, interventions, referrals and care planning.	Jun 30 2023					

				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.	2) Establish an audit process to audit the completion and quality of palliative care assessments	1) Create an audit schedule indicating the responsible person (s) for completion of audits and number of audits to be completed each month	Jul 31 2023					
						2) Conduct monthly audits of Palliative Care UDAs. Follow up to be completed as required	Jul 31 2023					
6	Number of residents identified under palliative care with resident specific care plans based on goals of care discussions regarding palliative care measures	New Indicator	100%	Goal - To increase the percentage of residents identified under palliative care with resident specific care plans based on goals of care discussions regarding palliative care measures Aim Statement -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, 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.	1) Educate Registered Staff 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	May 31 2023	Director of Care			Resident Council had the opportunity to discuss the action plan, provided feedback on the plan and will be updated on the implementation progress. There is no Family Council currently, but home is actively promoting to establish a Family Council within the home.	Standing agenda item for review at CQI Meeting, input provided into action plan. Regular updates on progress of plan.
						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.	Jun 30 2023					
					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	Jul 31 2023					
						2) Conduct monthly audits of Palliative Care Plans. Follow up to be completed as required	Jul 31 2023					
7	# of palliative champions within the home	0	5	Goal - To increase the number of palliative care champions within our home from 0 to 5 by September 2023, Aim Statement - To improve resident, family and staff experience through enhancing the knowledge and skill of our frontline staff with regards to palliative care and end-of-life care. Palliative Care Champions will promote a Model to Guide Hospice Palliative Care and support the physical, emotional, social, cultural, spiritual and holistic care needs of the residents, their family members and caregivers. Palliative Care champions will promote effective communication, and effective group functioning amongst the entire healthcare team with regards to assessment, information sharing, decision making, care planning, care delivery and confirmation. Ensuring the resident receives the right care, by the right provider in the manner the resident prefers will support the best possible quality of life and outcomes for the resident.	1) Canvas the employees on all three shifts to identify staff members that would like to become a Palliative Care Champion and participate in the Palliative Care Committee	1) Post internally the opportunity for staff to become Palliative Care Champions and be provided the opportunity to have additional training and education regarding palliative care and end-of-life care	Sep 30 2023	Assistant Director of Care			Resident Council had the opportunity to discuss the action plan, provided feedback on the plan and will be updated on the implementation progress. There is no Family Council currently, but home is actively promoting to establish a Family Council within the home.	Standing agenda item for review at CQI Meeting, input provided into action plan. Regular updates on progress of plan.
						2) Choose staff members to be palliative care champions. Ensure all 3 shifts have 2 or more champions to support the implementation of the palliative care and end-of-life care best practice guidelines. Register the selected champions for the fundamentals of palliative care, for registered staff register them for the enhanced fundamentals course through the OHT West Pain and Symptom Management Consultant	Sep 30 2023					

1. Dates and How Action Plan communicated to Residents: December 2022, March 2023, Newsletter.
2. Dates and How Action Plan communicated to Family Members: March 2023- Newsletter
3. Dates and How Action Plan communicated to Staff: December 2022, March 2023 during Staff Townhall.
4. Dates Action Plan communicated to Residents Council: Resident Council meetings in November 2022 and March 2023.
5. Dates Action Plan communicated to Family Council: Currently there is no Family Council in Place, to be promoted to by the home.