

Experience

Indicator #1: Percentage occupancy for Adult Day Program (ADP) Services.

Performance Stated in Previous QIP	Performance Target as Stated in Previous QIP	Current Performance
86.00	95.00	100.00

Change Ideas from Last Year's QIP	Was This Change Idea Implemented as Intended	Process Measures from Last Year's QIP	Target for Process Measure	Lessons Learned: •What Were Your Successes and/or Challenges?
To further improve Adult Day Program (ADP) new client admission flow with the transition of the referral system.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a. Percentage of ADP vacancy alerts sent to HCCSS and/or CR and filled. b. Percentage of clients waiting for service initiation (after intake completed) admitted or confirmed to start service.	a. 100% ADP vacancy alerts will be sent, and 95% ADP vacancies will be filled by December 31, 2024. b. 100% of clients waiting for service initiation will be admitted or confirmed as active by December 31, 2024.	<ul style="list-style-type: none"> • Met and exceeded performance target. • Sent 100% ADP vacancy alerts to Ontario Health at Home (OHaH) and Central Registry (CR) in a timely manner, facilitating the flow of information and improving access to services. • Achieved a 100% fill rate for ADP vacancies from January to December 2024 (Community & Professional Services operates on a fiscal year from April 1, 2024 to March 31, 2025). • Admitted and/or confirmed 100% of clients waiting for service initiation as active. • Streamlined the client admission process, which helped fill up vacancies efficiently and ensured timely follow-up with wait-listed clients kept their status up to date. • Encountered challenges when admitting clients identified with intensive care needs that could not be met at ADP; coordinated with OHaH and CR teams and community partners to address these client's needs.

Quality Improvement Plans: **Progress Report** on the 2024/25 QIP

Community

<p>To reach out and serve larger populations including non-Chinese speaking older adults.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>a. Number of special events held.</p> <p>b. Percentage of waitlisted non-Chinese speaking clients offered space to attend the program.</p>	<p>a. Six (6) Sessions of special events held by December 31, 2024.</p> <p>b. By December 31, 2024, 100% waitlisted non-Chinese speaking clients will be offered space in the program.</p>	<ul style="list-style-type: none"> Delivered six (6) sessions of special events to promote the ADP program and services, including open house events, Community Support Services (CSS) Info Orientation Sessions, Health Talks, etc. Ensured that 100% of waitlisted non-Chinese speaking clients were contacted and offered space when there was availability, and it was their turn to be admitted. Utilized additional resources including ADP care team caregiver partnership, volunteer support and peer pairing to address the diverse cultural needs of non-Chinese speaking clients during programming.
<p>To increase and establish partnerships with care providers and operate collaborative programs.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>a. Percentage of identified community partners contacted.</p> <p>b. Number of collaborative programs increased.</p>	<p>a. 100% identified community partners will be contacted by December 31, 2024.</p> <p>b. By December 31, 2024, the collaborative programs will be increased by six (6) programs.</p>	<ul style="list-style-type: none"> Updated the list of community partners and 100% were contacted and connected with on a regular basis to maintain and establish partnership. Increased the number collaborative programs by eight (8), in partnership with new community partners including senior housing buildings, churches, and Welcome Centers. Demonstrated strong teamwork across Community Professional and Services (CPS) and Long-Term Care (LTC) divisions, with supportive leadership providing resources for collaboration with both external and internal parties. Identified the need for additional resources to coordinate collaborative programs during off hours, such as evenings and weekends.
<p><i>[Insert NEW Change Idea that were tested but not included in last year's QIP]</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<ul style="list-style-type: none"> Not applicable

Safety

Indicator #2: Number of medication reminder service adherence issues.

Performance Stated in Previous QIP	Performance Target as Stated in Previous QIP	Current Performance
22.00	18.00	19.00

Change Ideas from Last Year's QIP	Was This Change Idea Implemented as Intended	Process Measures from Last Year's QIP	Target for Process Measure	Lessons Learned: •What Were Your Successes and/or Challenges?
To increase awareness of updated policies and procedures for medication assistance.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	A flow chart developed with staff feedback.	The flow chart will be finalized and ready for distribution by September 30, 2024.	<ul style="list-style-type: none"> • Progressed toward meeting performance target. • Presented a preliminary version of the medication flowchart to all five (5) Home Support Services (HSS) sites supervisors for review and feedback in July 2024. It was a success because it gathered valuable feedback, increased participation, and ownership, and ensured that the final flowchart is both practical and effective. • Developed and distributed the final medication flowchart successfully to all HSS sites by September 30, 2024, providing clear staff direction and improved consistent practice. • Posted hard copy flow chart on notification boards in offices to increase accessibility for staff. • Identified gaps during the preliminary version that staff needed clear directions after identifying a medication incident. To properly support staff, the flow chart was also accompanied by a checklist with steps of action. This served as a supplementary resource which assisted staff in the follow up medication assistance service after the identification of a medication incident.

Quality Improvement Plans: **Progress Report** on the 2024/25 QIP

Community

<p>To conduct medication service demonstrations at each site and facilitate discussions during departmental team meetings.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Percentage of active staff completed medication service demonstrations.</p>	<p>100% of active staff will have completed medication service demonstrations by December 31, 2024.</p>	<ul style="list-style-type: none"> Completed medication audits on 100% of active staff where staff demonstrated proper medication assistance procedures identifying the five (5) Rights: Right patient, right date, right time, right dose, and right route. Involved supervisors testing staff's critical thinking, in which staff were questioned on the right order of action to follow up when a medical incident is identified prior to their medication service. If staff responses were not aligned with the appropriate practice, they were re-educated and reinforced what the proper practice was, supplemented by the medication flow chart. Encountered unanticipated challenges on the need to coordinate the dates that staff were available on site. The shortage of workforce and staff extended vacations made the audits more difficult to complete but 100% of staff were trained successfully.
<p>To update the staff orientation package, incorporating the component of medication assistance training, available in both English and Chinese.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Staff orientation package updated and translated in Chinese.</p>	<p>The updated staff orientation package will be finalized and ready for distribution by December 31, 2024.</p>	<ul style="list-style-type: none"> Reviewed new staff orientation package thoroughly by program coordinators and program managers individually and during team meetings. The final version was successfully updated in the shared drive for supervisors' access by December 31, 2024. Identified a significant challenge was to identify and eliminate duplication and out-of-date information across multiple forms and to consolidate the package. Additional Chinese translations were also made on a selection of forms to function as a supplementary resource for future staff.
<p><i>[Insert NEW Change Idea that were tested but not included in last year's QIP]</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<ul style="list-style-type: none"> Not applicable

For Indicator #2: Number of medication reminder service adherence issues.

Comments (*Please provide additional details on the steps you are taking to reach your target in the future.*)

The overall performance target was not met, missing by just one unit. A key contributing factor was the increase in medication assistance service needs in the quarter of October to December 2024. Yee Hong will continue staff training, refreshers and audits while also developing educational materials for clients and caregivers to emphasize the importance of correctly dating and filling blister packs accurately. To improve understanding and awareness of medication adherence among caregivers and clients, the team will create a leaflet highlighting its importance. The leaflet will be shared during the departmental team meeting and will incorporate staff feedback. The final version will be ready for distribution by October 30, 2025. All these initiatives will be part of the 2025-2026 QIP Work Plan.