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

Indicator #2
Hours per unit of service - Increase # of hours of capacity enhancement training provided to partners by 5% (Providence Care Centre)

<table>
<thead>
<tr>
<th>Last Year</th>
<th>This Year</th>
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</thead>
<tbody>
<tr>
<td>850</td>
<td>900</td>
</tr>
</tbody>
</table>

Change Idea #1 ✔ Implemented  □ Not implemented
Implementation of standardized Community Capacity Enhancement Tracker across all Community Programs

Target for process measure
- > 900 hours of Capacity Enhancement Training across Community Programs

Lessons Learned
The new Community Capacity Enhancement Tracker across community programs enabled the collection and reporting of data related to Capacity Enhancement activities. We have realized a steep incline in the number of capacity enhancement hours delivered and reported on by year end.

Change Idea #2 ✔ Implemented  □ Not Implemented
Track sectors and specific agencies where capacity enhancement occur

Target for process measure
- No target entered

Lessons Learned
This has assisted us in understanding where services are needed most, as well as where there are gaps in capacity enhancement in the community.
Theme II: Service Excellence | Patient-centred | Custom Indicator

Indicator #4
Patient/Resident Experience - House Council (inclusive of residents, families and staff) will serve as a vehicle for communication and quality improvement and meet at least 8x in the year (Providence Manor)

<table>
<thead>
<tr>
<th>Last Year</th>
<th>This Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CB</strong></td>
<td><strong>NA</strong></td>
</tr>
<tr>
<td>Performance (2022/23)</td>
<td>Performance (2023/24)</td>
</tr>
<tr>
<td>8</td>
<td>--</td>
</tr>
<tr>
<td>Target (2022/23)</td>
<td>Target (2023/24)</td>
</tr>
</tbody>
</table>

Change Idea #1 □ Implemented ✔ Not Implemented
This forum is new in the Home. The hope is to generate inclusive discussion about opportunities and issues that all stakeholders can hear, be consulted about and both offer feedback and take information forward to their respective cohorts.

Target for process measure
- Minutes from meetings will demonstrate that meetings have been held. Participant attendance will demonstrate integration of stakeholders.

Lessons Learned
Due to COVID 19 restrictions in LTC, we were unable to hold House Council as anticipated.

Theme III: Safe and Effective Care | Effective | Custom Indicator
**Indicator #1**

% Patients with post-discharge follow-up appointment arranged (Providence Care Centre)

<table>
<thead>
<tr>
<th>Last Year</th>
<th>This Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.80</td>
<td>80</td>
</tr>
</tbody>
</table>

**Performance (2022/23)**

<table>
<thead>
<tr>
<th>Last Year</th>
<th>This Year</th>
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</thead>
<tbody>
<tr>
<td>63</td>
<td>--</td>
</tr>
</tbody>
</table>

**Target (2023/24)**

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**Change Idea #1** ✅ Implemented  ❌ Not Implemented

Test of change to implement Unit clerk booking patient/client follow-up appointment with family physician post-discharge as standard practice

### Target for process measure

- >80% patients/clients will have a discharge follow-up appointment booked

### Lessons Learned

The process as implemented was successful overall. Tracking is a manual process and would benefit from developing an electronic process. Our findings have provided us with information related to the barriers with booking follow-up appointments including:

a) the patient being assigned a new physician when they arrived in LTC therefore no need for an appointment

b) no reply from the physician’s office prior to discharge

c) patients were transferred to another hospital so the process would stop at that point

d) patient has no family physician

The change idea made a difference for those patients that didn’t have the barriers noted above.

16% Were transferred to PCH
13% Had no family doctor

Report Accessed: March 29, 2023
Theme III: Safe and Effective Care | Safe | Custom Indicator

Indicator #3
Number of workplace violence incidents reported by staff resulting in staff injury or had potential to result in physical or psychological injury. (Providence Care Centre)

<table>
<thead>
<tr>
<th>Last Year</th>
<th>This Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>296</td>
<td>296</td>
</tr>
</tbody>
</table>

Change Idea #1 □ Implemented  ✔ Not Implemented
Rollout out a joint Prov Care/KHSC 'H&S Supervisory Competency' manager training program.

Target for process measure
- Project is on track for completion as per our project plan that is developed.

Lessons Learned
This change idea was not implemented as the organizations will be rolling out their own versions of the training; this work at Providence Care will start in the new fiscal year.

Change Idea #2 ✔ Implemented  □ Not Implemented
Conduct a review of the workplace violence training provided to various staff groups (content, frequency, e-learning/in-person) and develop and implement a plan to streamline and improve.

Target for process measure
- Review of our training program conducted before end of Q3 with a proposed plan developed and taken to Operations Committee before the end of Q4.

Lessons Learned
Learning suggests that the existing program put in place many years ago is not necessarily what all staff need, nor is the scheduling and tracking process as effective as it needs to be.

Attend each training program – Prevention & Management of Aggressive Behaviour (PRAB) NVCI and GPA (Status: Ongoing)

Consult with front line workers and managers regarding satisfaction with current training opportunities and frequency, as well as identify potential gaps within the current training based on day-to-day work experience/environment (Status: Ongoing)

Review of current and historical SafetE-Net reports/statistics to assist in determining training needs and/or gaps (Status: Ongoing)

Review the scheduling and tracking process for NVCI training (Status: to be initiated)

Review of curriculum for Preventing and Responding to Aggressive Behaviour (PRAB) and Nonviolent Crisis Intervention (NVCI) (Status: Completed)

Gentle Persuasive Approach (GPA) curriculum review (Status: To Be Completed)

Crisis Prevention Institute (CPI) consultation (Status: Completed)

Program Manager consultation (Status: Ongoing)

Frontline Worker consultation (Status: Ongoing)

Review of SafetE-Net content (Status: Ongoing)

**Change Idea #3 📝 Implemented ☐ Not Implemented**

Respond to workplace violence staff survey results from 2021 to address opportunities/concerns.

**Target for process measure**

- Survey results summarized by end of Q1 and presented to SLT and Operations Committee, with proposed action plan, prior to the end of Q2. Action plan is implemented as per established timeline after discussion with SLT and Operations Committee.

**Lessons Learned**
Survey responses identified that improved communication related to workplace violence is required.

Staff continue to experience workplace violence in a variety of forms, and while the primary sources of the violence were identified as Patient/Clients/Residents as we would expect, 35% of staff indicated that family/visitors and co-workers were a common source of violence or threats of violence.

19% of respondents identified that improved training on addressing staff-to-staff behaviour/conflict/harassment/bullying is needed.

Some respondents identified a feeling of a lack of organizational support/follow through and a lack of management action/response related to reporting of workplace violence.

Survey conducted Summer of 2021.

**Change Idea #4 ✓ Implemented  □ Not Implemented**

Provide management with incident review training.

<table>
<thead>
<tr>
<th>Target for process measure</th>
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</thead>
<tbody>
<tr>
<td>• 80% of managers trained before end of Q4</td>
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</tbody>
</table>

**Lessons Learned**

Positive feedback was received from multiple participants.

Since rolling out the initial training, there is improved/greater detail from Supervisors-Managers in their incident reviews noted in SafetE-Net.

Ongoing coaching and mentoring of Supervisors-Managers is being provided throughout the incident review process when needed, on a 1:1 basis.

Strategy being developed to ensure continuous availability of scheduled training opportunities (e.g. monthly training offering to catch al new leaders as well).

In-person, virtual and e-learning options being considered.

Continued development and improvement of training curriculum based on need.

Five virtual training sessions facilitated in November 2022 & December 22.

**Change Idea #5 ✓ Implemented  □ Not Implemented**
Conduct focus groups with front line staff and management in follow up to the violence survey results.

**Target for process measure**
- No target entered

**Lessons Learned**
A total of 12 focus groups were held for front line workers and managers in September 2022. (Status: Completed)

**Change Idea #6  ✓ Implemented  □ Not Implemented**
Initiate the work to make certain fields under the resolution/outcome section of an incident report mandatory in RL.

**Target for process measure**
- No target entered

**Lessons Learned**
This will be a step to ensure we are meeting some key Health & Safety accountabilities under the Occupational Health and Safety Act and will allow Occupation Health and Safety to better understand systemic contributing factors/root causes for safety program improvement. (Status: Ongoing)

**Change Idea #7  ✓ Implemented  □ Not Implemented**
Modify current staff incident reports received by management to include workplace violence trends.

**Target for process measure**
- No target entered

**Lessons Learned**
To assist managers in identifying and addressing trends within their programs. (Status: Completed)

**Change Idea #8  ✓ Implemented  □ Not Implemented**
Develop/implement Harassment and Code of Conduct e-learning for all staff (Status: Completed)

**Target for process measure**
- No target entered

**Lessons Learned**

**Change Idea #9 ✓ Implemented □ Not Implemented**

Revise the Code of Conduct and Harassment Policy (Status: Completed)

**Target for process measure**
- No target entered

**Lessons Learned**

Report Accessed: March 29, 2023