

Let's Make Healthy
Change Happen.



2017/18 Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



March 31, 2017

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

Overview

In order to provide our patients and residents with safe, high-quality care, Trillium Health Partners (THP) is focused on delivering care that is organized around our patients and residents and in transforming the system to meet their needs. Like many of the hospitals in Ontario, THP is under intense capacity pressures, with increasing volumes and complexity of patients presenting at our emergency department. This is not a new challenge for THP, but it is one that has become more intense as demand for services in our community and region has reached an all-time high.

As an organization entrusted to provide health care services to our community, we are continuously seeking new ways to improve and deliver more efficient, patient-centred care. Our Quality and Patient Safety Program aligns with THP's foundational goals of Quality, Access, and Sustainability, and to the strategic priority of ensuring quality care and an exceptional experience that is responsive to our patients' needs, preferences, values, and goals. The Quality Improvement Plan (QIP) represents one key component of this program.

This year's QIP builds on the improvement efforts we have made in the last three years. We have set stretch targets based on current performance and our on-going capacity challenges. For example, while we recognize that improving our Emergency Department (ED) Admission rate is important to managing our capacity pressures, we also acknowledge that we need to protect necessary admissions, which are increasing due to the complexity of the patients presenting to the ED. For this indicator, significant efforts and resources are needed to make even small measurable improvements to emergency department (ED) admission rates. Although improving patient satisfaction will continue to be a focus of the organization, we are seeing our capacity and occupancy rates impacting our patient satisfaction results.

Acute Care at Trillium Health Partners

THP Strategic Plan Goal	HQO Quality Dimension	Goal	2017/18 Priority Indicator
Quality	Patient-Centered	We will improve the experience of patients and families who trust us with their care	Patient Survey Results- "Would you recommend this hospital to your friends and family?"
	Effective	We will optimize capacity within our hospital through delivering the right care in the most appropriate clinical setting. For many patients who come to our ED, admission can be avoided when timely outpatient treatment is available. This will improve integration of care within the broader healthcare system.	Emergency Department Admission Rates

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THP Strategic Plan Goal	HQO Quality Dimension	Goal	2017/18 Priority Indicator
	Safe	We will improve the safety of care we provide by focusing on two essential areas: hospital-acquired infections and medication safety	Hand Hygiene Compliance Before Patient Contact
			Medication Reconciliation on Admission (patients admitted for longer than 24 hours) and Discharge
Access	Timely	We will sustain access to our services by managing emergency department wait times for admitted patients	Emergency Department Wait Times for Admitted Patients
Sustainability	Efficient	We will maintain our financial health by achieving a balanced budget. This will ensure sustainability of clinical care and quality improvement.	Hospital Total Margin (GAAP)

Long Term Care at Trillium Health Partners

THP Strategic Plan Goal	HQO Quality Dimension	Goal	2017/18 Priority Indicator
Quality	Resident Centered	To Increase overall satisfaction	Resident Survey Results- "I would recommend this site or organization to others"
		To increase the number of residents who feel listened to	Resident Survey Results- "How well do the staff listen to you?"
		To increase the number of residents who feel able to speak up about the Home	Resident Survey Results- "I can express my opinion without fear of consequences"
	Effective	To reduce potentially avoidable ED visits	Number of emergency department (ED) visits for modified list of ambulatory care sensitive conditions per 100 long-term care residents
	Safe	We will reduce the number of falls for our residents	Percentage of residents who had a recent fall (in the last 30 days)
		To decrease potentially inappropriate antipsychotic medication use	Percentage of residents receiving antipsychotics without a diagnosis of psychosis.

Quality Improvement Achievements from the Past Year

THP continues to demonstrate our commitment to Quality Improvement. In 2016, the Mississauga Hospital site successfully achieved Distinction in Stroke Services – Acute and Rehabilitation Inpatient Services, becoming only the fourth hospital in Ontario to achieve Distinction in both areas. This distinction recognizes hospitals that demonstrate clinical excellence and outstanding commitment to leadership in stroke care.

In May 2016, the Outpatient Medicine Program opened its Wound Clinic at the Credit Valley Hospital. An initiative that assists the ED Admission Rate indicator, the Wound Clinic brings a number of benefits for patients and residents. The clinic, along with the pre-existing Wound Clinic at the Queensway Health Centre site, offers patients improved access to specialized wound care, improved outcomes and has reduced readmission rates to the hospital. For inpatients, these clinics contribute to reducing the length of stay and expedite discharge through rapid follow-up; they also serve as a teaching hub for professional staff and learners.

The efforts being completed in preparation for our upcoming Accreditation survey in 2017 has helped drive quality improvement throughout the organization. A robust sustainability plan that was developed after our previous Accreditation survey in 2013 includes regular mock exercises to ensure that best practice standards are being followed, and that quality and patient safety is truly embedded in the care that we provide every day. THP took preparation a step further by dedicating an entire week to host a full Mock Accreditation across our organization in November 2016.

Within our long-term care unit, decreasing the inappropriate use of antipsychotic medication has been a focus for the team. Through monthly meetings with the physicians, pharmacist, dietitian, nursing leaders, and administrative leaders, the use of antipsychotics is reviewed. During this meeting, the team discusses possible alternative interventions. A quarterly medication review is also conducted for all residents to discuss the necessity of continuing antipsychotics where they are in place. These checks and balances have resulted in a significant decrease in the use of antipsychotics on the unit, resulting in safer care for our residents.

These accomplishments are just a few of the many examples of exceptional teamwork demonstrated at THP and our commitment to Quality.

Population Health

With over 273,000 visits a year, Trillium Health Partners receives more Emergency Department (ED) and Urgent Care Centre (UCC) visits than any other hospital in Ontario. As our community grows and changes, capacity has been one of our greatest challenges with THP seeing an increase in ED and UCC visits, as well as an increase in the complexity of the patients we see.

THP has partnered with the Mississauga Halton Community Care Access Centre (CCAC), the Mississauga Halton Local Health Integration Network (LHIN), and the provincial government to not only assess regional options for community care for given patient types and to help THP manage the increase in demand for services. As a member of the Healthy City Stewardship Centre, THP works collectively with the City of Mississauga and the Region of Peel to advance a common vision of improving the overall health of the community, including physical, mental, spiritual, social and environmental health. To improve and maintain the health of children in our community, THP's KidFit program provides a unique multi-disciplinary approach that addresses the many dimensions contributing to a child's weight problem. Through group, individual, and family-based treatment, KidFit provides a comprehensive plan to ensure that we are all working together to help children and their families live healthier lifestyles.

Additionally, THP is part of the Medical Psychiatry Alliance, whose mandate aims to transform the delivery of mental health services for patients with co-occurring mental and physical illness. This Alliance offers supports to both patients and families, providing them with an easier path to navigate the health care system.

Equity

THP is committed to providing high-quality; accessible and efficient care by creating an inter-connected system of care that is easier to navigate and addresses the unique needs of our community. In order to achieve this vision, we must eliminate barriers that limit equitable and accessible care for our patients, residents and their families. To do so, THP has been providing all patients, residents, and visitors with direct access to language interpreters, sign language interpreters as well as telecommunications devices for the hearing impaired. Trillium also provides signage throughout our sites in various languages and allows visitors, patients, volunteers and hospital staff to browse our corporate website, which includes our Quality Improvement Plan, in over 100 different languages. THP also publishes an abridged version of our annual report and community newsletter, reflecting the top 5 languages spoken in our community.

Integration & Continuity of Care

THP believes that together, with our community, patients, residents, families, and in partnership with other health care providers, we can develop an interconnected system of care. This interconnected system is focused on what matters most to our patients and residents, both inside the hospital and beyond its walls.

An example of this commitment is a partnership with Halton Healthcare to build a full medical oncology program by helping to provide patients with vital chemotherapy treatment that is closer to home. Leaders from both organizations have made patient safety their priority by ensuring that oncology protocols and regimens at Halton Healthcare are aligned with THP's current practices. In order to sustain the high-level of patient safety and quality in oncology services at Halton Healthcare, THP will provide

ongoing support through regular meetings where performance and quality indicators are monitored and measured.

We continue to look for ways to improve the coordination of patient care because better coordination and planning make transitions much easier for patients and typically mean they are able to leave hospital more quickly, freeing up beds for others who need them.

Access to the Right Level of Care - Addressing ALC Issues

We have been working closely with both the Mississauga Halton LHIN and the provincial government to secure future investments and gain support that we need for patient care services. Alternate Level of Care (ALC) refers to patients who are waiting in the hospital for a more appropriate level of care, such as rehabilitation or long-term care. THP recently opened a new 39-bed post-acute inpatient unit for Complex Continuing Care patients at the Queensway Health Centre.

THP is establishing a Seniors' Health Campus, which would include 221 long-term care beds. We have also submitted Master Plan proposals to the Ministry of Health and Long-Term Care, which include two major construction projects that would add approximately 548 new beds and replace 566 outdated beds to the Mississauga Hospital site and Queensway Health Centre site. Planning to manage the demand for service in the short, medium and long-term will allow THP to be better equipped to meet the health care needs of the next generation.

Engagement of Clinicians, Leadership & Staff

Clinicians, leadership, and staff were engaged in the development of our QIP through our Corporate Quality Committee, Patient Services Committee, Medical Advisory Committee, and Priorities and Planning Committee. The QIP is embedded from the Board level to the front line, through the use of Quality Boards, which are posted on all units across our hospital sites. Teams across THP huddle on a daily basis to monitor how they are doing with respect to key quality improvement metrics, which directly or indirectly impact the organization's performance on the QIP.

Resident and Patient Engagement

THP believes that direct engagement with patients, residents and their families is crucial to remain focused on what matters most to patients and residents and to maintain continuous quality improvement. Patient representatives play key roles on our Board and Corporate Quality Committees by assisting in the development and advancement of our quality goals. In addition to positions on hospital committees, including the Professional Practice Committee, patients contribute their recommendations on hospital-wide policy and patient concerns through the Patient and Family Partnership Council. Similarly, in the long-term care unit, a Resident Council is engaged on various issues.

We have engaged these councils to help inform our QIP goals and our quality change initiatives. We also engage patients, residents and their families on how their care is managed and delivered through methods such as patient rounding, and asking for their feedback through patient and resident surveys.

THP has also hosted two community tele-town halls in 2016, where senior executives connected directly with over twenty thousand community members in a dialogue regarding the current and future state of health care in Ontario, the Mississauga Halton LHIN and at our organization.



Staff Safety & Workplace Violence





Trillium Health Partners is committed to cultivating and fostering a safe and healthy environment for all patients, resident, visitors, staff and professional staff where everyone feels supported and respected. Through this commitment, we have established a frontline inter-professional working group to help create a workplace that promotes a healthy, safe, respectful and healing culture at THP.

Everyone is encouraged to report workplace violence, workplace sexual harassment, or workplace harassment incidents through an electronic incident management system. These reports to ensure that the appropriate level of support is provided, and that the right level of action is taken to address the situation and prevent similar incidents from happening again. Trillium has been monitoring the progress towards a safe and healthy work environment through ongoing feedback from staff, including a recent opinion survey.

Performance Based Compensation

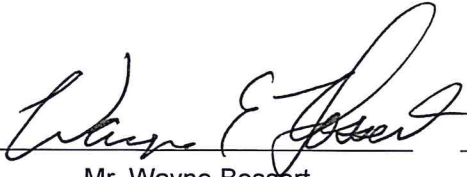
All executives at Trillium Health Partners will have a portion of their compensation tied to the seven acute care priority indicators. Their compensation is not tied to the long-term care indicators at this time. With oversight from the Board of Directors, the executive team will be held accountable for the overall performance of the organization through regular reviews of these seven acute care priority indicators coupled with mid-year and annual executive evaluations. Effective April 1, 2017, all executives will have at a minimum 40% of their Performance Based Pay linked to achieving the targets set for the 2017/18 acute care priority indicators.

THP Strategic Plan Goal	HQO Quality Dimension	2017/18 Priority Indicator		Target
Quality	Patient-Centered		Patient Survey Results- "Would you recommend this hospital to your friends and family?"	≥80%
	Effective		Emergency Department Admission Rates	≤10.6%

THP Strategic Plan Goal	HQO Quality Dimension	2017/18 Priority Indicator		Target
	Safe		Hand Hygiene Compliance Before Patient Contact	≥87%
			Medication Reconciliation on Admission (patients admitted for longer than 24 hours); Medication Reconciliation at Discharge	≥95% ≥80%
Access	Timely		Emergency Department Wait Times for Admitted Patients	≤39 hours
Sustainability	Efficient		Hospital Total Margin (GAAP)	≥0%

Sign-off

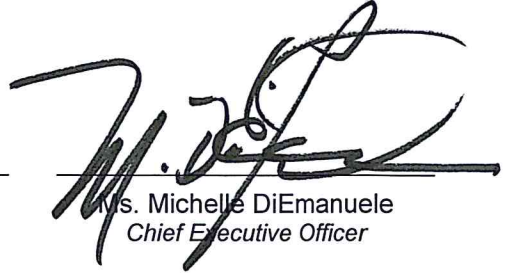
I have reviewed and approved our organization's 2017/18 Quality Improvement Plan



Mr. Wayne Bossert
Board Chair



Mr. Nick Zelenczuk
Quality Committee Chair



Ms. Michelle DiEmanuele
Chief Executive Officer



Dr. Dante Morra
Chief of Staff



Ms. Kathryn Hayward-Murray
Chief Nursing Executive

2017/18 Quality Improvement Plan "Improvement Targets and Initiatives"

Trillium Health Partners

AIM		Measure							Change			
Aim	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measures
Effective	Reduce unnecessary hospital admissions	ED Admission Rate: Total ED Admissions divided by total ED Visits	% / All patients	CIHI portal / 2016/17 (Performance YTD Q3 2016/17)	975	10.8	10.6	The target represents a stretch target and is based on current performance, as well as challenges related to projected increases in the volumes of ED visits and acuity of patients presenting to the ED.	Planned improvement initiatives for 2017/18 will be focused on developing a process for improving access for patients presenting to ED, who could benefit from direct referral to ambulatory care options.	QIP scorecard; regular status updates to corporate Quality Committee, Patient Services Committee, and Board Quality Committee; Tracking through leaders' Goals & Objectives	# of avoidable admissions	Increase # of avoidable admissions
Efficient	Improve organizational financial health	Total Margin (consolidated): % by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, including the impact of facility amortization, in a given year.	% / N/a	Q3 FY 2016/17 (cumulative from Apr 2016 - Dec 2016)	975	1.6	0	Stewardship of the hospital's resources is crucial to the organization's ability to sustain delivery of high quality care to our community. The target in LHIN-Hospital Service Accountability Agreement is 0%. Accordingly, our target for the coming year will continue to be a balanced financial position.	Planned improvement for 2017/18 will continue to be focused on maintaining financial best practices, as well as any new initiatives recommended by the Ministry of Health and Long Term Care.	QIP scorecard; regular budgeting process		
Patient-Centred	Improve patient satisfaction	"Would you recommend this hospital to your friends and family?" (inpatient care)	% / Survey respondents	CIHI CPES / April - June 2016 (Q1 FY 2016/17)	975	67.9	80	The target remains the same as the previous year and continues to represent a stretch target as we continue to strive for excellence in this area. The target has been set based on internal and provincial benchmarks.	Planned improvement initiatives for 2017/18 will be focused on an organization-wide rollout of a patient-centred communication tool (AIDET), engaging families through an expanded visiting hours policy, and implementing a Patient and Family Centred Care Framework that will be embedded in all clinical program areas.	QIP scorecard; regular status updates to corporate Quality Committee, Patient Services Committee, and Board Quality Committee; Tracking through leaders' Goals & Objectives	# of programs with patient/family representative on program-level committee	100% of programs with patient/family representative on program-level committee
Safe	Increase proportion of patients receiving medication reconciliation upon admission	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital (patients admitted for longer than 48 hours).	Rate per total number of admitted patients / Hospital admitted patients	Hospital collected data / most recent 3 month period	975	97.2	95	The target remains the same as the previous year as we focus on sustaining safe medication practices and strive for full compliance.	Planned improvement initiatives for 2017/18 will be focused on ongoing support and education at the clinical program level to sustain improvements that have been achieved.	QIP scorecard; regular status updates to corporate Quality Committee, Patient Services Committee, and Board Quality Committee; Tracking through leaders' Goals & Objectives; Mock tracers and mock accreditation	Admission medication reconciliation rates for targeted programs	Increase admission medication reconciliation rates for targeted programs
Safe	Increase proportion of patients receiving medication reconciliation upon discharge	Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion of the total number of patients discharged.	Rate per total number of discharged patients / Discharged patients	Hospital collected data / most recent quarter available	975	80.3	80	The target has been increased from 75% to 80% to reflect improvements in this area, as we continue to strive for full compliance while strengthening our processes to support this work.	Planned improvement initiatives for 2017/18 will be focused on completing the roll out of a medication reconciliation policy, which will outline expectations of clinical teams in discharge medication reconciliation.	QIP scorecard; regular status updates to corporate Quality Committee, Patient Services Committee, and Board Quality Committee; Tracking through leaders' Goals & Objectives; Mock tracers and mock accreditation	Discharge medication reconciliation rates for targeted programs	Increase discharge medication reconciliation rates for targeted programs

AIM		Measure							Change			
Aim	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measures
Safe	Reduce hospital acquired infection rates	Number of times that hand hygiene was performed before initial patient contact during the reporting period, divided by the number of observed hand hygiene opportunities before initial patient contact per reporting period, multiplied by 100.	% / Health providers in the entire facility	Publicly Reported, MOH / Jan 2016 - Dec 2016	975	84	87	The target has been increased to reflect improvements in this area, as we continue to strive for full compliance.	Planned improvement initiatives for 2017/18 will be focused on continuing to conduct audits and provide feedback and support through educational activities; and targeting areas within the hospital where there are opportunities for ongoing improvement.	QIP scorecard; regular status updates to corporate Quality Committee, Patient Services Committee, and Board Quality Committee; Tracking through leaders' Goals & Objectives; Mock tracers and mock accreditation	% of units publicly displaying hand hygiene compliance rates	100% of units publicly displaying hand hygiene compliance rates
Timely	Reduce wait times in the ED	ED Wait times: 90th percentile ED length of stay for Admitted patients.	Hours / ED patients	CCO iPort Access / Jan 2016 - Dec 2016	975	38.3	39	The target remains the same as the previous year and continues to represent a stretch target as a decrease in the number of inpatient beds due to our Phase III redevelopment project, in addition to our capacity challenges, will continue to have a significant impact on this metric.	Planned improvement initiatives for 2016/17 will be focused on optimizing flow from the ED to inpatient units, in order minimize patient wait times, despite capacity challenges faced by the hospital.	QIP scorecard; regular status updates to corporate Quality Committee, Patient Services Committee, and Board Quality Committee; Tracking through leaders' Goals & Objectives	Average length of stay; # of admitted patients waiting for a bed	Reduce average length of stay; reduce # of patients waiting for a bed

2017/18 Quality Improvement Plan for Ontario Long Term Care Homes "Improvement Targets and Initiatives"

Trillium Health Partners - McCall Centre 21 Bed Long-Term Care (LTC) Interim Unit

AIM		Measure							Change			
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas
Safe	To Reduce Falls	Percentage of residents who had a recent fall (in the last 30 days)	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2016/17	THP - McCall Interim LTC Unit	11.00%	9%	To reach Health Quality Ontario's Benchmark	1. Implement morning unit quality huddles	1. (a) Discuss the causes of falls that have occurred in the last 24 hours and new interventions required (b) display days where no falls occur with a green dot and celebrate success of interventions (c) display days with a fall(s) with a red dot on a monthly calendar for review at monthly trends analysis discussion	1. # of huddles that occur	100% of quality huddles take place on the unit
									2. Communicate fall trends to frontline staff on a monthly basis	2. (a) Review possible causes of falls (b) Highlight time of day that most falls occur (c) discuss how to prevent falls at the time of day when they are occurring most often (d) put interventions in place as discussed	2. % of monthly that trends are communicated to frontline staff	Conduct trend meetings each month
	To decrease potentially inappropriate antipsychotic medication use	Percentage of residents receiving antipsychotics without a diagnosis of psychosis	% / Residents	CCRS, CIHI (eReports) / Q2 FY 2016/17	THP - McCall Interim LTC Unit	8.80%	8.80%	Sustain current performance	1. Utilize Behaviour Support Ontario funded RPN to conduct bi-monthly education targeted towards residents, staff and families	1. (a) Schedule education sessions during the day and in the evening focussing on six different subject areas related to antipsychotics and behaviours which will include: (1) All behaviour has meaning (2) Signs, symptoms, and prognosis of different types of dementia (3) impact of behaviours on families (4) Non-pharmacological management approaches (GPA) 5(Differentiating delirium, dementia and depression (6) Best practices for communication, bathing, dressing, oral care, dining, pain management	1. number of staff who participate in education	100% of full-time staff who have participated in education
Effective	To Reduce Potentially Avoidable Emergency Department Visits	Number of emergency department (ED) visits for modified list of ambulatory care sensitive conditions* (ACSC) per 100 long-term care residents	% / Residents	Ministry of Health Portal / Q3 2015/2016 - Q2 2016/17	THP - McCall Interim LTC Unit	16.00%	12.00%	Represents a 25% year over year improvement	1. Include information about NPstat to new residents and families	1. (a) Upon admission provide new residents and families with fact sheet that will inform them of our ability to access NPstat at McCall as an alternative to sending residents to the Emergency Department (b) Provide new residents and families with information that shows that, when possible, staying at the home can provide to be beneficial as compared to residents going to the Emergency Department	1. # of new admissions who receive information	100% of residents and families receive Npstat information in new admission package
									2. Conduct a review of Advanced Directives at Residents' Quarterly RAP Meetings with resident and family	2. (a) Provide families and residents with a reminder of what each advanced directive level means (b) Discuss how McCall is able to keep residents comfortable toward the end of life rather than actively treating symptoms	2. # of quarterly RAP meetings where advanced care directives are discussed	100% of RAP meetings include a discussion regarding advanced care directives

AIM		Measure							Change				
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	
Resident-Centred	To increase overall satisfaction	Percentage of residents responding positively to: "I would recommend this site or organization to others" (interRAI QoL)	% / Residents	In-house survey / Fall 2017	THP - McCall Interim LTC Unit	58%	100%	Theoretical Best	1. Conduct Customer Service Training	1. Conduct customer service training with all staff and involve volunteers and families with backgrounds in customer service to assist	1. # of staff who participate in training	100% of full-time staff participate in education	
									2. Continue to address resident concerns in a timely manner	2. Review all complaints at our Continuous Quality Improvement meetings to ensure that all concerns are dealt with immediately and resolutions are communicated to complainants.	2. # of complaints resolved and resolutions communicated.	100% of all complaints resolved and resolutions communicated	
	To increase the number of residents who feel listened to	Percentage of residents responding positively to the question "How well do staff listen to you?" (NHCAPS)	% / Residents	In-house survey / Fall 2017	THP - McCall Interim LTC Unit	41.70%	60.00%	Meet Extencicare Marker of Excellence performance Level	1. Conduct Sensitivity Training with staff	1. Provide the opportunity for staff to experience what it is like to be a resident and gain first hand experience	1. # of staff who participate in training	100% of all complaints resolved and resolutions communicated	
									2. Implement 'Ask a resident program'	2. (a) Provide education to staff that reminds them that when they are providing care they should be asking residents how they would like to receive their care (b) Post a reminder icon in a visible place in all resident rooms that poses the question 'Did you ask a resident?' (c) Management to conduct 1 question monthly survey that asks all residents, 'do the staff ask you for input into how you receive your care?'	2. (a) # of staff who participate in 'ask a resident training'	100% of all full-time staff participate in 'ask a resident' training	
	To increase the number of residents who feel able to speak up about the home	Percentage of residents responding positively to: "I can express my opinion without fear of consequences" (interRAI QoL)			In-house survey / Fall 2017	THP - McCall Interim LTC Unit	70.00%	80.00%	Meet Extencicare Marker of Excellence performance Level	1. Monthly participation by leadership in resident's Council Meetings	1. The Executive Director and the Director of Care will alternate bi-monthly participation in Residents' Council for the purpose of asking residents for feedback about care and services at McCall	1. Number of meetings attended by leadership representatives	100% of Residents Council Meetings attended by a member of the leadership team
										2. Install a Resident/Family suggestion box on the unit	2. (a) Through the facility monthly newsletter encourage residents and families to provide any anonymous suggestions via a suggestion box on the unit. (b) Remind residents that if they don't feel comfortable providing verbal opinions that they can submit feedback through the suggestion box. (c) respond to written suggestions at monthly Residents' Council Meetings	2. Percentage of written suggestions responded to at Residents' Council	100% of written residents suggestions responded to at Residents' Council