

**QUEENSWAY LTC HOME - 2023**
**People who participated development of this report**

	Name	Designation
Quality Improvement Lead	Nichol McColl	QM
Director of Care	Louanne Triebner	DOC
Executive Directive	Heather Whitfield	ED
Nutrition Manager	Stacie Miller	FSS
Life Enrichment Manager	Margaret Sutherland	Programs Manager

**Summary of the Home's priority areas for quality improvement, objectives, policies, procedures and protocols from previous year (2022/2023): What actions were completed? Include dates and outcomes of actions.**

Quality Improvement Objective	Policies, procedures and protocols used to achieve quality improvement	Outcomes of Actions, including dates
Ensure residents receiving antipsychotic medication have supportive diagnosis of psychosis.	Interdisciplinary team approach used involving BSO, programs team, pharmacist consultant and community resources, Behavioural Response Team, collaborate together to utilize pharmaceutical approaches to responsive behaviours. Current: We met target goal; however, is higher than Provincial average.	Outcome: 17.40% Date: March 2023
Reduce the number of residents who experience falls.	Processes implemented included residents identified as high risk for falls have completion of falls risk assessment. Necessary equipment for falls prevention include high-low beds, bed & chair alarms, fall mats, Post Fall Huddle and follow up with a Falls Review with OT/PT/Nursing. Review of Falls is included at the daily morning Management meeting. Admission processes include the 24-hour Care Plan for new admissions which is communicated to staff. Identify trends related to frequency and risk and develop solutions. Current Performance: 18.50%	Outcome: 17.16% Date: March 2023
Increase Resident & Family Satisfaction results	To increase percentage of residents who responded to the statement, "I can express my opinion without fear of consequences" by promoting a resident-centered care culture through Orientation process, Team building, review of Vision, Mission and Value statements and education. Review at Resident and Family Council meetings and Staff Meetings.	Outcome: 100.0% Date: November 2022
ED Visits	Home is to promote avoidable ED visits with utilization of SBAR by registered prior to transfer to Emergency Dept. Current performance is 14.58% Target was less than 16.0%.	Outcome: 14.58% Date: May 2023
Worsened Pain	To ensure supportive measures with worsening pain relative to Palliative Care and Pain management by utilizing Hospice Hospitals for End of Life care, continue with documentation of pain in RAI/MDS, review processes with RAI Coordinator (and backup person) to ensure proper documentation, provide education/review to reduce possible errors in documentation. Ensure physician and pharmacist evolved with pain evaluations and non-pharmacological interventions. Current Performance 9.10%	Outcome: 2.56% Date: May 2023

Worsening Pressure Ulcer	Promote care that minimizes shearing, friction and pressure through effective education with staff and performance management. Current performance Target 100%	Outcome: 2.92% Average
Physical Restraints	The Home is maintaining current use of restraints, continue with best practice guidelines to limit the use of restraints. Ensure ongoing education; use alternative solutions as appropriate - bolster mattresses, fall mats, bed & chair alarms, hips protectors, grip socks and room monitor. Target - 100% direct care completion; Performance as needed. Current Performan 4.42 average	Outcome: 2.44% Date: May 2202
<b>How Annual Quality Initiatives Are Selected</b>		
<p>The Continuous Quality Improvement initiative is aligned with our mission to provide quality care and services through innovation and excellence. The Home has a Continuous Quality Improvement Committee comprised of interdisciplinary representatives that are the Home's quality and safety culture champions. An analysis of quality indicator performance with provincial benchmarks for quality indicators is completed. Quality indicators below benchmarks and that hold high value on resident quality of life and safety are selected as a part of the annual quality initiative. Emergent issues internally are reviewed for trends and incorporated into initiative planning. The quality initiative is developed with the voice of our residents/families/POA's/SDM's through participation in our annual Resident and Family Satisfaction Survey and as members of our Continuous Quality Improvement Committee. The program on continuous quality improvement follows our policies based on evidence based best practice.</p>		
<b>Summary of Resident and Family Satisfaction Survey for Previous Fiscal Year</b>		
Date Resident/Family Survey Completed for 2022/23 year:	Resident and Family Surveys completed October 2nd, 2023 to October 17th, 2023	
Results of the Survey ( <i>provide description of the results</i> ):	<p style="text-align: center;"><b>100% of the residents</b> would recommend this home to others.</p> <p>The residents were satisfied with the care they received, recreation and spiritual care services, their meals including beverages and dining services. They were satisfied with laundry, cleaning and maintenance services. They expressed satisfaction with the relationships with others in the Home, the communication with Home leadership. They were satisfied with the continence care products used. Areas of opportunities were access to a hairdresser as needed, more opportunities to be with other residents, involvement with contracted support such as Physiotherapy/Occupational Therapist/Social Worker.</p> <p style="text-align: center;"><b>74% of Family Members would recommend this Home to others .</b></p> <p>Family members were satisfied with the care provided to residents, the recreation-spiritual care services, laundry, cleaning and maintenance services, Home Leadership and the continence care products.</p> <p>Two areas of opportunities were recreation/spiritual care services and Home Leadership.</p>	
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	Residents and Family Satisfaction Survey Results were shared: 1) Resident Council - April 10th, 2023 2) Family Council - May 25th, 2023 3) Surveys were posted in May 2023 for staff in the staff room for review and access.	
<b>Summary of quality initiatives for 2023/24: Provide a summary of the initiatives for this year including current performance, target and change ideas.</b>		
<b>Initiative</b>	<b>Target/Change Idea</b>	<b>Current Performance</b>

<p>Initiative #1: To ensure residents receiving antipsychotic medication have supportive diagnosis of psychosis.</p>	<p>To utilize strengths of 'Interdisciplinary team approach, accessing BSO techniques along with usage of skills with Programs Team, the Pharmacist Consultant and Community resources such as Behavioural Response Team. the ACTT Team. Review and collaborate within health care community and brain storm for effective non-Pharmacological approaches to responsive behaviours. Reviewed all medication and diagnosis with Medical Director. Made some adjustments; however, need to reduce further. To enhance skill level with additional training in 2024.</p>	<p>16.67%</p>
<p>Initiative #2: Increase Resident &amp; Family Satisfaction responses.</p>	<p>Provided opportunities for increased interaction with both Residents and Family Members through regular communication highlighting events, needs and risks. Added night lights/room monitors and changed from Sitter Select to chair and bed alarms. Current performance .</p>	<p>Resident Responses: 74.17</p>
<p>Initiative #3: To reduce Falls.</p>	<p>To review with staff current fall practices and measures to reduce falls. Recently initiated the use of monitors in resident room to increase capacity for monitoring closely. Continue with implementation of Resident Room monitors as per risk level, falls risk assessment, ongoing falls equipment prevention with high-low beds, bed &amp; chair alarms, fall mats. Continue Post Fall Huddles with a Falls Review with OT/PT/Nursing. Maintain review of falls at the daily morning Management meeting. Admission processes include the 24-hour Care Plan for new admissions which is communicated to staff. Identify trends related to frequency and risk and develop solutions. Recruit staff for Falls Task Team.</p>	<p>15.22%</p>