

HOME NAME : SOUTHBRIDGE PINWOOD

**People who participated development of this report**

	Name	Designation
Quality Improvement Lead - Associate Director of Care	Erica Jenner	RPN
Director of Care	Kristina Schelhaas	RN
Executive Directive	Darcy Richards	
Nutrition Manager	Kyle Castonguay	
Life Enrichment Manager	Clifford Shawanamash	
Resident Services Coordinator/Social Work	Zoey St. Amand	SSW
Associate Director of Care	Taylor Lawrence	RN

**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
Potentially Avoidable ED visit Overall Rate for January 2022 was 10.8%, will aim to decrease by 5% by the end of December 2022	Continue communication with families regarding the benefits of in home care with heightened assessments and monitoring for the residents. Education of SBAR communication was a success and will continue to encourage to increase confidence in staff to staff including MD/NP communication	The Home reached the goal with a decrease in Avoidable ED visit, the overall rate as of December 2022 data was 5.6%
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". Target 100%	Informing residents upon admission and reiterating with current residents the many people who are available to listen to their voiced concerns, and that their opinions will always be valued. Educate new residents/families on Whistleblower policy. Discuss during admission and at Interdisciplinary Care Conference at 6 weeks and annually. Add as a standing agenda topic for resident Councils and family Councils. Review Residents Bill of Rights and zero tolerance of abuse and neglect.	2022 Resident Satisfaction Survey: Communication and Concerns: I can express my opinion without fear of consequences - 75.00%
The Quality Indicator of Antipsychotic without psychosis diagnosis was 8.28% in January 2022. The Home goal is to decrease by 10% by the end of December 2022.	Review of medications and ensure correct diagnosis for all residents. Review all residents on antipsychotics and determine if there is a supporting diagnosis. Interdisciplinary care team and family members to review behaviours and recommend possible reduction of medication. Initiate reduction strategies and include non-pharmaceutical interventions. Document changes on care plan/progress notes/MARS.	This goal is met of 0.60% as of December 2022, trending under Corporate bench mark of 17.3%

**How Annual Quality Initiatives Are Selected**

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.

**Summary of Resident and Family Satisfaction Survey for Previous Fiscal Year**

Date Resident/Family Survey Completed for 2022/23 year:	Conducted October 31, 2022 - December 20, 2022
Results of the Survey (provide description of the results):	<p>Resident Survey: Residents expressed that they were very satisfied with the continence products and the spiritual care services the home provided. For opportunities for improvement the residents identified laundry services, communication from the homes leadership, maintenance of the physical building, home updates, and care recieved from the dietician.</p> <p>Family Survey: Family expressed that they were pleased with the courteous service in the dining room, the quality of care from the doctors, quality of cleaning within the resident's room, meals in the dining room and the relevance of the recreation department. For opportunities for improvements the families identified addressing concerns in a timely manner, laundry services and care services.</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)	The results of the survey were shared with Resident Council and Family Council in May 2023 at their scheduled meetings. The results and action plan were posted on the Quality Board in the home, accessible to everyone. The results were also included in the CQI minutes and posted in the home

**Summary of quality initiatives for 2023/24: Provide a summary of the initiatives for this year including current performance, target and change ideas.**

Initiative	Target/Change Idea	Current Performance
Initiative #1 Reduce the number of residents receiving antipsychotic medication without a diagnosis of psychosis.	Collaboration with BSO, MD, and pharmacy consultant to review MDS Outcome scores (CPS, ABS, and Pain) quarterly for residents on antipsychotics. Residents admitted on antipsychotics will be reviewed at their admission care conference with interdisciplinary team and the resident and their family to determine possible adjustments. Collaboration with MD and pharmacy consultant to discuss and consider use of alternative medication such as cannabis based on the current diagnosis and health conditions of residents using antipsychotic medication. Improve medication review process by using a team approach to quarterly medication reviews for those on antipsychotics, involving physicians, pharmacist, and nurses.	8.33% as of May 2023
Initiative #2 Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	Provide preventative care and early treatment for common conditions leading to potentially avoidable emergency department visits by maximizing the use of the current medical director. Registered nurses received education, training and clinical guidance on early recognition and treatment from the medical director. At admission and updated yearly, discuss end-of-life and do-not-resuscitate orders to ensure residents, families and caregivers are provided education around end-of-life care and that their wishes are documented. Education to registered nurses on CHESS score.	8.1% as of October 2023
Initiative #3 Improved Leadership Communication.	Improve leadership communication with residents and family through stabilization of the leadership team and education on customer service. Implement newsletter with information regarding who to contact with concerns. Have a concerns document posted throughout the home and reviewed at resident and family council. Quarterly family town halls to be arranged.	2022 Resident Survey results: 37.5%, 2022 Family Survey results: 26.7%
Initiative #4 Foster an environment where all residents feel comfortable to express their opinion without fear of consequences.	Residents will feel they can express themselves without fear of consequences related to improved relationships with staff as a result of staff education on therapeutic relationships and boundaries; 2) Respect resident's values, preferences and expressed needs by: a) Ask questions to residents that cultivate mutual respect and show empathy, b) support residents' councils and work with them to make improvements in the home, c) improve key aspects of daily life that bring residents enjoyment, such as mealtimes, d) learn about and practice active listening towards residents, and e) promote the health and quality of life of long-term care residents by enabling social connections; 3) Educate health care providers on resident centred care by: a) ensure health care providers are educated on the different attributes of resident-centred care: empowerment, communication, and shared decision-making, b) create relationships and empowering partnerships based on trust, sympathetic presence, and respect, c) incorporate the resident's knowledge, values, beliefs and cultural background into care planning and delivery.	2022 Resident Survey results: 75.00%

<p>Initiative #5 Foster an inclusive environment at care conferences to allow for further involvement of the residents into their plan of care.</p>	<p>Goal to have 100% of Residents express "My care conference is a meaningful discussion that focuses on what's working well, what can be improved, and potential solutions" from 2023 resident satisfaction survey. Education for Care conferences members regarding customer services and resident bill of rights. At the end of every care conference residents and family to be informally surveyed by the Resident Services Coordinator on their experience at the care conference and any suggestions for improvements.</p>	<p>2022 Resident Survey results: 50.00%</p>
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