SOUTHBRIDGE HEALTH CARE LP

Continuous Quality Improvement Initiative Annual Report

Annual Schedule: May

HOME NAME : ORCHARD VILLA LTC Home

People who participated development of this report

	Name	Designation
Quality Improvement Lead	Michelle Mowers	RN
Director of Care	Beverly Williams	RN
Executive Directive	Nicole Simpson	RN
Nutrition Manager	Vinitha Vinotharaj	
Life Enrichment Manager	Mariana May	

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
Increase by 10% fro 68.5% the Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	Implement Build a Meal program by encouraging family member and/or resident to submit favourite recipes to the home.'. Ask for family and/or resident favourite recipes on admission or at food committee meetings. 2. Post a Build a Meal poster, to encourage family favourite recipe submissions. 3. Review possible recipes with food committee for approval. 4. Suggest trialing a few approved recipes for a meal at home's menu tasting program. 5. Review feedback with food committee and determine if it will be added or not. 6. Make required adjustments and work with the home's Registered Dietitian to spread the menu item on the different diets. 7. Recipe will run on a special meal day.	Outcome: The Home reached this target with the outcome of 86.50%. Date: January 2023
Maintain 8.6% below the provincial average of 16%	Education on improving Nursing process and SBAR communication tool. All Registered Staff will be educated by the NP in Nursing process which includes Assessment skills, planning, intervention and evaluation of resident condition. 2) All Registered Staff will be re-educated by the NP on SBAR communication and documentation process 3) Post instructional guide on how to use SBAR at the nurses station for quick reference 4) review SBAR at risk management morning meeting daily	Outcome: The Home did not reach the goal to maintain in its previous percentage. The current overall rate this quarter April 2022 is at 22.54% due to resident decline in status and family request to send resident to the hospital for further monitoring.
Decrease the percentage by 10% of "LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment" from 19.72%.	Participation in antipsychotic reduction project through HEC LTC educate staff on the use of deprescribin algorithm. 2) BSO lead uses tracking tool of all residents taking an antipsychotic, tracks diagnosis, dose, behaviour. 3) review tracking tool at Monthly meetings with antiphycotic deprescribing team which includes BSO team recommendation; 4) Educate registered staff on the risk of using antipsychotics medications.	Outcome: Goal not reached, current percentage as of December 2022 was 23.17% due to increase in resident with antipsychotic medications on admission. Date: January 2023
Decrease the percentage by 5% from 19.92% of long term care residents who fell in the last 30 days	Falls Lead will facilitate weekly Falls with huddles for residents who has the highest number of fallsFalls lead will determine area for weekly falls huddles based on risk management assessments. 2) recreation, physio and housekeeping staff will participat e in the weekly falls huddles in conjunction with direct care staff. 3) complete environmental risk factor assessment during fall huddles 4) any defficiencies note will be corrected	Outcome: Target has the same outcome from the beginning of the year of 19.92% Date: January 2023

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 inccorporated 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 from November 22 to December 9, 2022
Results of the Survey (*provide description of the results*):	Results of the survey were very good, 91.67% of residents and 83.06% of families would recommend this home to others. The residents of the home provided feedback that they are very satisfied with dining experiences. Overall residents were satisfied with maintinence and cleanliness of the building. Residents also expressed satisfaction with continence products used in the home. For opportunities for improvments residents expressed improved communcation on changes in the home are wanted. An average of 60% of residents who completed the survery voiced feeling satisfied with care from thier physician, getting assistance in a timely manor, residents are friendly to one another and would recomend this home to others. Families also complimented dining services. As well families were satisfied with recreation services, spiritual care services and nursing care. Areas famalies indicated improvments are needed inclue cleanliness, laundry services, dietitian services and communication around changes in the home
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 in March and April with Residents Council and Family Council at the scheduled meetings. The results were posted in the home on the quality board, accesible to everyone to read.

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 Avoidabe ED visits	To reduce unnecessary hospital transfers, through the use of on-site Nurse practitioner; education to families; education to staff; Use of SBAR, Root cause analysis of transfers. Registered in charge nurse to communicate to physician and NP, a comprehensive resident assessment, to obtain direction prior to initiating an ER transfer.Education will be provided to registered staff on the continued use of SBAR tool and support standardize communicationbetween clinicians.	currently @ 20.87% as of October 2023
Initiative # 2: Reduce the number of antipychotic medications without diagnosis	As of March 20,2023'we were at 29.59%. Corporate Benchmark is 17.30% There are currently 80 residents receiving scheduled and prn anti-psychotics. However, only 17 residents have a qualifying diagnosis that is recognized by CIHI. The qualifying diagnosis are Schizophrenia, Hallucinations, Delusions, Huntingtons Disease, End Stage Disease, Psychosis. The goal has always been to reduce the usage of Antipsychotics for those that do not have a qualifying diagnosis. The BSO team along with the Medication Management lead has discussed with the Physicians the need for adding qualifying diagnosis so that the usage of the antipsychotics are justified.	currently @ 20.87% as of November 2023
Initiative # 3: Decrease the number of Falls	To continue to educate staff on falls management, track progress through CIHI submission data, complete environmental fall risk factor assessment, case by case discussion of high risk residents who have fallen at monthly committee meetings, mulitdisiplinary team will review and collaborate with peventative strategies to decrease the number of injury related to falls.	currently at 18.29% as of novemebr 2023
Initiative #4- Increase residents confidence of "I can express my fears without consequence"	To increase our goal from 68.6% (as compared to previous year 52.0%) to 80%. Engaging residents in meaningful conversations, and care conferences,that allow them to express their opinions. Review "Resident's Bill of Rights" more frequently, at residents' Council meetings monthly. With a focus on Resident Rights #29. "Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else" Add resident right #29 to standingagenda for discussion on monthly basisby program Manager during ResidentCouncil meeting. Re-education andreview to all staff on Resident Bill ofRights specifically #29 at departmentmeetings monthly by department managers 100	currently at 9.47as of November 2023