

HOME NAME : Regency LTC
People who participated development of this report

	Name	Designation
Quality Improvement Lead	Rita Abou Chakra, RN BScN	
Director of Care	Rita Abou Chakra, RN BScN	
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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
Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents. Current performance of 19.35%	A spreadsheet is used to keep record of residents transferred to emergency room, along with date sent, time of day, if admitted and or any fracture(s). On a quarterly bases the hospital transfers reviewed with the Medical Director for analysis.	Outcome: 2% Date: March 2023
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". Current performance of 94.1% (2021/2022)	Policies on Whistle Blowing exist to protect everyone from receiving consequence for raising concerns and Resident's Bill of Rights. Annual training of all staff on these policies was completed. Residents and families are all supported to participate in resident council and care conferences to openly express opinion.	Outcome: 86.15% Date: Oct 2023
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment Current performance of 20.53%	Monthly QI meetings conducted with an Interdisciplinary team involving BSO PSW, program Lead and pharmacist consultant. Resident(s) triggering indicator are reviewed and an alternate plan of care is established to utilize non pharmaceutical approaches to responsive behaviours.	Outcome: 10.83% Date: March 2023
Percentage of long term care residents who fell in the last 30 days. Current performance of 19.1%	Residents who are identified as high risk for falls had completion of environmental falls risk assessment. Necessary equipment for falls prevention purchased including high-low beds. Admission processes updated to include hourly safety checks for the first 72 hours after admission.	Outcome: 17.37% Date: March 2023
Percentage of long term care residents who have experienced worsened pain. Current performance of 17.8%	Education of pain management policies for registered staff completed, including focus on completing pain assessment for residents diagnosed with a new painful disease/condition. Monthly reviews completed of residents experiencing worsened pain and how many had an associated pain assessment completed.	Outcome: 8.59% Date: March 2023
Percentage of long-term care home residents in daily physical restraints over the last 7 days Current performance of 0%	Monthly reviews completed of all residents using restraints with focus on reviewing appropriateness and alternatives to restraint. Collaboration with families on alternatives to restraint.	Outcome: 0% Date: March 2023
Percentage of long-term care home residents who had a pressure ulcer that worsened to a stage 2, 3 or 4 Current performance of 3.13%	Increased resident and family engagement in wound reduction through education on pressure injury prevention completed on admission. Established quick response for early detection of pressure injury to prevent worsening beyond stage 1 pressure injury. Wounds are tracked monthly and reviewed for progress and strategies to improve healing.	Outcome: 4.29% Date: March 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 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 Oct 31 to December 20, 2022
Results of the Survey (<i>provide description of the results</i>):	The residents of the home provided feedback that they are very satisfied with dining experiences and the quality of the care provided by the nursing staff and social worker. Residents also expressed satisfaction with continence products used in the home. For opportunities for improvements residents expressed wanting improved communication from the leadership team and feel that concerns aren't addressed in a timely manner. They also expressed the care they receive is improving along with laundry services and that other residents are friendly with each other. Families also complimented the communication from staff and leadership. As well families were satisfied with care provided by the physicians and social worker. Areas families indicated improvements were needed included the timing, variety and schedule of spiritual care services and the maintenance of the physical building and outdoor space.
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 April 2023 with Residents Council along with improvement plan. The results were posted in the home accessible 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 Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	Educate registered staff on various health assessments & SBAR communication to improve communication with MD and hospital. Review tracker to identify any gaps such as time of day, diagnosis, process for potential in house treatment, early detection, equipment	29.90%
Initiative #2 Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	Residents and families expressed feeling comfortable to raise concerns on 2023 survey. Educate the staff on Residents Bill of rights and Zero Tolerance of Abuse and Neglect Policy. Initiate "All About Me" program in the home, train the nursing department and review with resident and family council	86.15% of Residents and 95.56% of families agree they are comfortable to raise a concern.
Initiative #3 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	Monthly QI meetings conducted with an Interdisciplinary team involving BSO PSW, program Lead and pharmacist consultant. Resident(s) triggering indicator are reviewed and an alternate plan of care is established to utilize non pharmaceutical approaches to responsive behaviours. Educate staff on how to respond to expressive behaviours. BSO lead and QI lead monitor and track all residents taking an antipsychotic, their diagnosis, dose, behavior. Educate registered staff on the risk of using antipsychotics medications and the follow up required.	4.55%