SOUTHBRIDGE HEALTH CARE LP

Continuous Quality Improvement Initiative Annual Report

Annual Schedule: May

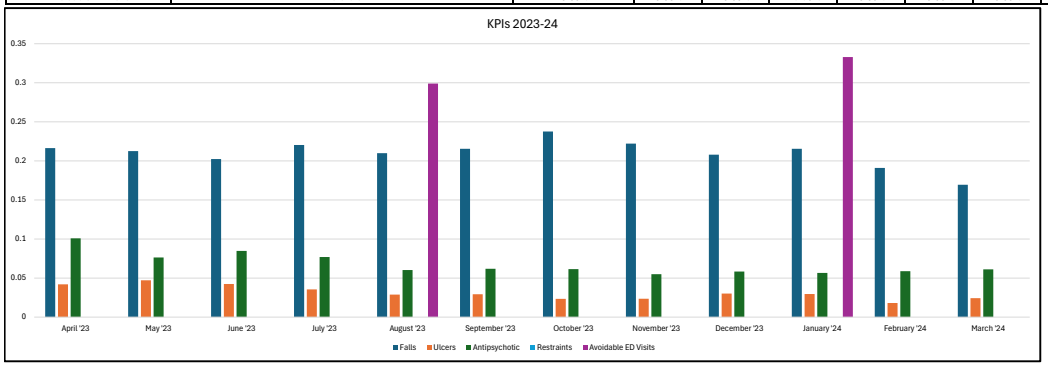
HOME NAME : REGENCY MANOR NURSING HOME

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)	
Executive Directive	Marva Griffiths	
Nutrition Manager	Iyara Ranathunga	
Life Enrichment Manager	Amelia Reid	
Other	Rebecca Macaalay, RN (BScN)	Clinical Consultant

Summary of the Home's priority areas for quality improvement, objectives, policies, procedures and protocols from previous year (2023/2024): 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: 20.29%	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. Staff education on SBAR communication and untilization when communicating with physicians. The Home is attached to a Retirement Home and has a plan in place of identifying the number of ED visit between LTC side and RH side.	Outcome: Although the number of ED visit has increased from 20.29% in January 2023 to 33.3% in January 2024, the Home is attached to RH which has increase of ED visit. Date: January 2024
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". Current performance:	Policies on Whistle Blowing exist to protect everyone from receiving consequence for raising concerns, Resident's Bill of Rights and Zero Tolerance of Abuse and Neglect Policy. 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: March 2024
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment Current performance: 19.2%	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: 6.12% Date: March 2024

Key Perfomance Indicators												
KPI	April '23	May '23	June '23	July '23	August '23	September '23	October '23	November '23	December '23	January '24	February '24	March '24
Falls	21.64%	21.26%	20.23%	22.03%	20.99%	21.55%	23.76%	22.22%	20.79%	21.55%	19.10%	16.95%
Ulcers	4.19%	4.71%	4.24%	3.55%	2.89%	2.92%	2.34%	2.35%	3.01%	2.96%	1.81%	2.42%
Antipsychotic	10.08%	7.63%	8.47%	7.69%	6.03%	6.19%	6.14%	5.50%	5.83%	5.66%	5.88%	6.12%
Restraints	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Avoidable ED Visits	26.5%%	0.00%	0.00%	0.00%	29.90%	0.00%	0.00%	0.00%	0.00%	33.30%	0.00%	0.00%



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 2023/24 year:	Conducted November 2023	
Results of the Survey (*provide description of the results*):	The residents of the home provided feedback that they are very satisfied with the cleanliness of the room and the laundry services of the linen. Overall residents were satisfied with maintenance and cleanliness of the building. For opportunities for improvements residents expressed wanting improvement in the variety of spiritual care services, recreational programs provided and access to hair dresser. Families also complimented the communication provided, as The care team communicates clearly and in a timely manner about the resident and concerns are addressed in a timely manner . As well families were indicating improvement with recreation services, spiritual care services and access to hair dresser.	
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 Dec 2023 with Residents Council and Family Council at the scheduled meetings. The results were posted in the home accesible to everyone to read.	

Client & Family Satisfaction	Resident Survey				Family Survey				Improvement Initiatives for 2024
	2024 Target	2023 Target	2022 (Actual)	2023 (Actual)	2024 Target	2023 Target	2022 (Actual)	2023 (Actual)	
Survey Participation	85.00%	70.00%	76.00%	86.67%	85.00%	70.00%	83.30%	25.00%	Designated staff will support all residents willing to complete a survey with privacy. Survey access online will be sent to all family members. Satisfaction survey will be advertised at the main home entrance.
Would you recommend	95.00%	85.00%	60.00%	83.08%	95.00%	93.00%	70.00%	85.71%	Action plan is completed to make improvements to the areas residents and families identified as lowest scoring on the survey. These are imbedded in the quality initiatives for 2024/25
I can express my concerns without the fear of consequences.	85.00%	85.00%	84.40%	86.15%	85.00%	85.00%	70.00%	95.56%	Continues to be a quality initiative for 2024/25, details below.

Summary of quality initiatives for 2024/25: Provide a summary of the initiatives for this year including current performance, target and change ideas.		
Initiative	**Target/Change Idea**	**Current Performance**
Initiative #1 Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	1)Use SBAR tool to communicate with various health practitioners as it will provide clear details and understanding of resident status/concerns and assessment findings. 2)To reduce unnecessary hospital transfers, through the utilization of on-site services such Nurse practitioner; IV therapy, oxygen etc. 3)Build capacity and improve overall clinical assessment of Registered Staff 4)Advance care planning discussion during interdisciplinary care conferences	17%
Initiative #2 Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	1)To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace; 2)To increase diversity training through Surge education or live events 3)To facilitate ongoing feedback or open door policy with the management team 4)To include Cultural Diversity as part of CQI meetings	surge education 2024 38.1%
Initiative #3 Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	1)Educate the staff on Residents Bill of rights and Zero Tolerance of Abuse and Neglect Policy 2)2. Continue with the "All About Me" program in the home 3)Review "Resident's Bill of Rights" more frequently, at residents' Council meetings 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" 4)Engaging residents in meaningful conversations, and care conferences, that allow them to express their opinions.	2023 Survey Results 86.15% of Residents and 95.56%of families agree they are comfortable to raise a concern.
Initiative #4 Percentage of LTC home residents who fell in the 30 days leading up to their assessment	1)Weekly interdisciplinary Falls meetings 2)Utilization of Fall tracker 3)Weekly Fall Huddles on each unit for high risk residents 4)Educate ALL staff to improve overall knowledge and understanding of the Falls Program	15.54%
initiative #5 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	1)Monthly QI meeting - Review residents with antipsychotic medication without dx for alternatives interventions 2)Responsive Behaviour education for all staff 3)Residents who are prescribed antipsychotics for the purpose of reducing agitations and or aggression will have a medication review quarterly to consider dosage reduction or discontinuation. 4)Emar Reminder for registered staff to document on behaviours, and or hallucinations during observation period	6.02%

Process for ensuring quailty initiatives are met
Our quality improvement plan (QIP) is developed as a part of our annual planning cycle, with submission to Health Quality Ontario. The continuous quality team implements small change ideas using a Plan Do Study Act cycle to analyze for effectiveness. Quality indicator performance and progress towards initiatives are reviewed monthly and reported to the continuous quality committee quarterly.

Signatures:	***Print out a completed copy - obtain signatures and file.***	**Date Signed:**
CQI Lead	Rita Abou Chakra, RN BScN	
Executive Director	Marva Griffiths	
Director of Care	Rita Abou Chakra, RN BScN	
Medical Director	Dr. Daskalopoulos	
Resident Council Member		
Family Council Member		