SOUTHBRIDGE HEALTH CARE LP

Continuous Quality Improvement Initiative Annual Report

Annual Schedule: Dec

HOME NAME : The Palace LTC

People who participated development of this report

	Name	Designation
Quality Improvement Lead	Diane Dupuis	ED
Director of Care	Julie Puterman	DOC
Executive Directive	Diane Dupuis	ED
Nutrition Manager	Amber Ogilvie	FSM
Life Enrichment Manager	Ashley Dandy	Program Director

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
A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions?	• the hiring of 2 wound care nurses for the home to have coverage every day • wound care champion does full assessment on the residents with wounds every Wednesday • the utilization and collaboration with an external NSWOC, hired through Southbridge, for wounds or pressure injuries staged 3 and above that are difficult to heal • communications with Medline on a regular basis for the correct usage of the their skin care products • bi-yearly education from Medline for wound care and their products	Outcome: 8.11 % increase from 5.24% a year ago, we received many admissions with skin issues and pressure injuries Date: November 24-23
A pain management program to identify pain in residents and manage pain?	• new pain policy to capture PRN pain medication dosages that may indicate pain is not under control and physician to reassess dosages and times • proper documentation for the use of all PRN pain medication, both in the chart and on paper copy for a better visual effect	Outcome: 3.26% down from 5.24% a year ago Date: November 24-23
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	• educate staff on the use of deprescribin algorithm. • BSO lead uses tracking tool of all residents taking an antipsychotic, tracks diagnosis, dose, behaviour. • review tracking tool at Monthly meetings with antiphyscotic deprescribing team which includes BSO team recommendation; • Educate registered staff on the risk of using antipsychotics medications.	Outcome: 14.81% a decrease from 38.93% a year ago Date: November 24-23
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	• Families more involved in the planning of meals for the residents • Residents are realizing that they can review the menus ahead of time to make suggestions at resident council • Communication with leadership is clear and timely • Family council member is invited to the quarterly CQI meetings for their input and opinions	Outcome: 90.97%, increase from 82.6% a year ago compared to the LTC Division Overall Date: November 24-23

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:	The dates of the resident and family satisfaction survey was opened between October 2nd till October 17th was the final closing date.
Results of the Survey (*provide description of the results*):	Our overall satisfaction results the home exceeded last year's average for residents. We scored 82.60% and for families we scored 80.49%. Our Top 5 strenghts are: I feel that the staff are friendly 96.77%. I trust the staff in my home 94.19%. Overall satisfied with the care I receive 93.55%. I have good choice of continence care products 93.33%. I am satisfied with the quality of cleaning in residents room 92.90%. Our top 5 opportunities are : I am updated regularly about changes in the home 76.43%. I am satisfied with the temperature of my food and beverages 76.0%. Satisfied with the food and beverages served to me 76.13%. I am satisfied with the quality of care from dieticians 74.29%. I am satisfied with the quality of care from doctors 68.0%
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 communicated to the families by sending them a copy by e-mail as well discussed in the Family Council and the Resident Council and staff. Our front lobby has a public information cabinet that contains a binder including the copies of the survey results and the action plan.

Summary of quality initiatives for 2023/24: Provide a summary of the initiatives for this year including current performance, target and change ideas.		
Initiative	**Current Performance**	**Target/Change Idea**
Initiative #1 Number of ED visits for modified list of ambulatory care–sensitive conditions per 100 long-term care residents.	Avoidable visits as of 2023 QI, Data extracted October 2023 is 17%	Decrease to 14 1) All Registered Staff will be educated in the Nursing process which includes Assessment skills, planning, intervention and evaluation of resident condition. 2) All Registered Staff will be re-educated as to the situations where a transfer to the hospital is necessary, by using critical nursing judgement
Initiative #2 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	Rolling 4 quarter as of Novermber 27-23 is 14.8%	Decrease by 3%. The Home is collaborating with the interdisciplinary team, Pharmacist and Medical Doctors with the appropriate intervention and deprescribing of antipsychotic medication that will have less impact for our residents
Initiative #3 Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	As of the resident survey from April 2021 - March 2022 we had 86.5% of residents felt they were able to express their opinions without fear	Awaiting results, however would like to see a 5% increase • GPA in house training will commence in 2024 to assist staff with actively listening and responding appropriately to resident's opinions
Initiative #4 Staff educated on anti racism, diversity, inclusion, and cultural competence and Indigenous cultural safety and ethics	Mandatory training to be completed by the end of November 2023	Dec 31/2023