



## Continuous Quality Improvement Initiative Annual Report

Annual Schedule: May

HOME NAME : SB Lakehead

### People who participated development of this report

	Name	Designation
Quality Improvement Lead	Kristy Turk	RPN
Director of Care	Chiemela Chuka	RN
Executive Directive	Joanna Stavropoulos	
Nutrition Manager	Stefanie Turovick	
Life Enrichment Manager	Caroline Cameron Fikis	

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
Worsened Pain Quality Indicator in January 2022 was 9.56% to decrease by 5% in December 2022	The Quality indicator of "Worsened Pain" has been a significant challenge to return to bench mark. The Home struggles with decreasing this indicator due to the population we serve. A deep dive into the coding practices of the home was completed due to our Pain and Palliative committee that was overseeing the medication management was able to speak with the Medical Director using Secure Conversation platform to adjust resident prn medication to scheduled pain medication. From Quality Indicator of 9.56% in January 2022 to 6.59% in December 2022, the Home made a tremendous decrease of resident exhibiting Worsened Pain due to diligently assessing and monitoring our resident pain and managing pain.	Outcome: 6.59% below the 5% projected target Date: Jan 2023
Falls Quality Indicator in January 2022 was 12.87%, the Home will reach below Corporate benchmark of 15%	The Falls Quality Indicator has increased from January 2022 of 12.87% to 14.84% in December 2022. The Home is still below Corporate Benchmark regardless of the increase. The Home's quality intervention for the resident is completing Falls huddles and post fall reviews. Foot wear is being assessed on admission, staff awareness of fall risks has improved and documentation related to each individual fall has improved from staff.	Outcome: 14.84%, goal reached which is below Corporate benchmark Date:
Skin and Wound Quality Indicator for Worsened Stage 2 - 4 Pressure Ulcers was 0.37% in January 2022, to continue to be below Corporate Benchmark of 2%	This Quality Indicator is the greatest achievement that the Home has been able to demonstrate which has drastically improved and prevented Skin impairment for our resident. We understand that on-going education and transparency with all our employees has been the key to our success. Residents and families were also educated and informed with the Skin and Wound Program, utilizing our virtual platform and Cliniconnect to transfer required information, these tools proved to be worthwhile.	Outcome: 0.27% as of December 2022 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 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:	Oct 2, 2023 to Oct 17, 2023
Results of the Survey (provide description of the results ):	79.2% of Residents participated in the 2022 satisfaction survey. The families did not participate in the satisfaction survey. Overall Satisfaction of "I would recommend this home to others" was 79.2%. The Care services overall category of "I am satisfied of the care I received" is 61.5%. The Recreation and Spiritual category is 96.2%. The dining services category "overall I am satisfied with the meal, beverage and dining services" 76.9%. Laundry, cleaning and maintenance Category 80.8%. Relationship with others, 84.6%. Communication and Concerns " overall I am satisfied with communication from home leadership is 69.2%. Continence care products is 89.5%.

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 information was shared on the information board for family and residents. Information is also shared on the CQI board and Resident council meeting.	
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
Number of ED visits for Modified list of ambulatory Care-Sensitive conditions* per 100 Long term Care residents	1) Support early recognition of residents at risk for ED visits; 2) Provide preventative care and early treatment for common conditions leading to potentially avoidable ED visits; 3) Provide more tests and treatments in house; 4) Educate LTC residents and families about the benefits of and approaches to preventing emergency department visits; 5) Maximize use of clinical supports such as nurse-led outreach teams at local hospitals (NLOTs), Nurse Practitioners Supporting Teams Averting Transfers (NP-STAT), and attending nurse practitioners to receive education, training, and clinical guidance on early recognition and treatment; 6) At admission and updated yearly, discuss end-of-life and do-not-resuscitate (DNR) orders to ensure LTC residents, families, and caregivers are provided education around end-of-life care and that their wishes are documented; 7) Review Advance Care Directives annually with families at care conferences, providing education on hospital transfers and impact on residents	8.9% as of April 2023.
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	1) 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; 2) 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	80.75% as of November 2023.
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	1) Explore opportunities to work with the home's behavioural response team and champions; 2) Consult with external teams, such as psychogeriatrician resource consultants, Behavioural support Ontario, and senior's mental health services; 3) Collaboration with BSO, MD, NP and pharmacy consultant to review MDS Outcome scores (CPS, ABS, and Pain) to review and assess alternative medication based on current diagnosis and health condition; 4) Collaboration with MD, NP and pharmacy consultant to discuss and consider use of alternative medication such as naturopathic or cannabis based on the current diagnosis and health conditions of residents using antipsychotic medication without the supporting diagnosis.	6.25% as of April 2023.
Improved Leadership communication	Improve leadership communication with residents and family through stabilization of the leadership team and education on customer service. Implement newsletter with who to contact with any concerns, work on updating family and POA emails in PCC, quarterly town halls for families.	78.89% as of November 2023.
Foster an inclusive environment at Care Conferences to allow for further involvement of the residents into their plan of care	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". Education for Care Conference members regarding customer services and resident Bill of Rights.	91.11% as of November 2023.