



Interim Report for Continuous Quality Improvement Initiative for 2022-2023

Designated Co- Lead: Scott Strandholt, Administrator administrator@bayhaven.com

Kristi Molenhuis BScN RN, Clinical Resource Nurse(CRN) kmolenhuis@bayhaven.com

As per the Long-Term care Act

166. (1) Every licensee of a long-term care home shall establish a continuous quality improvement committee

166. (3) Every continuous quality improvement committee has the following responsibilities:

1. To monitor and report to the long-term care home licensee on quality issues, residents' quality of life, and the overall quality of care and services provided in the long-term care home, with reference to appropriate date.
2. To consider, identify and make recommendations to the long-term care home licensee regarding priority areas for quality improvement in the home.
3. To coordinate and support the implementation of the continuous quality improvement initiative, including but not limited to, preparation of the report on the continuous quality improvement initiative.

Quality Improvement committee meetings are open to all staff to join and/or participate. Meetings are held quarterly. Meeting agenda and minutes are posted on the committee board in the home.

Each department has identified one or more improvement goals for the upcoming year. Goals were identified using the 2021 Resident Satisfaction Survey, staff judgment and indicators identified by Ontario Health. These goals are listed on the Quality Improvement Plan that is posted in the home, and on the website. All indicators were brought forward to the Committee in the form of the Quality Improvement Plan (QIP). A meeting in May 2022 permitted Committee members to discuss and fine tune indicators, goals, and solutions. Members not able to be present, copies were e mailed of the Quality Improvement Plan. Suggestions and recommendations were implemented once all the committee members were in agreement.

Department's identified lead person(s) will monitor implemented changes, progress, and recommend/develop education and resources. Audits have been developed for department leads to quantify data. The CRN is responsible to ensure that the 2023 Satisfaction Survey compares and tracks indicators. Information collected by department leads will be provided to the CRN, who will update the Quality Improvement Plan. Quarterly committee meeting will provide opportunities to assess progress. Meetings are planned for September and again in January of 2023. Communication of outcomes and

processes will be outlined in the meeting minutes posted on the committee board. Quality Improvement plans will be updated after September and the updated plan will be uploaded to Bay Haven's Web page.

The 2021 survey was completed last summer, and the 2022 survey is currently underway. The results of the 2021 survey have been presented to the Resident's council and staff. Currently, Bay haven does not have a Family Council. Copies of the survey results are posted across from the nursing station as well as the website for public viewing. Copies are also available in the Director of Nursing Office. The 2022 survey was e-mailed to all family members on June 1st. Residents who were able, were provided with a volunteer to assist with filling out the survey. Retirement home residents were provided with surveys in their mailboxes.

High priority goals include;

Nursing

Areas of improvement were identified using the 2021 Resident Satisfaction Survey, the Ontario Health 2022/2023 QIP technical indicators as well as the department lead recommendations.

- 1) Falls prevention
 - a. To reduce the incidents of falls and fall related injuries that occur in the home. Will also utilize the Falls prevention programs and policies.
- 2) Antipsychotic use
 - a. Decrease the use of antipsychotic medication for residents who do not have a correlating diagnosis. Will continue to work with Pharmacist and Medisystems pharmacy.
- 3) Palliative care
 - a. Ensure residents are treated with dignity at end of life, including the quick response of the team, providing comfort and symptom management in co ordination with the resident and families wishes. Will utilize the Palliative care program and policies.
- 4) Reduced transfers to hospital
 - a. Ensure a decrease in the rate of residents are being sent to the Emergency department without a planned visit. Goal is to provide care in the home with the assistance of the Physicians, Nurse Practitioner and Nursing staff, when able.

Recreation

Areas of improvement were identified using the 2021 Resident Satisfaction Survey, the Ontario Health 2022/2023 QIP indicators technical specifications provided by Ontario health and the department lead Kim Caruso's recommendations.

- 1) Family Council
 - a. To continue to promote families to join the Family council.
- 2) Resident Voice
 - a. Ensure that residents feel that they can express their opinions without the fear of retaliation, and feel staff are listening to their questions/concerns and comments.

Dietary

Areas of improvement were identified using the 2021 Resident Satisfaction Survey, and the department leads Donna Shiner and registered Dietician suggestions.

- 1) Fluid watch list
 - a. To decrease the percentage of residents who are on the fluid watch list and decrease the incidences of dehydration in the home. Will work with registered Dietician and follow the fluid program and policies.
- 2) Temperature of food served
 - a. To decrease the number of complaints of food temperature discrepancies.

Environmental

Areas of improvement were identified using all department leads input and the designated Lead Kim Caruso recommendations.

- 1) Infection Prevention and Control (IPAC)
 - a. To ensure that IPAC audits are being completed by the Nursing team, and the IPAC consulting firm. Goals is to ensure a passing grade is obtained on each audit, and that corrections/education is provided swiftly. Will continue to utilize and implement the IPAC programs and policies.

Staffing

Areas of improvement were identified by all department leads and the designated lead Human Resources manager Cynthia Strandholt.

- 1) Working short staffed
 - a. To decrease the incidences of not having a full staffing roster.